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*

Third-Party Logistics Provider License Renewal

October 1, 2022 – June 30, 2024

- Your license lapses after September 30, 2022. There is no grace period — it is illegal to work if your license has lapsed.
- 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.

PART I Payment of Fees

Renewal Fees:	☐ Biennial License Renewal *(For licenses first issued on or before June 30, 2021)*	**$550.00**
	☐ Prorated License Renewal *(For licenses first issued on or after July 1, 2021)*	**$275.00**

PART II Facility Information

Third-Party Logistics Provider (DBA)**:**			
Is this the same DBA as listed on the current license? *(If no, this license cannot be renewed. A new license application must be submitted.)*		☐ Yes ☐ No	
Company/Owner Name:			
Is this the same owner as listed on the current license? *(If no, this license cannot be renewed. A new license application must be submitted.)*		☐ Yes ☐ No	
License Number:		**Contact Phone:**	
Mailing Address:	P.O. Box or Street	City	State Zip
Physical Address:	Street	City	State Zip
Is this the same location as listed on the current license? *(If no, this license cannot be renewed. A new license application must be submitted.)*		☐ Yes ☐ No	

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:**	☐ Send my Correspondence Electronically ☐ Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

PART III 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 your last Alaska license was issued or renewed:

1. **Have you received any disciplinary decisions or adverse actions, 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 or facility's present license/registration for the manufacture, distribution, or dispensation of drugs and/or devices?**

☐ **Yes**
☐ **No**

2. **Has an owner of the pharmacy or facility where it is currently physically located and under this specific license or registration been convicted of a felony?** For the purpose of this question, felony convictions apply to the owner of the pharmacy/facility where it is physically located as well as to any individual employed at the pharmacy or facility. This question does not apply to felony convictions of 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).

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.

☐ **Yes**
☐ **No**

3. **If yes to above, due to felony convictions of an owner is the owner 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, managing officer of a corporation, association, or joint-stock company owner.

☐ **Yes**
☐ **No**
☐ **N/A**

4. **Have you been convicted of a crime that affects the licensee or registrant's ability to practice safely or competently?**

☐ **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.

PART IV Facility Manager Information

Facility Manager Name:			
Email Address:		**Phone Number:**	

Facility Manager Change

1. Are you the same facility manager currently listed on the license? (*If yes*, skip to part V.) ☐ Yes ☐ No

2. *If no to above,* was this change already reported to the board? ☐ Yes ☐ No

Note: If this change has not been reported, do NOT proceed with this renewal. It may take 1-4 weeks to process facility manager change notices.

3. Date notification was sent: _____

PART V Inspection Attestation

By providing my signature, below, this third-party logistics provider attests that a self-inspection of the premises using the form provided by the department was completed within the last two years or since the last time this license was initially issued. I further understand and attest that the self-inspection must be retained, and available upon request, for the duration of the licensing period in which it was completed.

Facility Manager Signature:		**Date Signed:**	

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Signature Page

Licensee Name:	

PART VI 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.

Signature:		**Date Signed:**	

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.

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. 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*

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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. **Make copies as necessary.**			

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:		**PL Code:**	
Signature:		**Date:**	

You must submit one form for each "Yes" answer. Make copies of this form as necessary.

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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.