



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

Change of Facility Manager – Outgoing (Designated Representative)

PART I Pharmacy / Facility Information

License or Registration Type:	<input type="checkbox"/> In-State Wholesaler	<input type="checkbox"/> Out-of-State Wholesaler	<input type="checkbox"/> Outsourcing Facility
	<input type="checkbox"/> In-State Pharmacy	<input type="checkbox"/> Out-of-State Pharmacy	<input type="checkbox"/> Third-Party Logistics
	<input type="checkbox"/> Remote Pharmacy	<input type="checkbox"/> Drug Room	
Owner Name:			
Facility Name: (DBA)		Alaska License Number:	
Physical Address:	Street	City	State Zip

PART II Pharmacist-in-Charge (PIC) / Facility Manager Information

Previous PIC or Facility Manager Name:		License Number: (PIC Only)	
New PIC or Facility Manager Name:		Outgoing Date:	
Signature:		Date Signed:	