



Bureau of Professional Licensing
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MICHIGAN PHARMACIST COMPETENCY ATTESTATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, licensure will not be issued.

This form must be completed by the Michigan Pharmacist applicant.

Applicant's Name (First, Middle, Last)		Date of Birth
Email Address	Pharmacist Application #	

Pharmacist Competency Attestation:

The State of Michigan Pharmacy – General Rules requires that as a condition licensure as a Michigan Pharmacist “Provide an attestation to the department that the applicant has sufficient knowledge of the [code](#) and the board’s [rules](#) to competently practice pharmacy in the state of Michigan. [Rule 338.521(2)(f)]

Submission Instructions:

Email the completed attestation form to BPLData@michigan.gov or upload the document to your pending Michigan Pharmacist Application in MiPLUS.

ATTESTATION AND SIGNATURE

I attest that I have sufficient knowledge of the [code](#) and the board’s [rules](#) to competently practice pharmacy in the state of Michigan. Further, I attest that the statements in this form are true and complete.

Signature

Date