



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardofPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Affidavit of Experience

Applicant by Examination: Please complete the identifying information below.

Applicant Name:		Email:	
<input type="checkbox"/> I attest that I have completed the internship hours required to graduate from a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).			
Applicant Signature:		Date Signed:	

- OR -

Applicant by Reciprocity: Please complete the identifying information below.

Applicant Name:		Email:		
<input type="checkbox"/> I attest that I have engaged in the practice of pharmacy for at least one (1) year in another jurisdiction directly preceding the date of my application.				
Name of Jurisdiction:				
Employer Verifications for Option B (must include at least one year of practice in the above jurisdiction):				
Employer	City/State	Employment Dates	Phone	Employer Signature (Electronic acceptable)
Applicant Signature:			Date Signed:	

Notary Signature

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	