



Online Instructions

Initial Application for Pharmacist License by Reciprocity

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A PERMANENT LICENSE TO PRACTICE AS A PHARMACIST IN ALASKA.**

1. AFFIDAVIT OF EXPERIENCE

A completed Affidavit of Experience form (#08-4032d).

2. NABP APPLICATION FOR LICENSE TRANSFER

The NABP official application for License Transfer. The license by which reciprocity is based must be current, unencumbered, and in good standing.

3. NAPLEX

Proof of passing the NAPLEX by arranging with the NABP a license transfer to be sent to Alaska as required by 12 AAC 52.090(c).

LICENSE STATUS:

Licenses are issued for a two-year period and expire on June 30 of EVEN-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please

complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: RegulationsAndPublicComment@Alaska.Gov

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



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

Fax: (907) 465-2974

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:	
Select one of the following options: <input type="checkbox"/> Option A 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) within one (1) year immediately preceding the date of submitting this application. - OR - <input type="checkbox"/> Option B I attest that I have engaged in the practice of pharmacy for at least one (1) year in another jurisdiction.			
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	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:	