



FOR DIVISION USE ONLY

Prescription Drug Monitoring Program (PDMP)
State Office Building, 333 Willoughby Avenue, 9th Floor
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Fax: (907) 465-2974
Website: *PDMP.Alaska.Gov*

Prescription Drug Monitoring Program (PDMP)

Initial Payment Form

Actively licensed practitioners in Alaska with DEA registrations who prescribe, administer, or directly dispense federally scheduled II-IV controlled substances and all pharmacists who dispense federally scheduled II-IV controlled substances are required to register with the database and pay this fee.

- Are you already registered with the PDMP?**
If yes, do NOT use this form. You must submit Form 08-4761
- Have you already submitted a PDMP registration request through alaska.pmpaware.net?**
If no, do NOT fill out this form yet. You must first initiate the registration request online.

Registration Type	<input type="checkbox"/> Initial PDMP Registration (non-exempt) \$25.00
	<i>Includes federal & IHS, VA, or military providers who hold an active professional license in Alaska under AS 08.</i>
	<input type="checkbox"/> Initial PDMP Registration (federal exemption) No fee
	<i>If you are fee-exempt because you work exclusively for the IHS, VA, military, or another federal employer and do not hold a license under AS 08, create your user account through AWAReX at alaska.pmpaware.net using the appropriate user role, for example, "IHS Prescriber". You must attach a copy of a valid professional license from another jurisdiction along with this form. Your email domain must indicate affiliation with a federal employer, e.g.: @anthc.org. If exempt from this fee, please attach a copy of your active license in your home jurisdiction, if not also licensed in Alaska.</i>

- Practitioner Type**
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Physician (MD, DO) | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Advanced Nurse Practitioner (NP, NM, CNS, CRNA) | <input type="checkbox"/> Podiatrist | |

Complete Name			AK License #	
Full Address				
Contact Phone		PDMP Email		

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

DEA Registration(s)		Best Estimate of Initial DEA Issue Date	
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Signature		Date	
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