

## THE STATE OF ALASKA

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

## **Board of Pharmacy**

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Email: BoardOfPharmacy@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

## **PDMP Dispensing Status Change Form for Pharmacists**

**Current Status** 

As required by 12 AAC 52.857, a pharmacist registered with the Prescription Drug Monitoring Program (PDMP) must notify the board within 10 days of no longer dispensing controlled substances in the state. Similarly, a pharmacist previously not dispensing in the state who begins doing so must notify the board by registering with the PDMP within 10 days.

Select one (1) of the following options:					
No Longer Dispens  By selecting this or	ing ption, your account wi	Date Effective:ill be deactivated.			\$0.00
Began Dispensing Date Effective:  By selecting this option, you must create an account at Alaska.PMPAware.Net					\$0.00
PART II Licensee Information					
Pharmacist Name:					
Alaska License Number:			Phone Number:		
Physical Address:	Street	City		State	Zip
Employer DEA Registration Number:			Issue Date:		
Email Address:					
Signature:				Date Signed:	