



**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)

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## Pharmacy Intern License Application Instructions

Read the application and instructions carefully. Failure to do so may cause additional correspondence and delay the processing of your application.

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

### 1. APPLICATION

A completed application, signed and notarized (#08-1468, pages 1-5).

### 2. GRADUATION STATUS

(a) **Pre-Graduate Applicants:**

College registrar must complete the Verification of Education form (#08-1468b) confirming enrollment in a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).

(b) **Post-Graduate Applicants:**

Applicants can only select this application type if graduated from a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE) within one year of submitting this application. College registrar must complete the Verification of Education form (#08-1468b) confirming graduation status.

(c) **Foreign-Trained Graduates:**

Certified true copy of the diploma from a college of pharmacy recognized by the Foreign Pharmacy Graduate Examination Committee (FPGEC).

### 3. ATTESTATIONS AND ACKNOWLEDGEMENTS

(a) **Duration of intern license:**

Intern licenses are valid for five (5) years from the date of issue and cannot be renewed. Pharmacy interns wishing to continue accruing internship hours in the state must apply for a new and separate license.

(b) **Independent Administration of Vaccines and Related Emergency Medications:**

As permitted by 12 AAC 52.992, a pharmacy intern may engage in administering a human vaccine or related emergency medication only after education and training requirements have been met.

### 4. FEES

Fees made payable to "State of Alaska".

Nonrefundable Application Fee:	\$100.00
License Fee:	\$ 30.00
Total Fees Due:	\$130.00

Applications for military personnel and spouses of active-duty military personnel can be found at:  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/MilitaryLicensing.aspx>

## 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.

### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:**

The license term for Pharmacy Interns is five (5) years from the date the license becomes active. There is no "inactive" or "lapsed" status for Pharmacy Intern licenses. Pharmacy Intern licenses will become expired after five (5) years and cannot be renewed. Pharmacy Interns wishing to continue accruing internship hours in the state must apply for a new and separate license.

### **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, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

### **DENIAL OF APPLICATION:**

Be aware 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 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. 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 requires a U.S. Social Security Number be on file with the division before a professional license is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **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](http://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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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**Pharmacy Intern License Application**

**PART I Graduation Status**

<b>Graduation Status:</b>	<input type="checkbox"/> Pre-Graduate	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Foreign-Trained Graduate
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**PART II Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Application and License Fee (\$100 is Non-Refundable)	<b>\$130.00</b>
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**PART III Personal Information**

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</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>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

**PART IV Pharmacy Education**

<b>Name of School:</b>		<b>Location:</b> (City, State)	
<b>Start Date:</b>		<b>End Date:</b>	<input type="checkbox"/> <i>Currently Attending</i>
<b>Degree Awarded:</b>	<input type="checkbox"/> PharmD	<input type="checkbox"/> Other: _____	

## PART V Foreign Graduates

If foreign-trained graduate, provide the following:

NABP E-Profile  
Number:

FPGEC Pass Date:

## PART VI Internship Experience

List all internship experience.

Check here if none.

Start Date	End Date	Pharmacy Name & Address	Supervising Pharmacist Name	# of Hours	Educational Requirement
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

## PART VII Attestations & Acknowledgements

### 1. Duration of Intern License

I acknowledge a pharmacy intern license is valid for five (5) years and cannot be renewed. I further understand if I need to continue practicing as an intern in Alaska beyond the license expiration date, I must submit a new initial application.

### 2. Independent Administration of Vaccines and Related Emergency Medication

Yes, I will plan to administer a human vaccine or related emergency medication. I have completed:

A course accredited by the Accreditation Council for Pharmacy Education (ACPE) or comparable course covering these topics; **and**

Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training.

- or -

No, I will not and do not plan on administering a human vaccine or related emergency medication.

### 3. Statement of Acknowledgement of 12 AAC 52.205. General standards of pharmacy practice. Section (a)

I acknowledge I must adhere to 12 AAC 52.205. General standards of pharmacy practice. Section (a).

## PART VIII Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.80 and 12 AAC 52).

## 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, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

1. Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No

2. Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No

2.a. If yes, did any convictions include any of the following as listed under 12 AAC 52.925?

- (1) murder;
- (2) manslaughter;
- (3) criminally negligent homicide;
- (4) assault;
- (5) sexual assault;
- (6) sexual abuse of a minor;
- (7) unlawful exploitation of a minor, including possession or distribution of child pornography;
- (8) incest;
- (9) indecent exposure;
- (10) robbery;
- (11) extortion;
- (12) stalking;
- (13) kidnapping;
- (14) theft;
- (15) burglary;
- (16) forgery;
- (17) endangering the welfare of a child;
- (18) endangering the welfare of a vulnerable adult;
- (19) unlawful distribution or possession for distribution of a controlled substance; for purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900;
- (20) reckless endangerment

3. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a pharmacy intern in a competent, ethical and professional manner?  Yes  No

**PART IX** Professional Fitness Questions *(continued)*

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4. Do you use drugs or alcohol in any manner that impairs your ability to practice as a pharmacy intern competently and safely?  Yes  No
- 

"Yes" Answers

**If you answered "yes" to questions 3 or 4,** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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Notary Signature Page

Form with fields for Applicant Name, Alaska License Number (if known), and a checkbox for Application in Process.

PART X Notarized Signature

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand 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 Signature Form with fields for Notary Stamp, Applicant Printed Name, Applicant Signature, Notary Public for State of, Notary Signature, Subscribed and Sworn to Before me on this Day, and My Commission Expires.





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## Verification of Education

→ **Applicant:** Complete the identifying information below and forward a copy of this form to the college registrar where you are currently or were previously enrolled in a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE). *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>			
<b>Email Address:</b>			
<b>Applying as a Pharmacy Intern in Alaska as a:</b>	<input type="checkbox"/> Pre-Graduate	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Foreign Graduate (Disregard this page)
Initial next to the applicable statement based on your graduation status.			
_____ Pre-Graduate Applicant: I am presently enrolled in a college of pharmacy and am satisfactorily progressing towards completing requirements for graduation/licensure.			
- or -			
_____ Post-Graduate Applicant: I have graduated from a college of pharmacy within one (1) year immediately preceding the date of submitting this application.			

→ **College Registrar:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Pharmacy at the letterhead address.

<b>College or University Name:</b>		<b>ACPE Accredited:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Address:</b> (City, State, Zip)				
<b>Student Details and Graduation Status Verification:</b> Initial next to the applicable statement(s) based on the above-named student's graduation status.				
<input type="checkbox"/> Pre-Graduate	Enrollment Date: _____	Expected Graduation: _____		
_____ Student is currently enrolled in college of pharmacy; <b>and</b>				
_____ Student is satisfactorily progressing towards degree completion.				
- or -				
<input type="checkbox"/> Post-Graduate	Graduation Date: _____	Degree Earned:	<input type="checkbox"/> PharmD	<input type="checkbox"/> Other
_____ Student is a recent graduate of the above-named college of pharmacy.				

### Signature

College or University Seal	<b>Registrar Printed Name:</b>			
	<b>Registrar Signature:</b>		<b>Date Signed:</b>	
	<b>Phone Number:</b>			



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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 generally considered public records, unless required to be kept confidential by state or federal 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.

<b>Name of Applicant or Licensee:</b>			
<b>Profession Type (e.g., Acupuncture):</b>		<b>License Number (if applicable):</b>	
<b>I wish to make payment by credit card for the following (check all that apply):</b>			<b>AMOUNT</b>
<input type="checkbox"/>	<b>Application Fee:</b>		
<input type="checkbox"/>	<b>License or Renewal Fee:</b>		
<input type="checkbox"/>	<b>Other (fine, exam, etc.):</b>		
1.			
2.			
			<b>TOTAL:</b>

<b>Name (as shown on credit card):</b>			
<b>Mailing Address:</b>			
<b>Phone Number:</b>		<b>Email (Optional):</b>	
<b>Signature of Credit Card Holder:</b>			

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

<b>1. Credit Card Number:</b>		<b>All 3 fields MUST be completed.</b>  This section will be destroyed after the payment is processed.
<b>2. Expiration Date:</b>		
<b>3. Security Code:</b>		