



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
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: akpdmp@alaska.gov
Website: PDMP.Alaska.Gov

Prescription Drug Monitoring Program

Delegate Account Deactivation Form

This form is for deactivating delegates only and must be filled out by the supervising practitioner.

In accordance with AS 17.30.200(d)(3), only individuals licensed, certified, or registered under AS 08 may be authorized to access the Prescription Drug Monitoring Program (PDMP) on behalf of a registered practitioner or pharmacist.

Complete this form if a delegate is no longer accessing the PDMP on your behalf. This may be due to employment changes, staff reassignment, or a clinical business decision.

Supervisor Name:	
Phone Number:	
Email Address:	
Alaska Professional License Number or Alaska PDMP Registration Number:	

Profession or role type:

- ☐ Prescriber Delegate — Licensed
☐ Pharmacist Delegate — Licensed

Delegate Name: _____

By submitting this form, I authorize the PDMP administrator to deactivate the above delegate's PDMP account.
Deactivation will be effective on the date this request is processed.

Printed Name: _____

Title: _____

Signature: _____

Date: _____