



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

## DEA Registration Status Change Notification

Under AS 17.30.200, all actively licensed practitioners who also hold a registration with the Drug Enforcement Agency (DEA) must register with the Alaska Prescription Drug Monitoring Program (PDMP). If you hold an active professional license but have had a change of status in your DEA registration, submit this form so your PDMP registration file can be updated accordingly. In addition, all newly licensed in-state pharmacies and out-of-state registered pharmacies must provide a DEA registration to record data compliance only if the pharmacy dispenses or distributes federally scheduled II-IV controlled substances in or into the state.

<b>Full Name:</b>		<b>License #:</b>	
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<b>Practice Type:</b>	<input type="checkbox"/> Dentist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Pharmacy (in-state)
	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Physician (MD, DO)	<input type="checkbox"/> Pharmacy (out-of-state)
	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> APRN (NP, NM, CNS, CRNA)

<b>Provide employing pharmacy's DEA registration, if applicable:</b>	
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**My DEA Registration is . . .**

- New or First-Issue
- Lapsed
- Expired
- Current

DEA Registration Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

<b>Additional DEA Registrations and Expiration Dates:</b>	
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All actively licensed practitioners with DEA 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). If you otherwise meet the criteria to register with the PDMP, you acknowledge your obligation to comply with reviewing and/or reporting requirements by providing your signature below. If PDMP requirements do not apply because you no longer hold an active DEA registration, also provide your signature below indicating you acknowledge that should your DEA status change to active, a new DEA Status form must be submitted to the department and a registration must be completed at: [alaskapmpaware.net](http://alaskapmpaware.net)

<b>Signature:</b> _____	<b>Date:</b> _____
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