



THE STATE  
of **ALASKA**

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

**PHA**

FOR DIVISION USE ONLY

**Board of Pharmacy**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

## Pharmacy Emergency Permit Application

This form is to apply for an emergency permit to practice as a pharmacist, pharmacy intern, or pharmacy technician during an emergency situation as determined by the board that leaves a pharmacy temporarily without the services of a pharmacist due to death, illness, or other emergency circumstances in accordance with 12 AAC 52.110(a).

### PART I Payment of Fees

Fees:	<input type="checkbox"/> Emergency Permit Fee	<b>\$100</b>
	<input type="checkbox"/> PDMP Fee – <i>Pharmacists Only</i> <i>Required required if dispensing controlled substances in Alaska</i>	<b>\$25</b>

### PART II Applicant Information

<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacist Intern <input type="checkbox"/> Pharmacy Technician		<i>Are you at least 18 years old?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Applicant Name:			
License Type:		License Number:	
Address:		Phone Number:	
<small>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</small>			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
<small>SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</small>			

### PART III Employment Information

Pharmacy Name:	Pharmacy License #:
Pharmacy Address:	

### PART IV Emergency Permit Reason

This application is for non-residents or individuals unlicensed in Alaska but living in the state to apply for an emergency permit when a pharmacy is temporarily without the services of a pharmacist due to death, illness, or other emergency circumstances. Please select the emergency circumstances:

Death     Illness     Other (*describe*): \_\_\_\_\_



THE STATE  
of **ALASKA**

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

**PHA**

FOR DIVISION USE ONLY

**Board of Pharmacy**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPharmacy](http://ProfessionalLicense.Alaska.Gov/BoardOfPharmacy)

## Signature Page

### **PART V** Signature

*Under 12 AAC 52.110, I understand that if issued, this emergency permit will only be valid for 90 days or until the emergency circumstances no longer exist, whichever is sooner. I further acknowledge that I may not receive more than one emergency permit and that such permits are not renewable.*

- I certify that I currently hold a license in another jurisdiction and that license is not suspended, revoked, or otherwise restricted except for failure to apply or renewal or failure to obtain the required continuing education requirements.
- I have not been convicted of a felony or crime that would affect my ability to practice pharmacy competently and safely.

<b>Signature:</b>		<b>Date:</b>	
-------------------	--	--------------	--