



Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

Board of Pharmacy

PO Box 30670

Lansing MI 48909

(517) 373-8068

www.michigan.gov/bpl

PHARMACY FACILITY LICENSE APPLICATION PACKET

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PHARMACY FACILITY LICENSURE INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.***

OPENING A NEW PHARMACY

1. The application, ADP System Approval Request form, and Self-Inspection form should be completed in their entirety and returned to the board office with appropriate fees.
2. Applicants that are partnerships, corporations, or operating under an assumed name must file their application for a pharmacy license along with copies of:
 - a) Partnership Certificates
 - b) Articles of Incorporation and/or Assumed Name Certificates
3. The individuals listed below for a pharmacy license are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency.
 - a) An individual, if the person applying is an individual.
 - b) All partners and any individual who will manage the day-to-day operations, if the person applying is a partnership.
 - c) An individual who will manage the day-to-day operations, if the person applying is a privately held corporation. This subdivision only applies to a privately held corporation that in the aggregate owns fewer than 75 pharmacies, manufacturers, or wholesale distributors on the date the corporation submits its license application.

An individual is not required to obtain a Criminal Background Check if one has been obtained for the individual(s) within the 2 years preceding the date of application for a new pharmacy, manufacturer, or wholesale distributor license. If fingerprints have been obtained within the two years preceding the date of the application, the individual(s) must submit proof of the previous criminal history check with the application for a pharmacy license.

4. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where the pharmacy is currently or has ever held a permanent license or registration. Copies of licenses are not acceptable.
5. Compounding Pharmacy: If this application is for a pharmacy that will provide compounding services for sterile pharmaceuticals, you must indicate this in the designated space on the application form.

All compounding pharmacy applicants must submit verification of current accreditation or verification that the pharmacy is in the process of obtaining accreditation by the Pharmacy Compounding Accreditation Board (PCAB) of the Accreditation Commission for Health Care (ACHC). Information about PCAB accreditation can be found at www.achc.org. If the compounding pharmacy is not currently accredited by PCAB, the applicant must submit documentation verifying that the pharmacy is in compliance with USP standards. Verification of PCAB accreditation or compliance with USP standards must be maintained and provided when the pharmacy license is renewed.

6. Outsourcing Facility: Section 17748 of the Michigan Public Health Code requires that outsourcing facilities be licensed as a pharmacy in order to do business in Michigan. If the application is for an outsourcing facility, you must indicate this in the designated space on the application form. You must also submit verification that the facility is in compliance with the FDA requirements applicable to compounding services for sterile pharmaceuticals.

PHARMACY FACILITY LICENSURE INSTRUCTIONS CONTINUED

NOTE TO OUT-OF-STATE APPLICANTS - The Michigan Board of Pharmacy requires pharmacy applicants to designate a pharmacist in charge (PIC) to be responsible for compliance with the Michigan pharmacy laws and rules. **Effective September 30, 2014, the PIC must hold a full pharmacist license in Michigan.** If the PIC is already licensed in another state, the PIC should apply using the Michigan Pharmacist by Endorsement application that can be found on the Pharmacy page of the website at www.michigan.gov/bpl.

SALE OR TRANSFER OF A PHARMACY

The following changes constitute a transfer:

1. Complete (100%) change of ownership in existing pharmacy.
2. Sale of stock from original owner to new owner.
3. Widow/widower of owner who is not listed as an owner in existing pharmacy.

If one of the above applies to your situation, you must submit the following:

1. The application, ADP System Approval Request form, and Self-Inspection form should be completed in their entirety and returned to the board office with appropriate fees. You are not required to file a new controlled substance application and fee.
2. Affidavits from both buyer and seller stating the actual consummation date of the sale or transfer. Please submit name and telephone number of person to contact.
3. If the application indicates that the pharmacy ownership will be a partnership, corporation, or operating under an assumed name, the applicant must submit copies of:
 - a) Partnership Certificates
 - b) Articles of Incorporation and/or Assumed Name Certificates
4. The individuals listed below for a pharmacy license are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency.
 - a) An individual, if the person is applying as an individual.
 - b) All partners and any individual who will manage the day-to-day operations, if the person applying is a partnership.
 - c) Any individual who will manage the day-to-day operations, if the person applying is a privately held corporation. This subdivision only applies to a privately held corporation that in the aggregate owns fewer than 75 pharmacies, manufacturers, or wholesale distributors on the date the corporation submits its license application.

An individual is not required to obtain a Criminal Background Check if one has been obtained for the individual(s) within the 2 years preceding the date of application for a new pharmacy, manufacturer, or wholesale distributor license. If fingerprints have been obtained within the two years preceding the date of the application, the individual(s) must submit proof of the previous criminal history check with the application for a pharmacy license.

5. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where the pharmacy is currently or has ever held a permanent license or registration. Copies of licenses are not acceptable.

Upon receipt of fees and all pertinent documents, including the Affidavit that states when the sale or transfer will occur, your application will be reviewed for compliance with the Administrative Rules of the Michigan Board of Pharmacy. If the pharmacy transfer is compliant, the seller and buyer will then be asked to submit a signed document to authorize the specific date that the transfer will be processed. Once the transfer of ownership is processed, the current license number will become null and void and a new license number will be issued to the new owner(s).

NOTE TO OUT-OF-STATE APPLICANTS - The Michigan Board of Pharmacy requires pharmacy applicants to designate a pharmacist in charge (PIC) to be responsible for compliance with the Michigan pharmacy laws and rules. **Effective September 30, 2014, the PIC must hold a full pharmacist license in Michigan.** If the PIC is already licensed in another state, the PIC should apply using the Michigan Pharmacist by Endorsement application that can be found on the Pharmacy page of the website at www.michigan.gov/bpl.

PHARMACY FACILITY LICENSURE INSTRUCTIONS CONTINUED

RELICENSURE OF A PHARMACY (Previously Licensed in Michigan)

1. The application for Pharmacy Relicensure should be completed in its entirety and returned to the board office with the appropriate fee. In order to reactivate the pharmacy license, the designated PIC must hold a Michigan pharmacist license.
2. If the Michigan pharmacy license has been lapsed for more than 3 years, the applicant is required to complete the fingerprinting process as described in instruction #3 under Opening a New Pharmacy.
3. Arrange for verification and/or certification to be sent directly to the Michigan board from any state or province where the pharmacy is currently or has ever held a permanent license or registration. Copies of licenses are not acceptable.

RELOCATION OF A PHARMACY

1. The application, ADP System Approval Request form, and Self-Inspection form should be completed in their entirety and returned to the board office with the \$95.95 fee.
2. Complete the information on the application about the proposed date of change of location, person to contact and telephone number.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where the pharmacy is currently or has ever held a permanent license or registration. Copies of licenses are not acceptable.

Upon receipt of the fee and all pertinent documents, your application will be reviewed. If the application and checklist are satisfactory, the same permanent identification number will be retained, and a new pharmacy and controlled substance license will be issued to reflect the new address.

NOTE TO OUT-OF-STATE APPLICANTS - The Michigan Board of Pharmacy requires pharmacy applicants to designate a pharmacist in charge (PIC) to be responsible for compliance with the Michigan pharmacy laws and rules. **Effective September 30, 2014, the PIC must hold a full pharmacist license in Michigan.** If the PIC is already licensed in another state, the PIC should apply using the Michigan Pharmacist by Endorsement application that can be found on the Pharmacy page of the website at www.michigan.gov/bpl.

MISCELLANEOUS PHARMACY CHANGES

The following changes constitute miscellaneous changes, which may require a fee:

1. Partner or stockholder change.
2. Change in name of store/corporation where no change in ownership occurs.
3. Change in pharmacist in charge (PIC) designation. All PIC changes must be reported within 30 days in writing to the Michigan Board. All PICs must hold an active Michigan pharmacist license.

If one of the above applies to your situation, you must submit the Application for Miscellaneous Pharmacy Change that can be found on the Pharmacy page of the website at www.michigan.gov/bpl.

PHARMACY FACILITY LICENSURE INSTRUCTIONS CONTINUED

CLOSING OF A PHARMACY

The owner of a pharmacy being closed must notify the Michigan Board of Pharmacy of the effective closing date of the pharmacy and must return the current pharmacy license and controlled substance license to the board office. The Board of Pharmacy must be notified about the disposition of the prescription files and prescription drugs for both controlled substances and non-controlled substances.

Upon receipt of the above information, our files for your pharmacy will indicate that it is closed.

For information concerning **Federal Drug Enforcement Administration** (DEA) requirements for pharmacy closings, contact the DEA at their Detroit office, 1-800-882-9539.

DEA INFORMATION

You may also apply to the Drug Enforcement Administration (DEA) for registration under the Federal Controlled Substances Act at the same time you apply for the Board of Pharmacy license. A federal application may be obtained from the Department of Justice Drug Enforcement Administration, 431 Howard Street, Detroit, Michigan 48226. The telephone number is 1-800-882-9539. All questions concerning the federal license should be directed to that office.

Michigan Department of Licensing and Regulatory Affairs
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For Board Use Only
License #:
CS License #:
Issue Date:

APPLICATION FOR PHARMACY LICENSE

Please select the license type you are applying for from the list below:

New Store/License with Controlled Substance Fee: \$181.80 [71-5301-3757-01]

Pharmacy Relicensure Fee: \$201.80 [71-5301-3757-06]

Store Transfer Fee: \$181.80 [71-5301-3757-01]

Pharmacy Relocation Fee: \$95.95 [71-5301-33]

Type of Pharmacy

Type of Ownership

Retail	HMO	Compounding	Partnership	Individual Owner
Hospital	Educational Institution Pharmacy	Outsourcing Facility	Private Corporation	Public Corporation

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Name of Pharmacy:		
If Transfer, Give Former MI Permanent I.D. Number:		
If Transfer, Give Former Name of Pharmacy:		
Contact Person:	Phone Number:	
Street Address:		Ste/Bldg. #:
City:	State:	Zip Code:
If Relocation, Give New Street Address:		Ste/Bldg. #:
City:	State:	Zip Code:
Business Phone Number:	County:	
Federal Employer (Tax) I.D. Number:		
Michigan Permanent ID#:		
Name of Corporation (if applicable)		

Pharmacy Name:

SECTION II

List the names, MI Permanent I.D. Numbers, and percentage of stock owned by each individual who is a Pharmacist licensed in Michigan. If none, indicate "none" below.

Pharmacist's Name	MI Permanent I.D./License Number	% of Stock Owned

SECTION III

The individual named below is designated as pharmacist in charge (PIC) for this pharmacy and is responsible for compliance with federal and state laws and Board of Pharmacy rules regulating the distribution of drugs and the practice of pharmacy. Effective September 30, 2014, the PIC must hold a Michigan pharmacist license.

Name of PIC:

MI Permanent I.D. Number:

SECTION IV

License(s) in Other State(s)

Does this facility hold or has it ever held a permanent license or registration in any other state? Yes No

If yes, list each state, the license or registration number, and the date issued.

State	Permanent License/Registration Number	Date of Issue

SECTION V - Attach a detailed explanation for any YES response checked below.

1. Has any individual director, employee, officer, owner, or stockholder ever been convicted of a misdemeanor, or felony?	Yes	No
2. Has any individual director, employee, officer, owner, or stockholder ever had a financial interest in a pharmacy, manufacturer, or wholesale distributor which has a. been denied a license or federal registration? b. had its license or federal registration limited, surrendered, suspended, revoked, or otherwise disciplined? c. been subject to any other criminal, civil, or administrative penalty?	Yes	No
3. Has any pharmacist owner, Michigan pharmacist licensee, director, employee, officer, or stockholder ever had a license or federal registration a. denied, limited, reprimanded, suspended, revoked or otherwise disciplined? b. been subject to any other criminal, civil penalty or administrative penalty?	Yes	No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Pharmacy Name: _____

SECTION VI - Relocation Information

Street Address:		Ste/Bldg. #:
City:	State:	Zip Code:

SECTION VII

List the names and date of birth of the individual owner; or, if a partnership, all partners and any individual who will manage the day-to-day operations; or, if applying as a privately held corporation, any individual who will manage the day-to-day operations.
(NOTE: This only applies to a privately held corporation that in the aggregate owns fewer than 75 pharmacies, manufacturers, or wholesale distributors on the date the corporation submits its license application.) Attach a separate sheet, if necessary.

NAME AND DATE OF BIRTH	TITLE	AMOUNT % OF STOCK OWNED	SOCIAL SECURITY NUMBER

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

I certify that I am authorized to sign this application on behalf of the pharmacy.

Signature of Applicant _____ Date _____

Board of Pharmacy

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PHARMACY ADP SYSTEM APPROVAL REQUEST

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

PRESCRIPTON RECORDS Checklist for Automated Data Processing (ADP) System. If a computer (ADP) system is used, please answer the following question.

Name of Pharmacy:			
Pharmacy Street Address:			Ste/Bldg. #:
City:	State:		Zip Code:
Pharmacy MI Permanent ID #:		Expiration Date:	
Name of ADP Software System:		The Terminal System is: <input type="radio"/> On Line <input type="radio"/> Stand Alone	
Company Representative Name:			Phone Number
Company Name:			
Street Address of Company:			Ste/Bldg. #:
City:	State:		Zip Code:
1. The information entered on the ADP record must include, but is not limited to, the following(check appropriate box): CR= Computer Record L=Rx Label			
Prescription Number	<input type="checkbox"/> CR	<input type="checkbox"/> L	Manufacturer or Supplier of Drug Dispensed <input type="checkbox"/> CR <input type="checkbox"/> L
Patient's Name	<input type="checkbox"/> CR	<input type="checkbox"/> L	Name, strength, dosage form, quantity of drug prescribed and dispensed originally and refilled <input type="checkbox"/> CR <input type="checkbox"/> L
Patient's Address	<input type="checkbox"/> CR	<input type="checkbox"/> L	Is drug dispensed DAW? <input type="checkbox"/> CR <input type="checkbox"/> L
Prescriber's Name	<input type="checkbox"/> CR	<input type="checkbox"/> L	Date and initials of dispensing pharmacist on original and each refill <input type="checkbox"/> CR <input type="checkbox"/> L
Prescriber's DEA Number	<input type="checkbox"/> CR	<input type="checkbox"/> L	Date of Rx issuance <input type="checkbox"/> CR <input type="checkbox"/> L
Number of Authorized Refills	<input type="checkbox"/> CR	<input type="checkbox"/> L	
2. Are computer prescription records retained at the pharmacy for five years subject to inspection of Board agents?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is a R.Ph. security code required to activate the ADP system in the A.M.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any other pharmacy or store personnel have access to the individual R.Ph. codes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who? _____			

Name of Pharmacy:

4. Are ALL prescriptions entered into the ADP system including those that are not refillable? Yes No
5. Does the ADP system provide for immediate on-line retrieval of all original and refilled prescription data that is 16 months old or less and retrieval within 72 hours for data older than 16 months? Yes No
6. Is the ADP system capable of producing a hard copy printout of all original and refilled prescription data? Yes No
- Does this include
- Prescription-by-prescription audit trail (specific patient)? Yes No
- Refill-by-refill audit trail (specific prescription)? Yes No
- Could a controlled substance audit be done on:
- A drug by each strength (15 mg, 10 mg, 5 mg) Yes No
- A drug by dosage form (tablets, capsules)? Yes No
- Drugs written by specific prescriber? Yes No
- Are hard copy printouts available for immediate review for all computer entries since the last controlled substance inventory? Yes No
7. Does the pharmacy maintain a computer generated daily log for new and refill controlled substance prescriptions that includes a statement signed by the pharmacist at the end of each working day that the ADP information on Rx's he/she filled:
- Has been reviewed? Is correct? Is complete? Has R.Ph. signature?
- Contains the pharmacist's identifying designation? Yes No
- Is this log maintained at the pharmacy for five years? Yes No
8. Describe the system of recording new prescriptions and refill information in the event of downtime on the ADP system. Yes No
-
9. Describe the arrangements made with the ADP system supplier for continuity of records in the event of contract termination.
-
10. Are prescriptions records subject to confidentiality? Explain: Yes No
-

CERTIFICATION

I, _____, R.Ph., certify that my responses to this checklist are true and accurate
Print Name
and that I am employed as the Responsible Fully Licensed Pharmacist or the Owner of this pharmacy.

Signature of Responsible Fully Licensed Pharmacist/Owner

Date

Board of Pharmacy

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 Lansing MI 48909
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www.michigan.gov/bpl

PHARMACY SELF-INSPECTION FORM

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

Name of Pharmacy:	
Date Opening, Transferring and Relocating:	
Street Address:	Ste/Bldg. #:
City:	State:
Zip Code:	County:
Pharmacy Phone Number:	Pharmacy Hours:
Name of Responsible Fully Licensed Pharmacist:	
Michigan Permanent I.D./License Number:	
Name of Non-Pharmacist Owner of Pharmacy:	
Name of Non-Pharmacist Owner of Pharmacy:	
Name of Non-Pharmacist Owner of Pharmacy:	
Name of Owner of Pharmacy:	
Employee Pharmacist Name:	
Michigan Permanent I.D./License Number:	
Employee Pharmacist Name:	
Michigan Permanent I.D./License Number:	
Employee Pharmacist Name:	
Michigan Permanent I.D./License Number:	

Name of Pharmacy: _____

Is the pharmacy approved for intern training? No Yes - If Yes, Please complete the following:

NAME OF INTERN	MICHIGAN LICENSE #

NAME OF PRECEPTOR	MICHIGAN LICENSE #

Pharmacy Department Staff

of Full Time Staff

of Part Time Staff

Pharmacists: _____

Interns: _____

Other: _____

ANY NEW PHARMACY, ANY PHARMACY THAT IS MOVING FROM ONE LOCATION TO ANOTHER, OR ANY PHARMACY TRANSFERRING OWNERSHIP, MUST COMPLY WITH THE FOLLOWING PROVISIONS:

Each pharmacy must be equipped with proper pharmaceutical utensils so that prescriptions can be properly filled and compounded and U.S. Pharmacopoeia and National Formulary preparations properly prepared.

PHARMACY CHECKLIST

Instructions: Please indicate by placing a check in the appropriate box as indicated.

1. Does the pharmacy have the necessary technical equipment to compound and dispense prescription drugs?	Yes	No
a. Are three separate prescription files maintained? Schedule 2 Schedule 3, 4, and 5 Other Legend Drugs	Yes	No
b. Prescription medication containers available in appropriate sizes?	Yes	No
c. Safety closure prescription containers available in appropriate sizes and used routinely?	Yes	No
d. Schedule 5 OTC sales record book is maintained?	Yes	No

Name of Pharmacy:

2. Is there a well lighted, ventilated area of 150 square feet minimum devoted entirely to the pharmacy area? Yes No
3. Clean and sanitary conditions? Yes No
4. Prescription counter has at least 10 square feet work area plus 4 square feet for each additional pharmacist on duty, free of obstruction? Yes No
5. Does the pharmacy occupy less than the entire area controlled by the licensee?
If no, does the licensee control the entire area in which the pharmacy is located?
If yes, does the pharmacy have a permanent partition enclosure from floor to ceiling that is lockable? Yes No
6. Sink with hot and cold running water? Yes No
7. Refrigerator adequate capacity? Yes No
8. List the names of two (2) pharmacy reference texts or electronic media on site that pertain to drug interactions, drug product compositions, and pharmacology.
9. Current copy of the Michigan Public Health Code - Dated: Yes No
10. Current Michigan Pharmacy Administrative Rules - Dated: Yes No
11. Are all licenses of pharmacists conspicuously displayed? Yes No
12. Will all prescription labels indicate brand name, generic name, and name of manufacturer or distributor if drug product selection is utilized? Yes No
13. Do pharmacists number, initial, and date all original prescriptions? Yes No
14. Will the manufacturer's or distributor's name be indicated on all prescriptions where drug product selection is utilized or if prescription is written generically? Yes No
15. Are all prescriptions retained for five years? Yes No
16. Have all outdated drugs been removed from the prescription department shelves? Yes No
17. Has DEA Registration been applied for? Yes No
18. Have DEA Registration and Order Forms been received? Yes No

DEA Registration Number:

Expiration Date of DEA Registration:

19. Have you applied for central record keeping with DEA and the Board of Pharmacy?
If applying, at what address will the records be kept? Yes No

Street Address:

City:

State:

Zip Code:

Name of Pharmacy: _____

20. Are controlled substances stored in a cabinet? Yes No
 Is this cabinet secured to the floor or wall? Yes No
 Is this cabinet substantially constructed and securely lockable? Yes No

21. Security provided for the pharmacy area - Explain alarm system:

22. Are controls in effect in the pharmacy department to prevent theft and diversion of controlled substances? Yes No
23. Has a controlled substances inventory been taken? Yes No
 Is it on site and properly documented? Date Taken:
24. Are all controlled substances purchase records to be kept on site? Yes No
25. Will all controlled substances invoices be initialed and dated by a pharmacist? Yes No
26. Are Scheduled 2 invoices filed separately from all other purchase invoices? Yes No
27. Are Schedules 3, 4 and 5 controlled substance invoices filed separately or readily retrievable? Yes No
28. Will DEA-222 Schedule 2 Order Forms be maintained as required? Yes No

29. How are prescription refill records maintained?

- Initialed and dated on back of Rx
 Paper profile maintained (See Below)
 Computer

IF PAPER PROFILE IS TO BE MAINTAINED, PLEASE ANSWER THE FOLLOWING:

30. Does the profile system indicate the drug name, strength, and directions for use of all drugs entered? Yes No
31. Are all prescriptions entered on the system - new Rx's and refills? Yes No
32. Are DAW prescriptions so designated? Yes No
33. Is the manufacturer's or distributor's name indicated if drug product selection is used or if prescription is written generically? Yes No
34. Is the pharmacist who filled or refilled the prescription initialing each entry? Yes No
35. Are the profiles maintained for five years? Yes No

CERTIFICATION

I, _____, R.Ph., certify that my responses to this checklist are true and accurate
Print Name
 and that I am employed as the Responsible Fully Licensed Pharmacist or the Owner of this pharmacy.

Signature of Responsible Fully Licensed Pharmacist/Owner	Date
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Please print out the Application (pages 7-9), Pharmacy ADP System Approval Request Form (pages 10-11, if applicable), and the Pharmacy Self-Inspection Form (pages 12-15, if applicable). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Pharmacy
PO Box 30670
Lansing MI 48909

Complete the Pharmacy ADP System Approval Request form and send it to our office.

Complete the Pharmacy Self-Inspection Form and send it to our office.

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Pharmacy office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. Refund Policy: If you wish to withdraw your application, you must notify the Board of Pharmacy in writing to request a partial refund.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board of Pharmacy will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid for?

The initial license is good for a partial licensure cycle and will expire on the upcoming June 30 renewal date. Each subsequent license will cover a full two-year cycle.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Professional Licensing	www.michigan.gov/bpl
Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Pharmacy Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
License Verification	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense