



THE STATE
of **ALASKA**

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

PDMP

FOR DIVISION USE ONLY

Prescription Drug Monitoring Program (PDMP)

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Fax: (907) 465-2974

Website: *PDMP.Alaska.Gov*

Request for Paper Submission of Data to the PDMP

- Please complete this form in full.
- Requests shall be mailed to the Prescription Drug Monitoring Program (PDMP).
- Approvals expire at the end of the year in which they are granted (12 AAC 52.870.(f))
- The decision of the Department to grant or deny the request shall constitute a final agency action unless appealed to the board by submitting a written notice of appeal with the board within 30 days of the notice of denial.

12 AAC 52.870 WAIVER OF ELECTRONIC SUBMISSION REQUIREMENT BY PHARMACIST OR PRACTITIONER

PART I Pharmacy or Practitioner Information

Full Name:		Title:	
Pharmacy or Practice Name:			
Pharmacy or Practitioner License #:		DEA #:	
Phone #:			
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:			

PART II Waiver Request

I request a waiver from the electronic submission requirement of data to the PDMP based on the following.

I represent a pharmacy or practice (check one):

- That is suffering a hardship created by a natural disaster or other emergency beyond the control of the dispenser and prevents the dispenser from satisfying 12 AAC 52.865(b).
- That is dispensing in a controlled research project approved by an accredited institution of higher education or under the supervision of a governmental agency. Please attach a description of the research project.
- That is located in an area where there is no access to the telecommunication services needed to comply with 12 AAC 52.865(b).



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Notary Signature Page

Applicant Name: []

- I will satisfy the reporting requirements of AS 17.30.200(b) by submitting the required information by United States mail to the board on at least a daily basis using a form approved by the board.
I will inform the board within 30 days if the basis for the waiver of electronic reporting no exists.

PART VIII Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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