Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/LPH-035 (01/05)

CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION

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

Board Use Only
License Number
Date of Licensure

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license.
A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

Type or Print Only

INSTRUCTIONS

1. **ADDRESS CHANGES: If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.**
2. **FEES: If your professional license expires in:**

   0-12 months the fee is $85.00 **13-24 months the fee is $160.00** **25-36 months the fee is $235.00**
3. **Allow four to six weeks for your license to arrive.**

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.

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

- ☐ **29 - 01 D.D.S. 71-5315**
- ☐ **43 - 01 M.D. 71-5315**
- ☐ **49 - 01 O.D. 71-5315**
- ☐ **51 - 01 D.O. 71-5315**
- ☐ **53 - 01 Hospital Pharmacy 71-5151 (Out-Patient Surgical Facility Only)**
- ☐ **59 - 01 D.P.M. 71-5315**
- ☐ **69 - 01 D.V.M. 71-5315**

STATUS:

1. **Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?**

   ☐ **Yes** ☐ **No**

   If Yes, please explain on separate sheet.
2. **Is your current professional license limited as a result of Board disciplinary action?**

   ☐ **Yes** ☐ **No**

First Name	Middle Name	Last Name

Michigan Permanent I.D./License Number)	Expiration Date of License	Social Security Number

Please list below the address which appears on your CURRENT PRIMARY LOCATION controlled substance license

Street Address		
City	State	Zip Code

I am applying for an additional controlled substance license for the location listed below and declare that the statements and information contained on this application are true.

Signature	Date

Please list below the address for the ADDITIONAL LOCATION controlled substance license

Street Address		
City	State	ZIP Code

The Department of Community Health 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 American's with Disabilities Act, you may make your needs known to this agency.