



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)**

State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 269-8404  
Fax: (907) 465-2974  
Website: *PDMP.Alaska.Gov*

**PDMP Registration Renewal**

**Do not use this form if you are NOT already registered with the PDMP (use the INITIAL form 08-4760)**

A \$25.00 renewal payment is required for the PDMP controlled substance prescription database for continued registration and access. The due date for the renewal fee coincides with your license renewal end date. If a pharmacist, provide your employing pharmacy's DEA registration.

|                           |  |
|---------------------------|--|
| <b>Registration Type:</b> | <input type="checkbox"/> PDMP Registration Renewal (non-exempt) <span style="float: right;"><b>\$25.00</b></span>  |
|                           | <i>Includes federal &amp; IHS, VA, or military providers who hold an active professional license in Alaska under AS 08.</i>  |
|                           | <input type="checkbox"/> PDMP Registration Renewal (federal exemption) <span style="float: right;"><b>no fee</b></span>  |
|                           | <i>If you are fee-exempt because you work <b>exclusively</b> for the IHS, VA, military, or another federal employer <b>and</b> do not hold a license under AS 08, create your user account through AWARxE at <a href="http://alaska.pmpaware.net">alaska.pmpaware.net</a> 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.</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         |                                       |

|                                 |  |   |  |
|---------------------------------|--|---|--|
| <b>Complete Name:</b>           |  |   |  |
| <b>AK License #:</b>            |  | <b>PDMP Registration #:</b>                     |  |
| <b>Full Address:</b>            |  |   |  |
| <b>Contact Phone:</b>           |  |   |  |
| <b>PDMP Email:</b>              |  |   |  |
| <b>DEA Registration Number:</b> |  | <b>Best Estimate of Initial DEA Issue Date:</b> |  |

All actively licensed practitioners with Drug Enforcement Agency registrations to write prescriptions are required to review a patient's prescription history before prescribing, administering, or directly dispensing a federally scheduled II – IV controlled substance unless otherwise exempt under AS 17.30.200(k) or (u). By paying this fee and providing your signature below, you acknowledge continuous compliance with PDMP use and confidentiality requirements set out in AS 17.30.200(d).

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|