



THE STATE  
of **ALASKA**

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

**PDMP**

FOR DIVISION USE ONLY

**Prescription Drug Monitoring Program (PDMP)**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Website: [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

## Prescription Drug Monitoring Program (PDMP) Initial Registration Form

Actively licensed practitioners in Alaska with a DEA registration number(s) from any state or practice location and all pharmacists who dispense federally scheduled II-IV controlled substances are required to register with the database.

### PART I Access Request

- ☐ I understand that I will submit a PDMP access request at [alaska.pmpaware.net](http://alaska.pmpaware.net) in tandem with this form to complete the registration process.

### PART II Registration Type

Registration Type:	<input type="checkbox"/> Initial PDMP Registration Fee (all Alaska licensed providers)	\$0.00
	<input type="checkbox"/> Initial PDMP Registration Fee (not licensed in Alaska)	\$0.00

If not licensed in Alaska, submit a copy of your license in another jurisdiction along with this form. When creating an account at [alaska.pmpaware.net](http://alaska.pmpaware.net), register with your employer-issued email and select the appropriate user role (e.g., IHS Prescriber or Out-of-State Prescriber).

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

### PART III Personal Information

Full Legal Name:			Alaska License Number:	
Full Address:	P.O. Box or Street	City	State	Zip
PDMP Email:			Contact Phone:	

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

DEA Registration Number(s):		Best Estimate of Initial DEA Issue Date:	
Date you began dispensing in Alaska: (For Pharmacists Only)			

### PART IV Signature

Signature:		Date Signed:	
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