



Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Remote Pharmacy License Application Instructions

Applications must be submitted either by mail or by fax. Applications submitted by email will not be processed. In accordance with AS 08.80.157, a facility engaged in the practice of pharmacy, or a pharmacy where drugs or devices are dispensed, shall be licensed by the board. If operations are conducted at more than one location, each location shall be licensed by the board. Within 14 days of commencement of business, a completed self-inspection of the premises (form on board website) must be submitted to the department.

Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation. The board will not issue a license until your application is complete.

The following must be received by the division before your application for Remote Pharmacy License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4045, pages 1-6), including:

- (a) All application fees;
- (b) The ownership name and Alaska corporate entity number;
- (c) The pharmacy's "doing business as" name, if applicable;
- (d) The physical location of the facility;
- (e) A mailing address and telephone number;
- (f) The names of all partners or corporate officers;
- (g) The name, active Alaska license number, and contact information for the pharmacist-in-charge;
- (h) The names and active pharmacist license numbers of all pharmacists employed by the pharmacy;
- (i) central pharmacy information;
- (j) the Prescription Drug Monitoring Program (PDMP) acknowledgment;
- (k) an inspection attestation; and
- (l) completion of the professional fitness section of the application.

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.310.

Nonrefundable Application Fee:	\$100.00
License Fee:	\$200.00
Total Fees Due:	\$300.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4045a).

Change of Name, Ownership, or Physical Address Requirements

A pharmacy shall notify the board in writing not later than 30 days after a change of name, ownership, or physical address. A notification of a change of physical address must include an attestation that a new self-inspection will be completed not later than 30 days after the start of business. A change means that the information as it appears on the current license certificate is or will no longer be accurate. This includes:

- Ownership structure change at the direct parent-level or name change to the owner. This appears on the certificate in the "Licensee" field.
- Adding a DBA when there was previously no DBA listed, removing a DBA, or a DBA name change. This appears on the certificate in the "Doing Business As:" field.
- Relocating from one physical location to another.

General Information

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.

ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP):

Mandatory reporting began on August 1, 2011. All of the necessary information regarding the Alaska PDMP can be found at PDMP.Alaska.Gov

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.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. 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. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. 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 the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

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.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

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 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 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.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov

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)

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



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 • Fax: (907) 465-2974
Email: BoardOfPharmacy@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Remote Pharmacy License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> License Fee	\$200.00

PART II Corporate Information

Corporate Entity Type:		Current Alaska Entity Number:	
------------------------	--	-------------------------------	--

PART III License Information

Central Pharmacy Name:			
Central Pharmacy Phone Number:		Central Pharmacy License Number:	
Company/Owner Name:			
Remote Pharmacy Name (DBA):			
Remote Pharmacy Mailing Address:	P.O. Box or Street	City	State Zip
Remote Pharmacy Physical Address:	Street	City	State Zip
Remote Pharmacy Contact Phone:		Remote Pharmacy Toll-Free Phone:	
<p>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.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>			

PART IV Pharmacist-in-Charge

Name of Pharmacist-in-Charge:		AK Pharmacist License Number:	
Email Address:		Contact Phone:	

PART V Staff Pharmacists

List all licensed pharmacists employed and their physical jurisdiction license number.

Full Name	License Number

PART VI Prescription Drug Monitoring Program (PDMP) Reporting

Pharmacies dispensing/distributing federally scheduled II - IV controlled substances must report daily as required by AS 17.30.200(b) and 12 AAC 52.865. It is the responsibility of the pharmacist-in-charge (PIC) to report prescription data on behalf of the pharmacy. If the PIC is unavailable, another pharmacist must report the information. A third-party reporting vendor may also submit data on behalf of a pharmacy.

Pharmacist-in-Charge (PIC) Name:		Alaska License Number:	
Phone Number:		Extension:	
Email Address:			

- Communication Acknowledgement:** If the email address provided in this section differs from the email address provided on page 1, and if this pharmacy prefers electronic communication, I understand the email on page 1 will be considered the main point of contact for this pharmacy.

Indicate the dispensing/distributing status of this pharmacy.

- Pharmacy does NOT dispense or distribute federally scheduled II - IV controlled substances in Alaska.**
By checking this box, I understand that the reporting mandate does not apply since the pharmacy does not dispense or distribute federally scheduled II-IV controlled substances. I also understand that there is no waiver process to obtain an exemption.
- or -
- Pharmacy DOES dispense or distribute federally scheduled II – IV controlled substances in Alaska.**
By checking this box, I understand this pharmacy is required to comply with the reporting mandate.

DEA Registration Number:		Issue Date:		Expiration Date:	
---------------------------------	--	--------------------	--	-------------------------	--

By providing my signature below, I attest that the above information is true and correct. I understand that information supplied with this application is considered public unless required to be kept confidential pursuant to state or federal law.

Pharmacist-in-Charge Signature:		Date Signed:	
--	--	---------------------	--

PART VII Inspection Attestation

A copy of the inspection report is no longer required to be submitted as part of this application. Simply complete this attestation.

- By checking this box and providing my signature, below, I acknowledge and attest that a self-inspection of the premises using the form provided by the department will be completed within fourteen (14) days after commencement of business. 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.

Pharmacist-in-Charge Signature:		Date Signed:	
--	--	---------------------	--

PART VIII Satisfactory Record Keeping & Sworn Statement

By providing my signature below, this pharmacy submits a sworn statement that it maintains its records of prescription drugs dispensed to persons in Alaska. Our records will be readily retrievable from the records of other prescription drugs dispensed by the pharmacy, as demonstrated in one of the following ways:

Select One (1) of the Following Options:

- Providing a description of our pharmacy's policies and procedures relating to satisfactory record keeping. (Describe below.)

- or -

- Attaching a copy of our pharmacy's policies and procedures relating to satisfactory record keeping.

**Pharmacist-in-Charge
Printed Name:**

--

**Pharmacist-in-Charge
Signature:**

--

Date Signed:

--

PART IX 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.

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.

- New Application:** This pharmacy or facility has never held a license or registration under the Alaska Board of Pharmacy: **answer all Professional Fitness Questions.**

When in doubt, disclose and explain.

Has the owner or any employee:

1. 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

2. 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 application is being submitted for.

3. 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 of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



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 • Fax: (907) 465-2974

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Notary Signature Page

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



Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Remote Pharmacy License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date Signed:



THE STATE
of

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

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

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.

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	