



THE STATE  
of **ALASKA**

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

**PDMP**

FOR DIVISION USE ONLY

Prescription Drug Monitoring Program (PDMP)  
State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 269-8404 • Fax: (907) 465-2974  
Email: [akpdmp@alaska.gov](mailto:akpdmp@alaska.gov)  
Website: [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

## PDMP Registration Renewal

Do not use this form if you are NOT already registered with the PDMP (use the INITIAL form 08-4760)

A \$25.00 renewal payment is required for the PDMP controlled substance prescription database for continued registration and access. The due date for the renewal fee coincides with your license renewal end date. If a pharmacist, provide your employing pharmacy's DEA registration.

<b>Registration Type:</b>	<input type="checkbox"/> PDMP Registration Renewal (non-exempt)	<b>\$25.00</b>
	<input type="checkbox"/> PDMP Registration Renewal (federal exemption) <i>If you are fee-exempt because you work for an Indian health service, the Veterans Administration, the military, or other federal employer, create your user account through AWARe at <a href="http://alaska.pmpaware.net">alaska.pmpaware.net</a> using the appropriate user role, for example, "IHS Prescriber".</i>	<b>no fee</b>

**Practitioner Type:**

<input type="checkbox"/> Dentist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Physician (MD, DO)	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Advanced Nurse Practitioner (NP, NM, CNS, CRNA)		<input type="checkbox"/> Podiatrist

<b>Complete Name:</b>			
<b>AK License #:</b>		<b>PDMP Registration #:</b>	
<b>Full Address:</b>			
<b>Contact Phone:</b>			
<b>PDMP Email:</b>			
<b>DEA Registration Number:</b>		<b>Best Estimate of Initial DEA Issue Date:</b>	

All actively licensed practitioners with Drug Enforcement Agency registrations to write prescriptions are required to review a patient's prescription history before prescribing, administering, or directly dispensing a federally scheduled II – IV controlled substance unless otherwise exempt under AS 17.30.200(k) or (u). By paying this fee and providing your signature below, you acknowledge continuous compliance with PDMP use and confidentiality requirements set out in AS 17.30.200(d).

**Signature:**

**Date:**



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PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.