



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.

**Registration
Type:**

☐

PDMP Registration Renewal (non-exempt)

\$25.00

Includes federal & IHS, VA, or military providers who hold an active professional license in Alaska under AS 08.

☐

PDMP Registration Renewal (federal exemption)

no fee

*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 AWAxE 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.*

Practitioner Type:

☐

Dentist

☐

Pharmacist

☐

Optometrist

☐

Physician Assistant

☐

Physician (MD, DO)

☐

Veterinarian

☐

Advanced Nurse Practitioner (NP, NM, CNS, CRNA)

☐

Podiatrist

Complete Name:

AK License #:

PDMP Registration #:

Full Address:

Contact Phone:

PDMP Email:

DEA Registration Number:

Best Estimate of Initial DEA Issue Date:

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).

Signature

Date



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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!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.