



Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

Board of Pharmacy

PO Box 30670

Lansing MI 48909

(517) 335-0918"

www.michigan.gov/healthlicense"

**PHARMACIST
ENDORSEMENT APPLICATION PACKET"**

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PHARMACIST ENDORSEMENT INSTRUCTIONS

* Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.*

Applicants for a pharmacist license by endorsement must be currently licensed in another state."

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Pharmacy.
2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Contact the National Association of Boards of Pharmacy (NABP) to seek instructions on providing your NABP licensure and exam history to Michigan. NABP can be reached at (847) 391-4406, by fax at (847) 391-4502 or at www.nabp.net.
4. All applicants for pharmacist licensure by endorsement must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam).
 - a. Applicants for the MPJE examination must apply online at www.nabp.net. Information about the content and administration of the MPJE is available in the NAPLEX/MPJE Registration Bulletin that is also available only on-line at www.nabp.net. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form. The Michigan pharmacy administrative rules and Public Health Code are available at www.michigan.gov/healthlicense.
 - b. You will be issued an Authorization to Test by the testing company after you have registered for the MPJE and have been made eligible by the Michigan Board of Pharmacy. The Authorization to Test will contain the dates you are eligible to take the MPJE.

Please Note:"

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.



APPLICATION FOR ENDORSEMENT"

I am applying for the following:"
<input type="checkbox"/> Rj cto cekv'd{ 'Gpf qtugo gpv'Hgg-<8202"j'93/7524/2; "_ <input type="checkbox"/> Rj cto cekv'd{ 'Gpf qtugo gpv{ 'Eqptqmgf "Uwducpeg'Hgg-<8202"j'93/7524/2; "_{ "& 70 7"j'93/75/35979"_"Vqwn'Hgg-<8368067

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.

1. Demographic Information			
First Name:"	Middle Name:"	Last Name:"	
U.S. Social Security #:"		Birth Date:"	
Street Address:"			Apt/Bldg #:"
City:"	State:"	Zip Code:"	
Country:"			
Phone Number:"		Email Address:"	
Have you ever held a health professional license in any profession in Michigan?			<input type="checkbox"/> Yes" <input type="checkbox"/> No"
Health Professional Permanent I.D./License Number:"		Expiration Date:"	
Have you ever been known under any other name? If yes, list name(s):"			<input type="checkbox"/> Yes <input type="checkbox"/> No"
Will documents be received under any other name? If yes, list name(s):"			<input type="checkbox"/> Yes <input type="checkbox"/> No"
Have you ever filed an application for this type of license in Michigan?			<input type="checkbox"/> Yes" <input type="checkbox"/> No"

Full Name:	
2. Personal Data Questions	
1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
8. Have you ever been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: _____

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.** (Attach additional sheets if necessary.)

Yes
 No

State/Country	Permanent License/Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

5. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

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.

Please print out the Application (Pages 4-6). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:"

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Pharmacy
PO Box 30670
Lansing MI 48909"

APPLICATION CHECKLIST"

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN.**"

1. Demographic Information: Social Security Number: Please list only a United States Social Security number."

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Professional Licensing in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth."

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Professional Licensing. If your address changes, you must notify us in writing within 30 days."

Phone: Enter a telephone number where you can be reached in case we have questions about your application."

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application."

Other Name(s): Indicate whether you have been known by any other names."

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed."

3. Professional Education: List your current or completed optometry school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date."

4. License in Other State(s) and/or Province(s): List all states/provinces where you have held an pharmacy license or registration. Indicate method of licensure - examination or endorsement."

5. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section."

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and **DO NOT** send the checklist to the Board of Pharmacy office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, ATTN: ADA Request PO Box 30670, Lansing, MI 48909."
8. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Pharmacy in writing to request a partial refund.
9. If your name and/or address changes please notify the Board of Pharmacy in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, Applications Section, PO Box 30670, Lansing, MI 48909. Telephone calls are **NOT** accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board-approved program.
CONTINUING EDUCATION UNIT	A Pharmacist is required to earn 30 hours of board-approved continuing education to renew the license.
ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The agency will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction. A felony or misdemeanor related to a controlled substance or practice of pharmacy may be subject to Board review and decision pursuant to MCL 333.17768(3).

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming June 30 renewal date. Each subsequent license will cover a full two-year cycle.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan pharmacists are required to earn 30 hours of board-approved continuing education credit over each two-year cycle of licensure. The Michigan Board of Pharmacy does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a five year period in case you are audited by the Michigan Board of Pharmacy.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Professional Licensing	www.michigan.gov/bpl
Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Pharmacy Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

National Association of Boards of Pharmacy	www.nabp.net
Identogo	www.identogo.com