



**Board of Pharmacy**

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## IHS Pharmacist State Licensure Exemption

A pharmacist employed by a tribal health program in Alaska holding a license in another state in accordance with 25 U.S.C. 1621t are not required to become licensed by the Alaska Board of Pharmacy, however, a notification of employment must be submitted to the board. The notification must be submitted no later than 30 days after the pharmacist begins working at a tribal health program in this state as indicated in 12 AAC 52.150. Please use this form to notify the board of your employment and attach the documents as required below.

### PART I Pharmacist Information

|   |  |                          |                                   |
|---|--|--------------------------|-----------------------------------|
| Name of Pharmacist:   |  |                          |                                   |
| License Number:   |  | State of Licensure:      |                                   |
| Mailing Address:  |  |                          |                                   |
| Contact Phone:  |  |                          |                                   |
| <p><b>EMAIL AGREEMENT:</b> 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.</p> |  |                          |                                   |
| Email:  |  | <input type="checkbox"/> | Send my Correspondence by Email   |
|   |  | <input type="checkbox"/> | Send my Correspondence by US Mail |

### PART II Tribal Health Information

|                                 |  |
|---------------------------------|--|
| Tribal Health Program Employer: |  |
| Start Date (mm/dd/yyyy):        |  |

### PART III *Please attach the following to this notification:*

- Certified true copy of the current, valid pharmacist license from another jurisdiction.  
*NOTE: 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.*
- AND EITHER-**
- Proof of employment by a tribal health program that is operating under an agreement with the federal Indian Health Service under 25 U.S.C. 450-458ddd-2 (Indian Self-Determination and Education Assistance Act).
- OR-**
- Proof of status as an independent contractor, including a copy of the contract, if the out-of-state pharmacist is working for the tribal health program as an independent contractor.

**CONTINUED ON FOLLOWING PAGE** PHA

**PART IV****Notary Signature**

I HEREBY CERTIFY that the information contained in this form is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and acknowledge that I must apply for licensure as a pharmacist in accordance with AS 08.80 before practicing beyond the scope my contract with a tribal health organization.

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

|   |                                    |  |   |  |
|---|------------------------------------|--|---|--|
| <div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: 0 auto;">Notary Stamp</div> | <b>Applicant's Printed Name:</b>   |  |   |  |
|   | <b>Applicant's Signature:</b>      |  |   |  |
|   | <b>Notary Public for State of:</b> |  | <b>Subscribed and Sworn to Before me on this Day:</b> |  |
|   | <b>Notary's Signature:</b>         |  | <b>My Commission Expires:</b>                         |  |