

CONTROLLED SUBSTANCE RELICENSE APPLICATION FOR PRESCRIBING PHYSICIAN IN A DRUG TREATMENT PROGRAM

P.A. 368 of 1978, as amended, requires a separate controlled substance license for physicians prescribing, dispensing, or administering controlled substances in an approved drug treatment and rehabilitation program.

I am applying for:

Relicensure of a Physician Drug Treatment Controlled Substance License Fee: \$108.40 71-5304-3757

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.

First Name:	Middle Name:	Last Name:
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U.S. Social Security #:	Phone Number:
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Email Address:

Health Permanent MD or DO Professional ID/License Number:

Please indicate previous Physician Drug Treatment License Number:

Note: If you answer "yes" to the question below , you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the documents, your application will be deemed incomplete and processing will be delayed.

1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?	Yes
	No

If yes, please explain

Program Information

I am applying for a controlled substance license to practice in the following drug treatment program:

Program Name

Street Address:	Apt/Bldg #:
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City:	State:	Zip Code:
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Signature of Applicant _____ Date _____

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.