



**Board of Pharmacy**  
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## PDMP Dispensing/Distributing Status Change Form for Pharmacies

A pharmacy that has had a change in its status of dispensing or distributing federally-scheduled controlled substances in/to Alaska since the date of its last initial or renewal form, whichever is more recent, must notify the board by using this form. The notification must be provided within 10 days of the change as required by 12 AAC 52.857 and is intended to assist the Prescription Drug Monitoring Program (PDMP) in maintaining an accurate registry of pharmacies required to report daily.

### PART I License Type

<b>License Type:</b>	<input type="checkbox"/> In-State Pharmacy	<input type="checkbox"/> Out-of-State Pharmacy	<input type="checkbox"/> Central/Remote Pharmacy
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### PART II Current Status

Select one (1) of the following options:

- No Longer Dispensing/Distributing      Date Effective: \_\_\_\_\_      **\$0.00**  
*By selecting this option, you will be removed from reporting compliance monitoring in the PDMP.*
- Began Dispensing/Distributing      Date Effective: \_\_\_\_\_      **\$0.00**  
*By selecting this option, you must create a ClearingHouse account and report daily to the PDMP. Visit PDMP.Alaska.Gov for more information.*

### PART III Licensee Information

<b>Pharmacy Name:</b>			
<b>Alaska License Number:</b>		<b>Phone Number:</b>	
<b>Physical Address:</b>	Street	City	State      Zip
<b>DEA Registration Number:</b>		<b>Issue Date:</b>	
<i>By providing my signature below, I acknowledge the above information is true and correct. If the change in status requires reporting to the PDMP, I further acknowledge the above-named pharmacy must comply with these requirements.</i>			
<b>Pharmacist-in-Charge (PIC):</b>		<b>Email Address:</b>	
<b>Signature of PIC:</b>			<b>Date Signed:</b>