



Board of Pharmacy

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Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

PDMP Exemption Statement for Non-Dispensing Pharmacists

| Who <u>SHOULD</u> fill out this form? | Who should <u>NOT</u> fill out this form? |
|---|--|
| <ul style="list-style-type: none"> Pharmacists not dispensing federally scheduled II – IV controlled Substances Pharmacists who hold an active Alaska license but are not living in the state | <ul style="list-style-type: none"> Pharmacists who are dispensing federally scheduled II – IV controlled substances in Alaska Pharmacists reporting on behalf of a facility not engaged in the dispensing or distribution of controlled substances; fill out the Data Reporting Survey (form #08-4759) |

Why fill out this form?

This form will assist the Board of Pharmacy in documenting dispensing status associated with a pharmacist's license and in monitoring Prescription Drug Monitoring Program (PDMP) compliance for those that are required to register. Only pharmacists dispensing federally scheduled II – IV controlled substances in Alaska must register with the state's controlled substance prescription database, the PDMP, as required by AS 17.30.200(o) and 12 AAC 52.855.

| Pharmacist Information | | | | |
|------------------------|----------------|-------|--------|-----------|
| Full Name: | | | | |
| Alaska License #: | | | | |
| Address: | Street/PO Box: | City: | State: | Zip Code: |
| Phone #: | | | | |
| Email: | | | | |

By providing my signature below, I attest that I currently do not dispense federally scheduled II – IV controlled substances in Alaska. If I do begin dispensing in this state, I acknowledge I must register in accordance with AS 17.30.200(o) and 12 AAC 52.855. I further acknowledge that if my dispensation status changes and I become a pharmacist-in-charge, I will be required to report daily or delegate to another licensed pharmacist to report daily in accordance with AS 17.30.200(r).

| | | | |
|------------|--|-------|--------------|
| Signature: | | Date: | (mm/dd/yyyy) |
|------------|--|-------|--------------|