



Bureau of Professional Licensing
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[BPL-Board Support@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)

EMPLOYER-BASED PHARMACY TECHNICIAN TRAINING PROGRAM AND/OR EXAMINATION ADDITIONAL LOCATION NOTIFICATION

Authority: Public Act 368 of 1978, as amended.

Employer-based pharmacy technician training programs and proficiency examinations must be approved by the Michigan Board of Pharmacy under R 338.3654 and 338.3655.

This form is for use by employers seeking approval of additional locations for board-approved employer-based pharmacy technician training programs and employer-based proficiency examinations. Proprietary schools and community colleges should not use this form.

The Pharmacy Technicians rules can be found online at <https://www.michigan.gov/lara/bureau-list/bpl/resources>.

Use a separate form for each additional pharmacy location.

Submit this form electronically to BPL-BoardSupport@michigan.gov.

SECTION I. EMPLOYER INFORMATION	
Employer Name:	Approval # and Date Approved:
Contact Person:	Email:
	Phone:

SECTION II. ADDITIONAL LOCATION INFORMATION		
Name (if different from employer name):	Pharmacy License #:	
Contact Person (if different from above):	Email:	
	Phone:	
Address:		
City:	State:	ZIP:

SECTION III. CERTIFICATION

I hereby certify the following:

- 1) I am authorized to sign on behalf of the employer.
- 2) The employer will use the same employer-based training program and/or proficiency examination as the board-approved program and/or examination designated by the approval number in Section I.
- 3) The statements made on this form are true, complete, and correct.

If not signed and dated, this form will not be accepted.

Signature of Authorized Representative

Print Name & Title

Date