



THE STATE
of **ALASKA**

Board of Pharmacy

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PHA

FOR DIVISION USE ONLY

Pharmacy — Annual Information Update

In accordance with Alaska Statute AS 08.80.158(b) out-of-state pharmacies registered with the Alaska Board of Pharmacy shall furnish the board annually with updated information. This form must be completed in full, including all attachments listed in (d), notarized and returned to the above address.

Use this form for odd years only. Annual updates for even years are included in your renewal application.

Pharmacy Name		Report Year	
Alaska License or Registration #			
Street Address	Street		
	City	State	ZIP Code
Mailing Address	Address or PO Box		
	City	State	ZIP Code
Pharmacy Phone Number			
Type of Business	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP		
Type of Facility	<input type="checkbox"/> Community <input type="checkbox"/> Mail-Order <input type="checkbox"/> Sterile Compounding <input type="checkbox"/> Compounding		
	<input type="checkbox"/> Internet <input type="checkbox"/> Other: _____		
Licenses are not transferrable and any change of name, location or ownership (company registration) will require a new license. Applications and forms are available at: ProfessionalLicense.Alaska.gov			
Name of Pharmacist-in-charge		License Number	
Address of Pharmacist-in-charge	Street		
	City	State	ZIP Code

NO FEES ARE REQUIRED WITH THIS INFORMATION UPDATE.

WARNING: The Division may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.200)

By my signature below I attest to the following (refer to AS 08.80.158):

- a. That the pharmacy complies with all lawful directions and requests for information from the regulatory or licensing authority of the jurisdiction in which the pharmacy is licensed.
- b. That the pharmacy maintains its records of prescription drugs dispensed to persons in Alaska so that the records are readily retrievable from the records of other prescription drugs dispensed by the pharmacy.
- c. That if this pharmacy began distributing/dispensing controlled substances to Alaska since the last annual report or renewal, it has been reporting data daily to the Prescription Drug Monitoring Program through NABP ClearingHouse as required by AS 17.30.200(b).
- d. I further attest that the information contained herein is true and correct. I understand that information supplied with this form is considered public, unless required to be kept confidential pursuant to state or federal law.
- e. I have attached the required documentation:
 - A list of all pharmacists who are dispensing prescription drugs to Alaska.
 - A copy of a current valid license or registration from the jurisdiction where the facility is located.
 - A copy of the most recent inspection report from the jurisdiction where the facility is located. If the inspection report is older than two years complete the Pharmacy Self Inspection Report located on our website at *ProfessionalLicense.Alaska.gov/BoardOfPharmacy*
 - Corporations must include a list of all principal corporate officers (name, title, and location).
- f. **No fees are required for this annual information update.**

Notary Stamp

Signature of Owner of Officer

Date

SUBSCRIBED AND SWORN TO before me on this day: _____

Notary Public for the State of: _____

My Commission Expires: _____