



THE STATE
of **ALASKA**

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

Board of Pharmacy

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

PHA

FOR DIVISION USE ONLY

Change of Facility Manager - *Incoming*

Required Fee: \$5.00 (Payable to the State of Alaska)

PHARMACIST-IN-CHARGE: Within 10 days of appointment as the new pharmacist-in-charge, you must notify the division in writing by completing this form.

CHANGE OF MANAGER FOR A WHOLESALE DISTRIBUTOR: Within 30 days of a change in facility manager, the new facility manager must submit a resume and completed fingerprint cards for evaluation and investigation by the Department of Public Safety. Request fingerprint cards at www.My.Alaska.Gov under the Professional License service link. (12 AAC 52.610(d)(1)).

CHANGE OF FACILITY MANAGER FOR AN OUTSOURCING FACILITY OR THIRD-PARTY LOGISTICS PROVIDER: Within 10 days of a change in facility manager, the new facility manager must submit a resume and completed fingerprint cards for evaluation and investigation by the Department of Public Safety. Request fingerprint cards at www.My.Alaska.Gov under the Professional License service link. (12 AAC 52.696(c) and 12 AAC 52.697(c)).

Name of Facility:			
Facility Alaska License #:			
License Type:	<input type="checkbox"/> Retail/Institutional <input type="checkbox"/> Out-of-State Pharmacy <input type="checkbox"/> In-State Pharmacy	<input type="checkbox"/> Drug Room <input type="checkbox"/> Wholesale Drug Distributor (<i>In-State</i>) <input type="checkbox"/> Wholesale Drug Distributor (<i>Out-State</i>)	<input type="checkbox"/> Outsourcing Facility <input type="checkbox"/> Third-Party Logistics
New Facility Manager:		Date of Appointment:	
License Number:		State:	
<p>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.</p>			
Facility Email Address:			
Previous Facility Manager:			

Authorized Signature:		Date:	
------------------------------	--	--------------	--