

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 address. If you accept the agreement (required to use myAlaska), click on the **I accept the User Agreement** button.

Username: lauracarrillo

Password: ●●●●●●●●

Verify Password: ●●●●●●●● *

Secret Question: Your mother's maiden name? ▾

Answer: *

Email Address: laura.carrillo@alaska.gov

Verify Email Address: laura.carrillo@alaska.gov

User Agreement

AGREEMENT BETWEEN YOU AND THE STATE 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:

[Go to *Professional License*](#)

CONTINUE WITH NEW MYALASKA ACCOUNT REGISTRATION

A confirmation email with instructions for continuing the registration process will arrive at the email address you provided.

Please check your email and follow the instructions provided there. If the confirmation email fails to appear in your inbox, please check your spam/junkmail.

You have **24 hours** to complete the steps outlined in that email or you will have to restart the registration process.

DEV/TEST only: [Click here if you do not want to wait for the email...](#)

[help](#) [Privacy Policy](#) [User Agreement](#) [Browser Compatibility](#)

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

[Go to *Professional License*](#)

Privacy Agreement: DCCED

By checking the 'I Accept the Privacy Agreement' box below, you are authorizing myAlaska to share your profile information with the Department of Commerce, Community, and Economic Development.

I Accept the Privacy Agreement

5.) Click, "Request a Fingerprint Card"

INFORMATION SEARCH LICENSE DATA DA

State of Alaska / Commerce / Corporations, Business, and Profession

MY LICENSE

You currently don't have any licenses linked to this account.

To apply for a license, refer to the "Apply for a New License" se

To add your existing license, refer to the "Add an Existing Licen

Additional Actions

- ▶ [Apply for a New License](#)
- ▶ [Add an Existing License](#)
- ▶ [Request a Fingerprint Card](#)

▼ [Request a Fingerprint Card](#)

Click the button below to request a fingerprint

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

REQUEST A FINGERPRINT CARD

Click on the link below to have a fingerprint card mailed to you. Fingerprint cards will be mailed to you. Please contact your preferred fingerprinting service to see if they carry the card.

Program Type:

Recipient:

Address Line 1:

Address Line 2:

City:

Country:

Country:

Program Type:

Recipient:

Address Line 1:

Address Line 2:

City:

Country:

State:

Zip: -

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.