

GRETCHEN WHITMER
GOVERNOR

Payment Confirmation

MARLON I. BROWN, DPA
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record ID: 5307014800APP23
DRUG CONTROL APPLICATION

PAYMENT DATE: October 23, 2023

JULIE KAPLAN PRUSSACK

Invoice Details

Fee Description	Amount	Fee Date	Invoice
Drug Control Location Application Processing Fee	\$76.50	10/23/2023	1529772
Drug Control Location Per Year License Fee	\$30.60	10/23/2023	1529772

Payment Details

Date Paid:	10/23/2023 16:38:34	Payment Method:	Credit Card
Payment Amount:	\$107.10	Confirmation Number:	23102311059352
Receipt Number:	1507731		

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
DRUG CONTROL LICENSE

JULIE KAPLAN PRUSSACK

LICENSE NO.	EXPIRATION DATE	
5307014800	04/06/2025	23301221041

JULIE KAPLAN PRUSSACK
DEPT. OF FAMILY MEDICINE
300 NORTH INGALLS STREET, NI4C06
ANN ARBOR, MI 481095435

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED
AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY
COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV
OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
DRUG CONTROL LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE
*VALID ONLY AT LOCATION BELOW

JULIE KAPLAN PRUSSACK
3100 PROFESSIONAL DR
ANN ARBOR, MICHIGAN 48104

LICENSE NO.
5307014800

EXPIRATION DATE
04/06/2025

23301221041

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Drug Control Application 5307014800APP23

Record Type

Drug Control Application

Created: 10/23/2023 4:38 pm

Record ID: 5307014800APP23

Created by: PUBLICUSER1348199, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$107.10	Credit Card	10/23/2023

Good Moral Character

Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony?: No

① [Have you ever been convicted of a felony](#)

Have you ever been convicted of a misdemeanor: No

① [Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance](#)

Offense: --

Year: --

Court: --

Case Number: --

Incarceration, Probation, or Parole Information: --

Multiple Offense Checkbox: No

① [Check this box if you have additional offenses to report](#)

Additional Offense Information: --

① [List each additional offense, year, court, case number; and incarceration, probation, or parole information](#)

Armed Forces Fee Waiver

Armed Forces Fee Waiver

If requesting a fee waiver as a member of the armed forces or the uniformed services, a veteran, or a dependent of a member of the armed forces, you will need to attach a copy of your military I.D. or if a dependent a copy of the service members military I.D. If you are an individual who served in the armed forces or uniformed services please attach a form DD214, form DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service. If you have the appropriate documentation and wish to use the fee waiver, please select this box:

Choose one: --

Drug Control Location License

Drug Control

Address Line 1: 3100 Professional Dr
Address Line 2: --
Address Line 3: --
City: Ann Arbor
State: Michigan
ZIP Code: 48104

License Document Delivery

License Document Delivery

Your license will be sent electronically, if you would also like a paper copy please select that delivery option.

License Document Delivery: Paper Mailed and Electronic Copy

Attachment

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.

Name	Type	Size	Latest Update
BPL_EXT_ACA_Receipt_REC_SGL_CRYSTAL_20231023_163900.pdf	Online Receipt	50 KB	10/23/2023

Signed Attestation

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law.

☒ By checking this box, I agree to the above certification.

Date: 10/23/2023

This Record Summary shows MiPLUS data in record 5307014800APP23 as of 10/23/2023 4:40 PM Eastern Time