Applicants' Instructions for Fingerprint Processing

1.) Under the miscellaneous forms section, select, "Request a Fingerprint Card."

Miscellaneous Forms		
Reinstatement of a Pharmacist License		
Job Shadowing Documentation		
Annual Information Update		
Cessation of Facility Operations		
Pharmacy Self-Inspection Report		
Pharmacist Jurisprudence Questionnaire		
Pharmacy Intern Jurisprudence Exam		
Change of Pharmacy Manager		
Request a Fingerprint Card (Wholesale Drug Distributors only)		
Change of Name, Address, and/or Duplicate License		
Request for License Verification		
Order a Wall Certificate		
Credit Card Authorization Form		
PDMP Exemption Statement for Non-Dispensing Pharmacists		

2.) When the applicant clicks on this, they'll be taken to MyAlaska, where they'll be prompted to sign in or create an account (if they don't have one yet).

count with myAlaska, fill in the new account information required below. You must have a valid email ac If you accept the agreement (required to use myAlaska), click on the I accept the User Agreement bo pn button.				
Username:	lauracarrillo	0		
Password:	•••••	Θ		
Verify Password:	•••••	*		
Secret Question:	Your mother's maiden name?	♥ 😡		
Answer:		*		
Email Address:	laura.carrillo@alaska.gov	Θ		
Verify Email Address:	laura.carrillo@alaska.gov			
User Agreement				
AGREEMENT BETWEEN YOU AND THE S	FATE OF ALASKA	^		
myAlaska is a web service operated by the State of Alaska that provides single-sign-on (authentication) for multiple				
state services and a framework for electronic signatures				
for state forms or transactions.				
☑ I accept the User Agreement				
Start Registration				

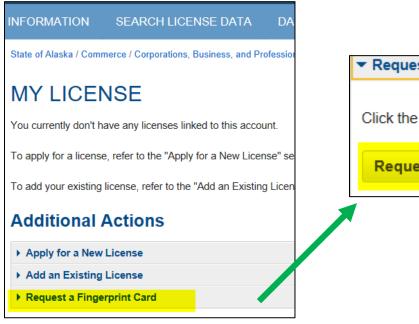
3.) Go to professional license:



4.) Accept the privacy agreement (for new users) then click, "Continue."

	Go to Professional License		
	Privacy Agreement: DCCED		
authorizi	ng the 'I Accept the Privacy Agreement' box below, you are ng myAlaska to share your profile information with the t of Commerce, Community, and Economic Development.		
I Accep	ot the Privacy Agreement		

5.) Click, "Request a Fingerprint Card"



Request a Fingerprint Card

Click the button below to request a fingerprint

Request a Fingerprint Card

Fingerprint Instructions to Applicant – 10/22/2019

6.) Select from the program drop-down menu, fill in the details, the click "Submit."

ion below to have a fingerprint card mailed to you. Fingerprint cards will be n h to contact your preferred fingerprinting service to see if they carry the card				
	Program Type:	Behavior Analysts		
	Recipient:	Collection Agencies		
	Address Line 1:	Guardians and Conservators Massage Therapists Nurse Aides		
	Address Line 2:	Nursing		
	City:	Pharmacy		
	Country:	UNITED STATES		

Program Type:	Pharmacy ~
Recipient:	Laura Carrillo Test
Address Line 1:	333 Willoughby Ave
Address Line 2:	9th Floor
City:	Juneau
Country:	UNITED STATES V
State:	ALASKA
Zip:	99801
	Submit

7.) Confirmation: you'll receive a confirmation message indicating that blank fingerprint cards will be mailed to you within 1-2 weeks.

REQUEST A FINGERPRINT CARD Your request for a fingerprint card has been received and will be mailed to you in 1-2 weeks.