



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

Remote Pharmacy License Renewal

July 01, 2024 – June 30, 2026

- Your license expires after June 30, 2024. There is no grace period — it is illegal to work if your license has expired.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before June 30, 2023)</i>	\$200.00
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after July 1, 2023)</i>	\$100.00

PART II Facility Information

Pharmacy Name: (DBA)			
Is this the same DBA as listed on the current license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Remote Pharmacy License Number:		Contact Phone:	
Mailing Address:	P.O. Box or Street	City	State Zip
Change of Mailing Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the effective date:	
Physical Address:	Street	City	State Zip
Change of Physical Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the effective date:	
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
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

PART III Remote/Central Pharmacy Information

Remote PIC Name:		Remote PIC AK License Number:	
Central Pharmacy Name:		Central Pharmacy AK License Number:	
Central Pharmacy PIC Name:	<input type="checkbox"/> Same PIC as remote pharmacy.		

PART IV Prescription Drug Monitoring Program (PDMP)

Pharmacies dispensing/distributing federally scheduled II - IV controlled substances must report **daily** as required by AS 17.30.200(b) and 12 AAC 52.865. It is the responsibility of the **pharmacist-in-charge** (PIC) to report prescription data on behalf of the pharmacy. If the PIC is unavailable, another pharmacist must report the information.

PIC Name:		License Number:	
Phone Number:		Extension:	
Email Address:			

Dispensing/Distributing Status

The *Certification of No Controlled Substances Dispensed* form and the *Data Reporting Survey* are no longer in use following the mandatory reporting requirement change effective July 2017.

- Pharmacy is **NOT** currently dispensing or distributing federally scheduled II - IV controlled substances in/into Alaska. By checking this box, I understand that the reporting mandate does not apply since the pharmacy does not dispense or distribute federally scheduled II-IV controlled substances. I also understand that there is no waiver process to obtain an exemption.
- Pharmacy **DOES** currently dispense or distribute federally scheduled II-IV controlled substances in/into Alaska. By checking this box, I understand this pharmacy is required to comply with the reporting mandate.

DEA Registration Number:		Issue Date:		Expiration Date:	
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Change in Dispensing/Distributing Status

1. Is this a change of dispensing status since the license was initially issued or since it was last renewed? Yes No
2. Check one of the boxes below:
- I understand that if this pharmacy is not currently dispensing/distributing controlled substances but begins doing so at any time after this renewal is submitted, the pharmacy must submit the status change form (#08-4841) within 10 days. Our pharmacy will also submit a ClearingHouse account request.
- or -
- I understand that if this pharmacy is currently dispensing/distributing but ceases this activity at any time after this renewal is submitted, the pharmacy must submit the status change form (#08-4841) within 10 days.

Attestation

By providing my signature below, I attest that the above information is true and correct. I understand that information supplied with this application considered public unless required to be kept confidential pursuant to state or federal law.

PIC Signature:		Date Signed:	
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PART V Inspection Attestation

I attest that a self-inspection report was completed within the last two years.

AND

I also attest that a copy of the self-inspection will be made available upon request.

PART VI 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.

All disciplinary decisions or convictions must be reported to the board within thirty days in accordance with 12 AAC 52.991.

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.

Since the date the license was last issued or renewed, has the owner or any employee:

1. Received any disciplinary decisions or adverse actions against their professional license, including a decision or action resulting in a license being denied, suspended, surrendered, revoked, conditioned, limited, or otherwise restricted by a federal, state, or local government against the pharmacy's present license/registration for the manufacture, distribution, or dispensation of drugs and/or devices? For the purpose of this question, disciplinary decisions or adverse actions apply to the owner(s) of the pharmacy where it is physically located as well as to any individual employed at the pharmacy.
- Yes
 No

2. Received any felony charges or criminal convictions? For the purpose of this question, criminal convictions apply to the owner(s) of the pharmacy where it is physically located as well as to any individual employed at the pharmacy. This question does not apply to tertiary-level owners (e.g.: grandparent or higher), subsidiary companies (e.g.: holding companies or companies with differing employer identification numbers), or associated companies (e.g.: pharmacies or facilities owned by the same parent company but physically located elsewhere).
- Yes
 No

If this owner holds more than one license/registration for pharmacies or facilities located in different physical locations, responses to this section must be specific to the licensee/registration this renewal application is being submitted for.

3. If yes to above, due to criminal convictions of an owner as well as to any individual employed at the pharmacy is the owner or individual employed at the pharmacy or facility also individually licensed by the Alaska Board of Pharmacy under AS 08.80? For the purpose of this question, an owner is a sole-proprietor owner, individual owner, or managing officer of a corporation, association, or joint stock company owner.
- Yes
 No

"Yes" Answers

If you answered "yes" to any question above, 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.



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Signature Page

Licensee Name:	
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PART VII Agreement

I hereby certify that I am the licensee 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, certificate, 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.

Owner/Officer Signature:	Date Signed:	
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PHA Information

LICENSE TERM:

There is no “inactive” status. If you choose not to renew your license, it will expire. Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record.

ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP):

Mandatory reporting for pharmacies dispensing federally scheduled II - IV controlled substances began on July 17, 2017. Additional information can be found at PDMP.Alaska.Gov

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.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will 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.

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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

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/licensee'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 and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.Gov under License Search.

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.

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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

ARTICLE 4.

423. Remote pharmacy license

12 AAC 52.423. REMOTE PHARMACY LICENSE.

- (a) A central pharmacy that wishes to provide pharmacy services through a remote pharmacy in the state using a telepharmacy system as provided in 12 AAC 52.425 must apply to the board for a remote pharmacy license. The central pharmacy applying under this section for a remote pharmacy license must
 - (1) submit to the department a complete notarized application on a form provided by the department;
 - (2) submit to the department the applicable fees established under 12 AAC 02.310;
 - (3) comply with the requirements of 12 AAC 52.020; and
 - (4) provide the name and active or pending license number of the central pharmacy.
- (b) The board will approve an application to provide pharmacy services through a remote pharmacy if the central pharmacy establishes that it is able to comply with the requirements of 12 AAC 52.425.
- (c) Repealed 1/19/2024.
- (d) A remote pharmacy that has changed its name, physical address, or ownership must notify the board in writing not later than 30 days after the change. A notification of a change of physical address must include an attestation that a new self-inspection will be completed not later than 30 days after the start of business in the new location.



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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.