



THE STATE  
of **ALASKA**

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

**PHA**

FOR DIVISION USE ONLY

**Board of Pharmacy**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfPharmacy@Alaska.Gov](mailto:BoardOfPharmacy@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPharmacy](http://ProfessionalLicense.Alaska.Gov/BoardOfPharmacy)

**Facility License Renewal**

**July 01, 2024 – June 30, 2026**

- Your license expires after June 30, 2024. There is no grace period — it is illegal to work if your license has expired.
- This form is to be used for renewing the following facility types: Outsourcing, Manufacturer, and Third Party Logistics Provider (3PL). To renew Wholesale Drug Distributor facility license, use form #08-4554.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

**PART I Payment of Fees**

<b>Renewal Fees:</b>	<input type="checkbox"/> Biennial License Renewal	<b>\$550.00</b>
	<i>(For licenses first issued on or before June 30, 2023)</i>	
	<input type="checkbox"/> Prorated License Renewal	<b>\$275.00</b>
	<i>(For licenses first issued on or after July 1, 2023)</i>	

**PART II Facility Information**

<b>Company/Owner Name:</b>			
Is this the same company/owner as listed on the current license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>License Number:</b>		<b>Contact Phone:</b>	
<b>Facility Name:</b> (DBA)			
Is this the same DBA as listed on the current license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Corporate Entity Type:</b>		<b>Current Alaska Entity Number:</b>	

**PART II Facility Information (continued)**

<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip
<b>Change of Mailing Address:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, provide the effective date:</b>		
<b>Physical Address:</b>	Street	City	State	Zip
<b>Change of Physical Address:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, provide the effective date:</b>		
<b>EMAIL AGREEMENT:</b> 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.				
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>				

**PART III Designated Representative Information**

<b>Designated Representative Name:</b>			
<b>Email Address:</b>		<b>Phone Number:</b>	

**Designated Representative Change**

1. Are you the same designated representative currently listed on the license? ( <i>If yes, skip to part IV.</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. <i>If no to above, was this change already reported to the board?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of effective change: _____		
<b>Note:</b> If this change has not been reported, do <u>NOT</u> proceed with this renewal. It may take 1-4 weeks to process designated representative change notices.		
3. Date notification was sent: _____		

**PART IV Inspection Attestation**

By providing my signature, below, this facility attests that a self-inspection of the premises using the form provided by the department was completed within the last two years or since this license was initially issued. I further understand and attest that the self-inspection must be retained, and available upon request, for the duration of the licensing period in which it was completed.

<b>Designated Representative Signature:</b>		<b>Date Signed:</b>	
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**PART V Controlled Substances**

<b>Will this facility be distributing controlled substances to Alaska?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, the facility must be registered with the Drug Enforcement Administration prior to distribution. If a DEA number has already been obtained, please fill out the section below:</i>		
<b>DEA Registration Number:</b>		<b>Issue Date:</b>
		<b>Expiration Date:</b>
<b>Is this a change to the distribution preferences on the current license?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

All disciplinary decisions or convictions must be reported to the board within thirty days in accordance with 12 AAC 52.991.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

**Since the date the license was last issued or renewed, has the owner or any employee:**

- Received any disciplinary decisions or adverse actions against their professional license, including a decision or action resulting in a license being denied, suspended, surrendered, revoked, conditioned, limited, or otherwise restricted by a federal, state, or local government against the pharmacy's present license/registration for the manufacture, distribution, or dispensation of drugs and/or devices? For the purpose of this question, disciplinary decisions or adverse actions apply to the owner(s) of the pharmacy where it is physically located as well as to any individual employed at the pharmacy.  
 Yes  
 No
- Received any felony charges or criminal convictions? For the purpose of this question, criminal convictions apply to the owner(s) of the pharmacy where it is physically located as well as to any individual employed at the pharmacy. This question does not apply to tertiary-level owners (e.g.: grandparent or higher), subsidiary companies (e.g.: holding companies or companies with differing employer identification numbers), or associated companies (e.g.: pharmacies or facilities owned by the same parent company but physically located elsewhere).  
 Yes  
 No  

If this owner holds more than one license/registration for pharmacies or facilities located in different physical locations, responses to this section must be specific to the licensee/registration this renewal application is being submitted for.
- If yes to above, due to criminal convictions of an owner as well as to any individual employed at the pharmacy is the owner or individual employed at the pharmacy or facility also individually licensed by the Alaska Board of Pharmacy under AS 08.80? For the purpose of this question, an owner is a sole-proprietor owner, individual owner, or managing officer of a corporation, association, or joint stock company owner.  
 Yes  
 No

"Yes" Answers

**If you answered "yes" to any question above,** you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances.



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**Signature Page**

<b>Licensee Name:</b>	
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**PART VII Agreement**

I hereby certify that I am the licensee 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, certificate, 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.

<b>Signature:</b>		<b>Date Signed:</b>	
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## PHA Information

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### LICENSE TERM:

There is no “inactive” status. If you choose not to renew your license, it will expire. 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. 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.

### 12 AAC 52.991. DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT:

A licensee shall report in writing to the board any disciplinary decision, felony charges or criminal conviction issued against the licensee not later than 30 days after the date of the disciplinary decision, felony charges, or criminal conviction. A licensed facility shall report in writing to the board any disciplinary decision, including a voluntary suspension or revocation issued by federal, state, or local government of a license currently or previously held, or any felony charges or criminal conviction under federal, state, or local law of an owner, designated representative, pharmacist-in-charge, or officer of the licensed facility not later than 30 days after the date of the disciplinary decision, felony charge, or criminal conviction.

## General Information

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### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### 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 the charging document and judgement.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### 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 Exemption from Social Security Number Requirement form (#08-4372) located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov) or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### 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](http://ProfessionalLicense.Alaska.Gov) under License Search.

### 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 specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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### Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.