



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**

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## Change of Pharmacist-in-Charge (PIC) or Facility Manager (Designated Representative) – Incoming

**Pharmacist-In-Charge (PIC):** Within 10 days of appointment as the new pharmacist-in-charge, you must notify the division in writing by completing this form.

**Facility Manager (Designated Representative):** Within 10 days of a change in facility manager of a wholesale drug distributor, outsourcing facility, or third-party logistics provider, the new facility manager must submit this form. The outgoing form must also be submitted (Form #08-4285) within 10 days.

### PART I Pharmacy / Facility Information

License or Registration Type:	<input type="checkbox"/> In-State Wholesaler	<input type="checkbox"/> Out-of-State Wholesaler	<input type="checkbox"/> Outsourcing Facility
	<input type="checkbox"/> In-State Pharmacy	<input type="checkbox"/> Out-of-State Pharmacy	<input type="checkbox"/> Third-Party Logistics
	<input type="checkbox"/> Remote Pharmacy	<input type="checkbox"/> Drug Room	
Owner Name:			
Facility Name: (DBA)		Alaska License Number:	
Physical Address:	Street	City	State Zip

### PART II Pharmacist-in-Charge (PIC) / Facility Manager Information

New PIC or Facility Manager Name:		License Number: (PIC Only)	
Previous PIC or Facility Manager Name:		Appointment Date:	
New PIC or Facility Manager Email:		Contact Phone:	

### PART III Acknowledgments

<input type="checkbox"/> As the new pharmacist-in-charge for the above-named pharmacy, I acknowledge I may not serve as a PIC for more than one pharmacy at any time except upon obtaining written permission from the board per 12 AAC 52.200. <b>- OR -</b>	
<input type="checkbox"/> As the new facility manager (designated representative) for the above-named facility, I acknowledge I may be in charge of more than one location for multiple facilities simultaneously per 12 AAC 52.635.	
Signature:	Date Signed: