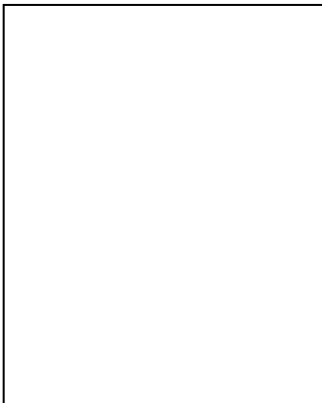




THE STATE of ALASKA

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



Alaska Prescription Drug Monitoring Program
Board of Pharmacy

PO Box 110806 Juneau, AK 99811-0806
333 Willoughby Ave Juneau SOB Juneau, AK 99801
Phone: (907) 465-1039 Fax: (907) 465-2974
Website: PDMP.ALASKA.GOV

2018 CERTIFICATION OF NO CONTROLLED SUBSTANCES DISPENSED

Instructions:

- Please complete this form in full. Incomplete certifications will be returned.
Certifications shall be mailed to the Alaska Prescription Drug Monitoring Program (AK PDMP) at the address above.
Please call 907-465-1039, if you have any questions regarding the AK PDMP, or go the Board of Pharmacy website in the Professional Licensing Section at https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing.aspx.
Certifications are required for each calendar year, with a recertification due no later than February

1. Please provide the information requested below (print or type). Use full name, not initials.

Name of Pharmacy: Pharmacy License # (Alaska):

Pharmacy Address (Street, City, State, Zip):

Pharmacy Manager: License # State Phone:

Pharmacy Manager Email address: DEA Number: NONE

By signing this form, I certify that:

- My pharmacy has not delivered any schedule II, III, or IV controlled substances to ultimate users who have an Alaska State address WITHIN THE LAST TWELVE (12) MONTHS.

Table with columns: FROM, MM, DD, 2018, TO, MM, DD, 2017. Includes instructions to enter today's date and a date one year earlier.

- If my pharmacy's business practice changes regarding dispensing controlled substances to ultimate users with an Alaska State address, we will notify the AK PDMP and begin data submission as required in AS 17.30.200.
My pharmacy will resubmit this form to the AK PDMP every calendar year, no later than February 1, in order to re-certify that my pharmacy does not deliver any schedule II, III, or IV controlled substances to ultimate users who have an Alaska State address.

SIGN HERE



Signature

Date

(NOTARY SEAL)

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of

NOTARY



My Commission Expires:

FOR DEPARTMENT USE ONLY

Received: By: Approved Disapproved Notes: