



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI
www.michigan.gov/bpl
BPLHelp@michigan.gov

PROGRAM FOR UTILIZATION OF UNUSED PRESCRIPTION DRUGS

ELIGIBLE FACILITY DONATION FORM

Completion of this form meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17775) for donating eligible prescription drugs to a participating pharmacy or charitable clinic in participation with the Program for Utilization of Unused Prescription Drugs. A copy of this form must be retained by the facility or manufacturer and the pharmacy or charitable clinic for at least five years.

Eligible prescription drugs include all non-controlled prescription drugs, including professional samples, that have been approved for medical use in the United States, that are listed in the USP or National Formulary (USP-NF), and that meet the criteria for donation established by the rules and requirements of the program, all State and Federal laws and administrative rules. The following shall NOT be donated or accepted for dispensing; controlled substances as defined in Article 7 or by Federal law, expired prescription drugs, drugs that can only be dispensed to a patient registered with the drug's manufacturer under the Federal Food and Drug Administration requirements, drugs that have been held outside of a health professional's control where sanitation and security cannot be assured, and compound drugs. Drugs that require storage temperatures other than normal room temperature as specified by the manufacturer shall not be donated or accepted unless the drugs are donated directly from a drug manufacturer.

DONATING PARTICIPATING FACILITY OR MANUFACTURER			
Name of Facility or Manufacturer	Michigan License or Registration #	Telephone Number with Area Code	
Street Address	City	State	Zip Code
Name of Authorized Pharmacist or Healthcare Provider	Michigan License #		
I certify that it is the intent of the above-named facility or manufacturer to participate in the Program for Utilization of Unused Prescription Drugs by donating eligible prescription drugs to the pharmacy or charitable clinic identified below, in accordance with program requirements and compliance with all State and Federal laws and administrative rules.			
SIGNATURE of Authorized Pharmacist or Healthcare Provider			Date Signed

RECEIVING PARTICIPATING PHARMACY OR CHARITABLE CLINIC			
Name of Receiving Pharmacy or Charitable Clinic			Telephone Number with Area Code
Street Address	City	State	Zip Code
Name of Responsible Pharmacist Authorized to Receive Donations			Michigan License #
SIGNATURE of Responsible Pharmacist			Date Donation Received