



PROTECT PEOPLE &
PROMOTE BUSINESS

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLData@michigan.gov

VERIFICATION REQUEST FOR PHARMACIST INTERN

NOTE: Only use this form for a certified license verification if you want the verification to include earned intern hours. If you do not need the license verification to include intern hours, please visit www.michigan.gov/bpl and select “Certified License Verification” to order online.

Requestor's First Name		Middle Name	Last Name	
Requestor's Email Address			Requestor's Telephone Number with Area Code	
Provide name of individual seeking verification for			MI Permanent ID/License Number (if applicable/known)	
How do you want verification sent to recipient: (Check ONLY ONE) EMAIL US POSTAL SERVICE			If sending via email, list recipient's email address here	
If sending via US Postal Service, provide recipient's name/association/US State or entity to send verification to				
Street Address to send verification to				
City		State	Zip Code	
FEE PAYMENT INFORMATION:				
Submit a \$15.00 fee and a separate form for <i>EACH</i> verification needed and mail to P.O. Box30670, Lansing MI 48909. Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH . Fees are non-refundable.				
FOR OFFICE USE ONLY - FEE CODE 5302-51				

LARA/BPL-INTERN-Health (Rev. 12/15/2021)

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.