



THE STATE
of

ALASKA

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

Board of Pharmacy

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Pharmacy Intern Jurisprudence Questionnaire

Due to the interactive capabilities of this form, it is strongly recommended that applicants complete this PDF questionnaire on a computer because it will allow applicants to:

- Review incorrect answers.
- Self-grade the questionnaire.
- Re-take the questionnaire

As required by 12 AAC 52.120, an applicant for license as a pharmacist intern must complete the practice questionnaire prepared by the board. This questionnaire covers the provisions of AS 08.80, 12 AAC 52, and the Controlled Substances Act (21 U.S.C. 801-847 and AS 17.30).

Applicants are only required to submit a completed questionnaire. Re-taking the questionnaire is optional and there is no official passing score, but this practice exam is set score 75% as passing.

Name: _____

1. In Alaska, a person must have a prescription to purchase needles and/or syringes.

- ☐ (a) True
☐ (b) False

2. A pharmacist intern shall file with the board a report of work experience on a form provided by the department how often?

- ☐ (a) Every six years
☐ (b) Every day worked
☐ (c) Within 30 days of completion
☐ (d) Every six months
☐ (e) Does not need to file a report

3. By Alaska Regulations, how long must a pharmacy retain the record of a prescription that has been filled?

- ☐ (a) 2 years
☐ (b) 3 years
☐ (c) 4 years
☐ (d) 5 years
-

4. In Alaska, a prescription for a non-controlled substance is valid for _____ from the date of issue of the original prescription drug order.

- ☐ (a) 6 months
 - ☐ (b) 1 year
 - ☐ (c) 18 months
 - ☐ (d) 2 years
 - ☐ (e) Not in statute or regulation
-

5. Which of the following is not required to be on the label of a prescription?

- ☐ (a) Identification number of the prescription
 - ☐ (b) Date of dispensing
 - ☐ (c) Drug expiration date
 - ☐ (d) Name and strength of drug dispensed
-

6. Which of the following is not required to be on the label of a prescription?

- ☐ (a) Name of prescriber
 - ☐ (b) Address of prescriber
 - ☐ (c) Name of pharmacy
 - ☐ (d) Address of pharmacy
-

7. Which of the following is not considered an original prescription drug order?

- ☐ (a) Written prescription drug order
 - ☐ (b) Prescription drug order received by facsimile
 - ☐ (c) Verbal drug order put into writing manually by pharmacist
 - ☐ (d) Verbal prescription drug order put into writing electronically by pharmacist
 - ☐ (e) All of the above are considered original prescription drug orders
-

8. The responsibilities of the pharmacist-in-charge includes which of the following:

- ☐ (a) Training of all pharmacy personnel
 - ☐ (b) Maintaining required records
 - ☐ (c) Storage of all materials
 - ☐ (d) Establishing policies and procedures for pharmacy operations
 - ☐ (e) All of the above
-

9. A pharmacist supervising a pharmacist intern is required to physically review prescription drug orders and the dispensed product before delivery of a product to a patient.

- ☐ (a) True
 - ☐ (b) False
-

10. A pharmacist intern may sign or initial documents that are required to be signed or initialed by a pharmacist without the supervising pharmacist's supporting signature or initials.

- ☐ (a) True
- ☐ (b) False

11. The original prescription drug order must include:

- ☐ (a) Name of the patient
- ☐ (b) Date of issue
- ☐ (c) Age of patient
- ☐ (d) Refills authorized, if any
- ☐ (e) All except C
- ☐ (f) All except B

12. An intern practicing in the State of Alaska must obtain a license issued by the Alaska Board of Pharmacy:

- ☐ (a) Only if applying for an Alaska pharmacist license
- ☐ (b) Only if accepting college credit for the internship experience
- ☐ (c) Before beginning an internship, clerkship, or rotation in the state
- ☐ (d) Within 10 days of beginning an internship, clerkship, or rotation.

13. Refill information may be recorded electronically.

- ☐ (a) True
- ☐ (b) False

14. Which of the following is not required on a faxed prescription drug order?

- ☐ (a) Name of prescriber
- ☐ (b) Address of prescriber
- ☐ (c) Signature of prescriber
- ☐ (d) Name of pharmacy to receive the fax

15. A prescription transfer may occur between:

- ☐ (a) A licensed pharmacist and a licensed technician
 - ☐ (b) A licensed pharmacist and an intern
 - ☐ (c) A licensed pharmacist and a licensed pharmacist
 - ☐ (d) A and B
 - ☐ (e) All of the above
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16. During a prescription transfer, which is not required by the transferring pharmacist?

- ☐ (a) Name of the receiving pharmacist
- ☐ (b) Name of the receiving pharmacy
- ☐ (c) Address of the receiving pharmacy
- ☐ (d) Date of the prescription transfer
- ☐ (e) All of the above are required

17. During a prescription transfer, which is not required on the transferred prescription drug order?

- ☐ (a) The original date of the prescription drug order
- ☐ (b) The original number of refills ordered Incorporation
- ☐ (c) The number of refills remaining on the prescription
- ☐ (d) Date of the last refill
- ☐ (e) All of the above are required on the transferred prescription drug order

18. A pharmacist may substitute an equivalent product even if the prescriber writes "Brand medically necessary" on the prescription drug order, if the patient consents.

- ☐ (a) True
- ☐ (b) False

19. A pharmacy intern may perform any duties of a pharmacist other than extemporaneous compounding.

- ☐ (a) True
- ☐ (b) False

20. An original prescription drug order must be maintained for.

- ☐ (a) 3 years from the original date
- ☐ (b) 5 years from the original date
- ☐ (c) 2 years from the date of filling or last refill dispensed
- ☐ (d) 7 years from the date of filling

21. The pharmacist must add the following to the original prescription drug order:

- ☐ (a) Identification number
- ☐ (b) Initials or identification code of the dispensing pharmacist
- ☐ (c) Date of dispensing, if different from date of issue
- ☐ (d) All of the above

22. Which of the following may not be used to identify the dispensed drug product when substituting for the drug written on the original prescription drug order?

- ☐ (a) Name of manufacturer
- ☐ (b) National drug code number
- ☐ (c) Trade name
- ☐ (d) Native health service identification number

23. A pharmacist shall verbally provide counseling on all new prescriptions dispensed.

- ☐ (a) True
☐ (b) False
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24. A pharmacist may use written information if face-to-face counseling is not possible.

- ☐ (a) True
☐ (b) False
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25. If the physician fails to give written or oral specification as to substitution, the prescription may be filled with a therapeutically equivalent drug at the patient's request.

- ☐ (a) True
☐ (b) False
-

26. An intern license is valid for:

- ☐ (a) 3 months
☐ (b) 6 months
☐ (c) 1 year
☐ (d) 2 years
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27. Pharmacy Technicians performing manipulative, non-discretionary functions associated with the practice of pharmacy in the dispensing area of a pharmacy shall be licensed as a Pharmacy Technician.

- ☐ (a) True
☐ (b) False
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28. A Pharmacist Collaborative Practice Protocol can be in effect for a period not exceeding:

- ☐ (a) 1 year
☐ (b) 5 years
☐ (c) 2 years
☐ (d) Never expires, only when one party terminates the protocol
☐ (e) End of the current licensing period
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29. Under the Board of Pharmacy, a Collaborative Practice Protocol between a pharmacist and practitioner must be approved by:

- ☐ (a) The Medical Board
☐ (b) The Pharmacy Board
☐ (c) Alaska State Medical Association
-

30. The Pharmacist(s) shall notify the Board in writing within _____ days after a Collaborative Practice Protocol is terminated.

- ☐ (a) 72 hours
- ☐ (b) 10 days
- ☐ (c) 15 days
- ☐ (d) 30 days
- ☐ (e) 90 days

31. For renewal of a Pharmacist License, a pharmacist shall certify completion of _____ contact hours of continuing education during the concluding licensing period.

- ☐ (a) 10
- ☐ (b) 15
- ☐ (c) 20
- ☐ (d) 30
- ☐ (e) 60

32. For renewal of a Pharmacy Technician License, a technician shall certify completion of _____ contact hours of continuing education during the concluding licensing period.

- ☐ (a) 5
- ☐ (b) 10
- ☐ (c) 15
- ☐ (d) 20
- ☐ (e) 30

33. Which of the following programs will be accepted by the board as an acceptable form of continuing education for the pharmacist or pharmacy technician:

- ☐ (a) A program approved by the American Council on Pharmaceutical Education (ACPE)
- ☐ (b) A program sponsored by the local hospital
- ☐ (c) A program sponsored by a drug manufacturer
- ☐ (d) Reading a drug monograph
- ☐ (e) Reading an article related to pharmacy practice

34. Which of the scenarios would be an example of a properly maintained reference library:

- ☐ (a) Facts and Comparison, Patient Drug Facts, current copy of the Alaska Pharmacy Statutes and Regulations, and the telephone number of the nearest Poison Control Center
 - ☐ (b) Facts and Comparison, Remington's, and PDR
 - ☐ (c) Drug Interaction Facts, Patient Drug Facts, and telephone number of the Pharmacy Board
 - ☐ (d) Facts and Comparisons, PDR, and current copy of Pharmacist's Letter
 - ☐ (e) Current copy of Alaska Pharmacy Statutes and Regulations, Remington's, and Facts and Comparisons
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- 35.** A pharmacy must have a sink with hot and cold running water within the pharmacy and maintained in a sanitary condition.
- ☐ (a) True
- ☐ (b) False
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- 36.** How many times may you refill a prescription for a controlled substance in Schedules III and IV?
- ☐ (a) 5 times as authorized
- ☐ (b) 6 times as authorized
- ☐ (c) 5 times in 6 months as authorized
- ☐ (d) 6 times in 6 months as authorized
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- 37.** Pharmacies are required to keep Schedule II, III, IV, and V controlled substances in a locked cabinet to deter theft.
- ☐ (a) True
- ☐ (b) False
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- 38.** A physician may order several syringes of meperidine for their medical bag for emergency use by writing a prescription marked "For Emergency Use Medical Bag."
- ☐ (a) True
- ☐ (b) False
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- 39.** A state licensed retail pharmacy may send narcotic prescriptions to patients through the mail.
- ☐ (a) True
- ☐ (b) False
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- 40.** Which of the following is not a method of filing prescriptions for controlled substances?
- ☐ (a) All controlled substances prescriptions marked with red letter C and filed numerically with other non-controlled prescriptions.
- ☐ (b) One file for Schedule II's, one file for Schedule III, IV, V's, one file for all other prescriptions
- ☐ (c) One file for Schedule II, one file for all other prescriptions with those in Schedules III, IV, and V marked with red letter C
- ☐ (d) One file for all schedule drugs with Schedule III, IV, and V prescriptions marked with red letter C, one file for all non-controlled prescriptions
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