



Bureau of Professional Licensing
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VIRTUAL ENTITY AFFIDAVIT

Authority: 1978 PA 368

Print or Type Clearly

Pharmacist in Charge / Facility Manager's Legal Name (First, Middle, Last)	Date of Birth
Wholesale Distributor MiPLUS Application Number (5306XXXXXXAPP21)	Wholesale Distributor Name

R 338.567

- (1) A wholesale distributor that does not physically touch prescription drugs or devices shall file an affidavit with the department signed by the PIC or facility manager attesting to this fact.
- (2) A wholesale distributor that previously filed an affidavit under subrule (1) of this rule shall not obtain custody and control of drugs or devices until both of the following have occurred:
 - (a) The licensee provides written notification to the department of physical custody.
 - (b) The department conducts an inspection of the premises.

Submission Instructions:

Email the completed affidavit to BPLData@michigan.gov or upload the document to your pending application in MiPLUS.

CERTIFICATION AND SIGNATURE

I certify that the statements in this affidavit are true and complete. I also certify that the above-named facility will not physically touch prescription drugs or devices and that before obtaining custody and control of prescription drugs or devices, the facility will meet the requirements in R 338.567 and obtain approval from the Department of Licensing and Regulatory Affairs.

 Print Name of Pharmacist in Charge or Facility Manager

 Signature of Pharmacist in Charge or Facility Manager

 Date