

DRUG CONTROL ADDITIONAL LOCATION LICENSE APPLICATION

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatrist, optometrists, and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b(d).

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-2179 or mail it to the address above.
- Your Drug control license will expire with your current professional license. If your professional license expires in:
 0-12 months the fee is \$45.45 13-24 months the fee is \$65.65 25-36 months the fee is \$85.65

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

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:
U.S. Social Security #:	Email Address:	
Michigan Health Professional ID/License Number:	<input type="text"/>	Expiration Date:
Additional Location Street Address:		Bldg/Ste #:
City:	State:	Zip Code:
Phone 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 explanation, your application will be deemed incomplete and processing will be delayed.

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| 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

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Signature of Applicant _____ Date _____