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
(907) 465-2550
Email: *BoardofPharmacy@Alaska.Gov*
Website*: Pharmacy.Alaska.Gov*

# Wholesale Drug Distributor License Renewal

## October 1, 2020 – June 30, 2022

- Your license lapses after September 30, 2020. There is no grace period - it is illegal to work if your license has lapsed.
- You must submit an Inspection Report with this renewal application.
- 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.

## PART I Payment of Fees

| | | |
|---|---|---|
| **Renewal Type:** | ☐ Biennial License Renewal – *Non-Resident* *(for licenses first issued on or before June 30, 2019)* | **$600.00** |
| | ☐ Biennial License Renewal – *Resident* *(for licenses first issued on or before June 30, 2019)* | **$500.00** |
| | ☐ Prorated License Renewal – *Non-Resident* *(for licenses first issued on or after July 1, 2019)* | **$300.00** |
| | ☐ Prorated License Renewal – *Resident* *(for licenses first issued on or after July 1, 2019)* | **$250.00** |
| | ☐ Additional Fees – *If Applicable* *(Change in location, ownership, or facility manager)* | **$5.00** |

## PART II Wholesale Drug Distributor Information

| | | | |
|---|---|---|---|
| **Alaska Wholesale Drug Distributor License Number:** | | ☐ **Resident Wholesale Drug Distributor**<br>☐ **Non-Resident Wholesale Drug Distributor** | |
| **Facility Name:** | | | |
| **Manager Name:** | | **Phone Number:** | |
| **Mailing Address:**<br>Address change: ☐ | | | |
| **Physical Address:**<br>Address change: ☐ | | | |

**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:** | | ☐ Send my Correspondence by Email<br>☐ Send my Correspondence by US Mail |

## PART III Professional Fitness Questions

**The following question must be answered.** "Yes" answers may not automatically result in license denial.

If you answer "Yes" please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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

# *When in doubt, disclose and explain.*

***Since the date the facility license was last issued or renewed, has the owner or any partner, corporate officer, the facility manager, or any employee:***

**1.** had a professional license or registration 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 or registration you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

☐ **Yes**
☐ **No**

**2.** 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**

**3.** violated a federal, state, or local law relating to the practice of pharmacy, drug samples, wholesale or retail drug or device distribution, or distribution of controlled substances?

☐ **Yes**
☐ **No**

**4.** furnished false or fraudulent material in an application made in connection with drug or device manufacturing or distribution?

☐ **Yes**
☐ **No**

**5.** had a suspension or revocation by federal, state, or local government of a license or registration currently or previously held for the manufacture or distribution of drugs or devices, including controlled substances?

☐ **Yes**
☐ **No**

**6.** obtained remuneration by fraud, misrepresentation, or deception?

☐ **Yes**
☐ **No**

**7.** dealt with drugs or devices that are known or should have been known to be stolen drugs or devices?

☐ **Yes**
☐ **No**

**8.** dispensed or distributed drugs or devices directly to patients by a wholesale drug distributor other than a pharmacy?

☐ **Yes**
☐ **No**

## PART IV Wholesale Drug Distributor Information

### 1. OWNERSHIP

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

**Is the owner listed below the same owner currently listed on the initial license application?** ☐ Yes ☐ No

*If no, you must submit the $5.00 fee in addition to the renewal fee.*

| Names of Owners, Officers, Directors, and/or Primary Stakeholder | Title | Did you attach resume? |
|---|---|---|
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |

### 2. FACILTY MANAGER

**Are the officers, directors, or primary stakeholders listed below the same as indicated on the initial license application?** ☐ Yes ☐ No

*If no, you must submit resumes for all individuals not previously listed.*

| | | | |
|---|---|---|---|
| **Full Name:** | | **Title:** | |
| **Phone Number:** | | | |
| **Email:** | | | |

**Do you have a basic understanding of federal & state wholesale distribution of drugs:** ☐ Yes ☐ No
*State laws include those under AS 08 & 12 AAC 52; federal laws include 21 U.S.C 353(b).*

**If no to question #2, did this change occur within the last 30 days? Date of Change: _____** ☐ Yes ☐ No

**Are you the same facility manager currently listed on the license?** ☐ Yes ☐ No

*If no to this question, and you have not submitted the "Change in Facility Manager – Incoming" Form, submit this with your renewal (appended to this application). You will also need to submit fingerprints and the $5.00 fee in addition to the renewal fee.*

### 3. CONTROLLED SUBSTANCES

**Will this wholesale distributor be distributing controlled substances to Alaska?** ☐ Yes ☐ No

*If YES, the facility must be registered with the Drug Enforcement Administration prior to distribution.*
*If a DEA number has already been obtained, please fill out the section below:*

| DEA Registration Number | Issue Date | Expiration Date |
|---|---|---|
| | | |

### 4. ATTACHMENT REQUIREMENTS, OTHER THAN RESUMES

☐ **Completed self-inspection report on the form provided by the board.** **– OR –**

☐ **Completed verification Accredited Wholesale Distributors (VAWD) Inspection Report.**

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## Signature Page

| **Applicant Name:** | |
|---|---|

## PART V Agreement

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, 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.

| **Signature:** | | **Date:** | |
|---|---|---|---|

# APPLICATION INFORMATION

## PHA Information

**LICENSE TERM**

There is no "inactive" status. If you choose not to renew your license, it will lapse. 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 mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

**ALASKA PRESCRIPTION DRUG MONITORING**

Mandatory reporting began on August 1, 2011. The bulletin and contact information for the Alaska PDMP is available on the Board of Pharmacy homepage at *Pharmacy.Alaska.Gov.*

**DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT**

A licensee shall report in writing to the board any disciplinary decision or conviction, including conviction of a felony or conviction of another crime that affects the applicant's or licensee's ability to practice competently and safely, issued against the licensee in another jurisdiction not later than 30 days of the date of the disciplinary decision or conviction. 12 AAC 52.991

## 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. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. 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 and sent to you. 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.

**"YES" RESPONSES**

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.

**DENIAL OF APPLICATION**

Please be aware that 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.

**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.

**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**

In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant's Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement (Form #08-4372), from the division web site at www.commerce.alaska.gov/occ/.

**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.

**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 contact: (907) 465-2550 or *BusinessLicense.Alaska.gov.*

**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*

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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. Do not assume that the division has documentation that you have already provided. Submit all relevant documentation with this form.

- **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, 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).
- **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.

***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.**<br>**Make copies as necessary.** | | | |

**Did you attach all applicable documents associated with this incident?**

- ☐ Court orders
- ☐ Consent agreements
- ☐ License 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:** | | **PL Code:** | |
| **Signature:** | | **Date:** | |

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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: _____

Program Type: _____ 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 *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

**TOTAL:** 0

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

**Signature of Credit Card Holder:** _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

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

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.