



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**

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Email: [BoardOfPharmacy@Alaska.Gov](mailto:BoardOfPharmacy@Alaska.Gov)

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

## 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.

Licenses are not transferable, and any change of name, location or ownership (company registration) will require a new license. Applications and forms are available at: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

**Use this form for odd years only. Annual updates for even years are included in your renewal application. No fees are required with this information update.**

### PART I Pharmacy Information

Pharmacy Name:				Report Year:	
Alaska Registration Number:		Phone Number:			
Mailing Address:	P.O. Box or Street	City	State	Zip	
Physical Address:	Street	City	State	Zip	
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"/> Compounding <input type="checkbox"/> Sterile Compounding <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____				
Name of Pharmacist-in-Charge:			License Number:		

## PART II Attestations

**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 distributing federally scheduled II - IV controlled substances to Alaska, the pharmacy has been reporting data daily to the Prescription Drug Monitoring Program (PDMP) as required by AS 17.30.200(b) and 12 AAC 52.865.
- 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. Prescription Drug Monitoring Program reporting status (select one):
  - ☐ Our pharmacy is currently distributing federally scheduled II - IV controlled substances to Alaska as stated on our initial or most recent renewal application. (No change)
  - ☐ Our pharmacy is currently not distributing federally scheduled II - IV controlled substances to Alaska as stated on our initial or most recent renewal application. (No change)
  - ☐ Our pharmacy initially stated we would not be distributing, but this has since changed and was already reported to the board. (No change)
  - ☐ Our pharmacy's distributing status has changed since initially applying or renewing our registration and needs to be reported on this form for the first time. (Change)

<b>DEA Registration Number:</b>		<b>Date Began Distributing:</b>	
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- OR -

<b>DEA Registration Number:</b>		<b>Date Stopped Distributing:</b>	
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- f. 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](http://ProfessionalLicense.Alaska.gov/BoardOfPharmacy)
  - ☐ A list of all principal corporate officers (name, title, and location), if a corporation only.

## PART III Notarized Signature

<div>Notary Stamp</div>	<b>Owner or Officer Printed Name:</b>			
	<b>Owner or Officer Signature:</b>		<b>Date Signed:</b>	
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	