

Michigan Department of Community Health  
**Bureau of Health Professions**

P.O. Box 30670  
Lansing, MI 48909  
517-335-0918  
Fax 517-373-2179

Board Use Only

**DATA CHANGE/DUPLICATE LICENSE REQUEST**

Authority: Public Act 368 of 1978, as amended.

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.

**PHARMACY STORES AND MANUFACTURER/WHOLESALE/DISTRIBUTORS MAY NOT USE THIS FORM FOR A NAME OR ADDRESS CHANGE. CONTACT THE BUREAU OF HEALTH PROFESSIONS AT (517) 335-0918 TO REQUEST A RELOCATION APPLICATION.**

**NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.**

Please specify which licenses/registrations you want changed.

- Professional License/Registration       Controlled Substance       Specialty License  
 Drug Control       Additional Location Controlled Substance

Current Name on License/Registration: \_\_\_\_\_  
Last First Middle

Please state profession(s) you are requesting to be changed:  
Profession: \_\_\_\_\_

MI Permanent I.D. Number: \_\_\_\_\_

Date of Birth	Phone Number	U. S. Social Security Number
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**Please check the boxes below for the service you are requesting:**

- NAME CHANGE:** I request the Department to change my records due to a name change. Signature must be provided on reverse side. If you would like a new license reflecting your new name, please see fee requirement on reverse side.

**New Name:**  
**(Print Clearly)** \_\_\_\_\_  
Last First Middle

Reason for Change: \_\_\_\_\_

- ADDRESS CHANGE: FOR PROFESSIONAL AND/OR SPECIALTY.** I request the Department to change my record due to an address change.

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

**ADDRESS CHANGE: FOR CONTROLLED SUBSTANCE AND DRUG CONTROL LICENSE**

MI Permanent I.D. Number: \_\_\_\_\_

I request the Department change my records due to the address change. If additional controlled substance licenses need changing, please send a request for each one.

Name of Facility or Office: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

**DUPLICATE LICENSE:** I request the Department to issue a duplicate for the following reason:

- Data Change (Complete Front Side)
- Lost
- Stolen
- Not received
- Destroyed

Please check **below** which one(s) you want duplicate licenses issued for. Make your check payable for the total amount.

- Professional License/Registration - \$10.00
- Specialty License - \$10.00
- Controlled Substance - \$10.00
- Drug Control - \$10.00
- Additional Controlled Substance - \$10.00

**You will not receive notification of the change(s). You can check our web site after two weeks to confirm the change by selecting the "verify a license" link at <http://www.michigan.gov/healthlicense>**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_