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
Phone: (907) 465-2550
Email: *BoardOfPharmacy@Alaska.Gov*
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 urgent situation.

PART I Payment of Fees

Required Fees:	☐ Emergency Permit Fee	**$100.00**
PDMP Fees:	☐ PDMP Fee – *Pharmacists Only* *(Required if dispensing controlled substances in Alaska.)*	**$ 0.00**

PART II Application Type

Are you at least 18 years old?	☐ Yes ☐ No
Professional Designation:	☐ Pharmacist ☐ Pharmacist Intern ☐ Pharmacy Technician

PART III Personal Information

Full Legal Name:				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:				

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.

Email Address:		**Select One:**	☐ Send my Correspondence Electronically ☐ Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

SOCIAL SECURITY NUMBER: AS 08.01.060 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.	

PART IV Employment Information – Current Employer (If located outside of the state)

Pharmacy Name:		**Pharmacy License Number:**	
Pharmacy Address:	Street City State Zip		

PART V Employment Information – Prospective Employer (If located in the state)

Pharmacy Name:		**Pharmacy License Number:**	
Alaska Pharmacy Address:	Street City State Zip		

PART VI 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 an urgent situation arises. The Board of Pharmacy defines "urgent situation" in 12 AAC 52.110 as a health crisis requiring an increased availability of pharmacists, pharmacist interns, or pharmacy technicians.

Describe health crisis: _____

_____

_____

_____

PART VII Attestations

By my signature below, 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.

State of Licensure:		**License Number:**	
Date of Issuance:		**Date of Expiration:**	
Please provide the website to verify your license:			

☐ I have not been convicted of a felony or crime that would affect my ability to practice pharmacy competently and safely.

☐ I am not applying for this emergency permit to circumvent or expedite an application for regular licensure.

PART VIII Signature

Under 12 AAC 52.110, I understand that if issued, this emergency permit will only be valid for 120 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.

Applicant Signature:		**Date Signed:**	

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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: _____

Profession Type (e.g., Acupuncture):

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 *(fine, exam, etc.)*: _____ _____

1. _____ _____
2. _____ _____

TOTAL: _____

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: X _____

08-4438 Rev 12/06/2022 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -
2. Expiration Date: -
3. Security Code: -

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.