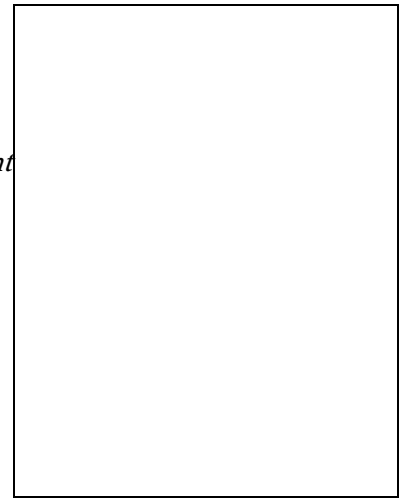




THE STATE of ALASKA

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



Board of Nursing

550 West 7th Avenue, Suite 1500
Anchorage, AK 99501
Phone: (907) 269-8161 ★ Fax: (907) 269-8156
Email: boardofnursing@alaska.gov
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ADVANCED PRACTICE REGISTERED NURSE
APPLICATION FOR AUTHORIZATION TO PRESCRIBE
AND DISPENSE LEGEND AND/OR CONTROLLED
SUBSTANCES

\$100.00 Prescriptive Authority Fee – Legend Drugs (Make check or money order payable to the State of Alaska.)

In addition to the legend drug prescriptive authority authorized in 12 AAC 44.440, the board will, in it's 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 (12 AAC 44.445 and .447).

\*You must hold legend drug authority to have controlled substance prescriptive authority\*

\$100.00 Controlled Substances Prescriptive Authority Fee (Make check or money order payable to the State of Alaska.)

Name: Last First M.I.

Mailing Address: Street Address or P.O. Box City State Zip Code

Alaska APRN Number: Telephone No.: Date of Birth:

Social Security Number: Required by AS 08.01.060. (The department is not authorized to issue a license, unless the applicant's Social Security Number has been provided.)

Submit 15 advanced pharmacology contact hours per 12 AAC 44.440(b)(2)


Submit 2 contact hours in pain management and opioid use and addiction within two years proceeding date of application if you have a DEA registration per 12 AAC 44.445

Upon receiving a DEA number, you MUST register with the Prescription Drug Monitoring Program (PDMP). You must initiate the registration process through AWARxE at Alaska.pmpaware.net and then submit the initial registration and payment form, which can be found at www.PDMP.Alaska.Gov.

Failure to register for the PDMP is considered unprofessional conduct by the Board of Nursing and may result in a licensing action.

The APRN receiving this authority must comply with 12 AAC 44.445 – 447. Review these regulations. Failure to comply with the regulations may result in a licensing action and be considered unprofessional conduct.

I hereby certify that this information is true and correct to the best of my knowledge. I understand that any false or misleading information in this application or accompanying documents may result in failure to obtain authorization or subsequent revocation of my authorization to practice as an Advanced Nurse Practitioner.

**SIGN HERE**   
**In front of a notary**

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**NOTARY** 

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

SEAL