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FOR DIVISION USE ONLY

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Pharmacy, PO Box 110806, Juneau AK 99811
(907) 465-2550 • Email: *license@alaska.gov*
ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Now Available!
Renew Online:
- Fast
- Easy

Biennial Wholesale Drug Distributor License Renewal

July 1, 2016 — June 30, 2018

- Online renewal is available at: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*
- Your wholesale distributor pharmacy license lapses after June 30, 2016.
- You must submit a Wholesale Drug Distributor Self-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 four- to six-week processing time for correct and complete renewal applications.

PART I Renewal Information

Fees Due:	☐ Biennial License Renewal *(for licenses first issued on or before June 30, 2015)*	**$500.00**
	☐ Prorated License Renewal *(for licenses first issued on or after July 1, 2015)*	**$250.00**

Facility Name:	
Wholesale Distributor License Number:	
Facility Website:	
Mailing Address: This is an address change: ☐	
Contact Phone:	
Facility Manager's Name:	

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address:		☐ Send my Correspondence by US Mail ☐ Send my Correspondence by Email

PART II Professional Fitness

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, has the owner or any partner, corporate officer, the facility manager, or any employee:

1.	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.	been convicted of a crime or 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 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** ☐

! EXPLAIN AND DOCUMENT ANY "YES" ANSWERS

PART III Ownership Type

☐ **Sole Proprietor** — or — **Partnership**	Owner Name	
	Owner Name	
SOCIAL SECURITY NUMBER: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)		

☐ **Corporation**	Corporate Officer Name
	Corporate Officer Name

Licenses are not transferrable

Any change of name, location or ownership will require a new license. Please access the forms on the Board's website; do not use this renewal application.

PART V Signature

☐ I **have attached the required Self-Inspection Report**
(The Self-Inspection Report can be found at: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy)

WARNING: The Division may deny, suspend or revoke the license or registration of a person who has obtained or attempted to obtain a license or registration by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

By my signature below, I certify that the information furnished in this application is true and correct. I also certify that I have attached the required documentation listed above. For corporations, only persons authorized to sign on behalf of the corporation may sign this form.

Signature of Owner or Officer: **Title:**

Printed Name: **Date:**

! General Information

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: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

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

APPLICATION PROCESSING:
The average time to process a paper application is 4-6 weeks from the date it is received in this office, complete with all correct forms and 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 with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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:
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.

"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 both charging and closing court documentation.

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".

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 Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the Division for a copy of the form.

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.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:
If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 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 about business licenses, call (907) 465-2550 or online at: *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 program you want to be updated on to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

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Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ 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: _____

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

Mailing Address: _____

Phone: _____ Email *(optional)*: _____

Credit Card Type: ☐ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** _____

VISA or Mastercard Number: _____ **Expiration Date:** _____

This section below the dotted line will be destroyed upon processing of the payment.

Confidential