



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*

DEA Registration Status Change Notification

Under AS 17.30.200, all actively licensed practitioners who hold a Drug Enforcement Agency (DEA) registration number from any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP). If you hold an active professional license and have had a change of status in your DEA registration, submit this form to update your PDMP registration. In addition, all newly licensed in-state pharmacies and out-of-state registered pharmacies must provide a DEA registration to record data compliance only if the pharmacy dispenses or distributes federally scheduled II-IV controlled substances in or into the state.

PART I **DEA Registration**

Status	DEA Registration Number	Issue Date	Expiration Date
<input type="checkbox"/> New <input type="checkbox"/> Expired			
<input type="checkbox"/> New <input type="checkbox"/> Expired			
<input type="checkbox"/> New <input type="checkbox"/> Expired			

PART II **Registration Information**

Full Legal Name:				
Professional License Number:				
Practice Type:	<input type="checkbox"/> Dentist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Pharmacy (In-State)	<input type="checkbox"/> Out-of-State Provider
	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Physician (MD, DO)	<input type="checkbox"/> Pharmacy (Out-of-State)	<input type="checkbox"/> IHS/Military/VA Provider
	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> APRN (NP, NM, CNS, CRNA)	
Employing Pharmacy's DEA Registration: (If Applicable)				
<p><i>Practitioners with DEA registrations 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 (t). By signing below, you acknowledge the DEA registration information provided is accurate and belongs to you.</i></p>				
Printed Name:				
Signature:		Date Signed:		