



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

Phone: (907) 465-2550

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Reinstatement of Pharmacist License

Lapsed More Than 2 Years

PART I Payment of Fees (Check all that apply)

Required Fees:	<input type="checkbox"/> 2018 - 2020	\$200.00
	<input type="checkbox"/> 2020 - 2022	\$200.00
	<input type="checkbox"/> 2022 - 2024	\$100.00
PDMP Fees:	<input type="checkbox"/> I will dispense federally scheduled II - IV controlled substances in Alaska.	\$ 0.00
	<input type="checkbox"/> I will not be dispensing federally scheduled II - IV controlled substances in Alaska.	\$ 0.00

PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). 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: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:	Date of Birth:		
EMAIL AGREEMENT: 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.			
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail		
Note: If both boxes are selected above, you will receive correspondence electronically.			
SOCIAL SECURITY NUMBER: AS 08.01.100 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 III Practice Information

Have you been in continuous practice for at least 6 months in another jurisdiction for each year your Alaska license was lapsed?

Yes No

Other State Licenses

List all jurisdictions which you hold or have held a license to practice pharmacy:

State or Jurisdiction	Licensed By (Exam, Reciprocity, Other)	License Number	Issue Date

Practice History

Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Employer Name	Employer Address	Employee Position

PART IV Continuing Education

If you are applying under 12 AAC 52.310(c), (license expired more than two years but not more than five years) you must submit copies of continuing education certificates verifying continuing education hours that would have been required to maintain a current license for the entire period your Alaska pharmacist license has been lapsed. Refer to attached regulations regarding continuing education requirements.

I have completed all hours of continuing education required.

- and -

I have attached copies of all continuing education certificates of completion.

PART V 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. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

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

PART V Professional Fitness Questions (continued)

3. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No

4. Do you currently have a condition which in any way impairs or limits your ability to practice with reasonable skill and safety? Yes No

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must submit a personal statement from yourself and 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

PART VI Notarized Signature

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

I understand that 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 or permit to practice in the state of Alaska.

I further understand that 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 Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Continuous Practice

→ **Applicant:**

Please complete the identifying information below and forward a copy of this form to your present or former employer(s). Indicate whether you were in continuous practice for at least six (6) months for each year your AK license was in lapsed or expired status. *Make additional copies of this form, as needed.*

Applicant Name:		Phone Number:	
Applicant Signature:		Date Signed:	

Date license lapsed or expired:				
Entry	Year	Employer	Jurisdiction	At Least 6 Months?
A				<input type="checkbox"/> Yes <input type="checkbox"/> No
B				<input type="checkbox"/> Yes <input type="checkbox"/> No
C				<input type="checkbox"/> Yes <input type="checkbox"/> No
D				<input type="checkbox"/> Yes <input type="checkbox"/> No

→ **Verifying Employer:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Pharmacy at the letterhead address.

Entry A

<input type="checkbox"/> I am verifying practice history for the above-named applicant for this time period.			
Printed Name:			
Signature:		Date Signed:	

Entry B

<input type="checkbox"/> I am verifying practice history for the above-named applicant for this time period.			
Printed Name:			
Signature:		Date Signed:	

Entry C

I am verifying practice history for the above-named applicant for this time period.

Printed Name:

Signature:

Date Signed:

Entry D

I am verifying practice history for the above-named applicant for this time period.

Printed Name:

Signature:

Date Signed:

License Reinstatement & Continuing Education Requirements

12 AAC 52.310. REINSTATEMENT OF AN EXPIRED PHARMACIST OR PHARMACY TECHNICIAN LICENSE. (a) If a pharmacist's or pharmacy technician's license has expired for any reason, that pharmacist or pharmacy technician may not practice pharmacy until the license is reinstated by the board.

(b) The board will reinstate a pharmacist or pharmacy technician license that has been expired less than two years if the applicant submits

- (1) a completed renewal application;
- (2) any applicable license renewal fees required in 12 AAC 02.310;
- (3) documentation that the applicant has met all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350; and
- (4) for a licensing period that begins on or after July 1, 2006, a completed jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.80 and this chapter.

(c) The board will reinstate a pharmacist license that has been expired two years or more if the applicant

- (1) submits a completed application for reinstatement on a form provided by the department;
- (2) pays any applicable license renewal fees required in 12 AAC 02.310 for the entire period the license has been expired;
- (3) repealed 5/5/2000;
- (4) submits evidence of completion of all continuing education requirements in 12 AAC 52.320 - 12 AAC 52.350 that would have been required to maintain a current license for the entire period the license has been expired;
- (5) qualifies by
 - (A) retaking and passing the examinations required in 12 AAC 52.090(a); or
 - (B) providing verification that the applicant has continually practiced pharmacy in another state under a license issued by the authority of that state for the period that the license has been expired, and by meeting the requirements of 12 AAC 52.090(a)(2); for purposes of AS 08.80.147 and this subparagraph, an applicant has continually practiced pharmacy if the pharmacist has actively practiced pharmacy in the other state for at least six months during each year that the license in this state was lapsed; and
- (6) submits a verification issued directly to the board by each licensing jurisdiction where the applicant holds, or has ever held, a license as a pharmacist during the time period in which the applicant's license was lapsed in this state that the applicant's license in the other jurisdiction were not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements.

(d) Repealed 8/1/2014.

(e) A pharmacy technician license that has been expired for two years or more will not be reinstated

Sec. 08.80.147. RENEWAL OF LICENSURE. If a pharmacist fails to apply for renewal of a license within five years from the expiration of the license, the person must pass an examination for license renewal, except that a person who has continually practiced pharmacy in another state under a license issued by the authority of that state may renew an expired license in this state upon fulfillment of the requirements that may be established by the board.

12 AAC 52.320. CONTINUING EDUCATION REQUIREMENTS FOR PHARMACISTS. (a) Except as provided in (c) of this section, an applicant for renewal of a pharmacist license shall certify having completed 30 contact hours of continuing education accepted by the board under 12 AAC 52.340(a) during the concluding license period.

(b) This section does not prevent the board from imposing additional continuing education requirements under its disciplinary powers.

(c) An individual who is applying for renewal of a pharmacist license for the first time shall certify having completed one half of the continuing education requirements in (a) of this section for each complete 12 month period that the applicant was licensed during the concluding license period.

(d) An applicant for reinstatement of a pharmacist license that has expired shall certify that the applicant completed the continuing education requirements in (a) of this section before applying for reinstatement.

12 AAC 52.330. ALTERNATIVE CONTINUING EDUCATION SCHEDULE. An individual licensed under AS 08.80 may apply to the board for an alternative schedule of continuing education if the individual's failure to meet the continuing education requirements in 12 AAC 52.320 is due to illness or other extenuating circumstances.

12 AAC 52.340 APPROVED PROGRAMS. (a) The following programs will be accepted by the board as continuing education for pharmacists and pharmacy technicians under 12 AAC 52.320 and 12 AAC 52.325:

- (1) any program presented by a provider accredited by the ACPE;
- (2) cardiopulmonary resuscitation (CPR) courses presented by the American Red Cross or the American Heart Association that lead to CPR certification; the board will accept no more than one contact hour of continuing education credit in a 24 month period for completion of a CPR course.

(b) The following programs will be accepted by the board as continuing education under 12 AAC 52.325, when the subject contributes directly to the professional competency of a pharmacy technician and is directly related to pharmacy principles and practice:

- (1) any program presented or approved by the Alaska Pharmacists Association;
- (2) any program presented or approved by the Pharmacy Technician Certification Board (PTCB) or the National Pharmacy Technician Association (NPTA).

(c) An individual who presents an approved continuing education program may receive credit for the time spent during the actual presentation of the program. An individual may not receive credit for the same presentation more than once during a licensing period.

12 AAC 52.350. AUDIT OF RECORDS BY THE BOARD. (a) The board will randomly audit renewal applications for verification of reported continuing education contact hours. To conduct an audit under this section, the board will access and evaluate continuing pharmacy education data reported to the ACPE-NABP CPE Monitor Service during the time period audited.

(b) Upon written request, a pharmacist or pharmacy technician shall provide the board with a copy of each certificate of completion for the continuing education units not reported to the ACPE-NABP CPE Monitor Service during the time period audited by the board.

(c) If the board disallows any continuing education contact units reported on behalf of or by a pharmacist or pharmacy technician, the pharmacist or pharmacy technician shall

- (1) complete the number of disallowed contact hours in an approved program and report the completion to the board no later than 90 days after the date the board sends notification of the disallowed contact hours; and
- (2) provide the board with copies of certificates of completion for all continuing education units
 - (A) not reported to the ACPE-NABP CPE Monitor Service; and
 - (B) completed for the next two licensing periods.

(d) A pharmacist or pharmacy technician who submits to the board a false or fraudulent record relating to the pharmacist's or pharmacy technician's satisfaction of a continuing education requirement under 12 AAC 52.320 or 12 AAC 52.325 is subject to disciplinary action by the board.

(e) In this section,

- (1) "ACPE-NABP CPE Monitor Service" means the electronic tracking service of the ACPE and the National Association of Boards of Pharmacy for monitoring continuing pharmacy education that pharmacists and pharmacy technicians receive from participating providers;
- (2) "certificate of completion" means a certificate or other document that
 - (A) is presented to a participant upon successful completion of a continuing education program that is not reported to the ACPE-NABP CPE Monitor Service; and
 - (B) contains the following information:
 - (i) the name of the participant;
 - (ii) the title and date of the program;
 - (iii) the name of the accredited provider;
 - (iv) the number of contact hours or continuing education units awarded;
 - (v) a dated, certifying signature of the accredited provider;
 - (vi) for a pharmacist renewal, the assigned ACPE universal program number.



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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 public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



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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.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

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

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.