



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

NUR

FOR DIVISION USE ONLY

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

(907) 269-8161

Email: BoardofNursing@Alaska.Gov

Website: Nursing.Alaska.Gov

Authorization to Prescribe and Dispense Controlled Substances

\$100.00 - Controlled Substances Prescriptive Authority Fee

In addition to the legend drug prescriptive authority authorized in 12 AAC 44.440, the board will, in its discretion, authorize an Advanced Practice Registered Nurse to prescribe and dispense Schedule 2 –5 controlled substances in accordance with the applicable state and federal laws, in accordance with 12 AAC 44.445 and .447.

AK RN License Number:		<input type="checkbox"/> Application in process
AK APRN License Number:		<input type="checkbox"/> Application in process

Do you have a DEA Registration?

- 1. YES**, I have an active DEA registration valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 120 days as required by the board and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967. Additionally, you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years proceeding the date of the application, in accordance with 12 AAC 44.445.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If YES to above, do you plan to directly dispense a federally scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(u)?

Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, in-patient pharmacies, and emergency departments.

- c) YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- d) NO**, I do not plan to directly dispense and acknowledge that if at any time after my permit or license is issued and I begin directly dispensing any federally-scheduled II – IV controlled substance for more than 3 days unless exempt by AS 17.30.200(u), I must submit a data request through PMP ClearingHouse or report directly to AWAREx for any controlled substance issued. If you are not directly dispensing, you must report to PMP ClearingHouse or directly to AWAREx. Please visit pdmp.alaska.gov.

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
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- 2. NO**, I do not have an active DEA registration valid to use in any state or practice location. I understand if I obtain a DEA registration, I must register no later than 120 days of obtaining a DEA registration as required by the board. I will refer to all applicable authorizing statutes, regulations cited above, and comply with mandatory use.



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Authorization to Prescribe and Dispense Controlled Substances - Notary Signature Page

Applicant Name:	
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PART VIII Notarized Signature

I hereby certify that I am the person 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 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 black; padding: 10px; width: fit-content; margin: 0 auto;"> Notary Stamp </div>	Applicant's Printed Name:			
	Applicant's Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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: _____

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!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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