



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

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Change of Pharmacist-in-Charge (PIC) or Designated Representative

Pharmacist-In-Charge (PIC): Within 30 days of appointment as the new pharmacist-in-charge, you must notify the division in writing by completing this form. The new PIC must submit an application to be licensed as a Pharmacist in Alaska if they are not currently licensed in Alaska.

Designated Representative: Within 30 days of a change in designated representative of a wholesale drug distributor, outsourcing facility, manufacturer, or third-party logistics provider, the new designated representative must submit this form.

PART I Pharmacy / Facility Information

License Type:	<input type="checkbox"/> Wholesale Drug Distributor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Outsourcing Facility
	<input type="checkbox"/> 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) / Designated Representative Information

Previous PIC or Designated Representative Name:			
New PIC or Designated Representative Name:			
AK License Application Number: (PIC Only)		Appointment Date:	
New PIC or Designated Representative Email:		Contact Phone:	

PART III Attestation

As the new pharmacist-in-charge for the above-named pharmacy, I attest 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.

Signature:		Date Signed:	
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