



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

PDMP Account Status Change Form

- This form is for practitioners and pharmacists who have or had an account in AWAxE only.
Fill out this form if you are no longer required to be registered with the Prescription Drug Monitoring Program (PDMP) or if your account has already been deactivated and you are again required to register.

- Activate Registration: You must activate your registration by paying the renewal fee if your license was previously in lapsed or retired status and you have renewed or reinstated your license and also hold an active DEA registration. This also applies if you have held an active license but recently obtained a new or renewed DEA registration. Fee: \$25.00
Deactivate Registration: You must deactivate your account if you no longer hold an active Alaska professional license or hold a DEA registration. This also applies if you are a pharmacist no longer dispensing controlled substances in Alaska due to the duties of your job position or due to living in another state, territory, or country. Fee: no fee

Form fields for Complete Name, Phone Number, Email Address, and Alaska Professional License Number or Alaska PDMP Registration Number.

- Practitioner Type: Dentist, Pharmacist, Optometrist, Physician Assistant, Physician (MD, DO), Veterinarian, APRN (NP, NM, CNS, CRNA), Podiatrist

Signature: _____ Date: _____



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ADM

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State of Alaska
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333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Mail this credit card payment form to the division. Do not email or fax. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License 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 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: _____ Expiration Date: _____

Billing ZIP Code: _____ 3-Digit Security Code: _____

This section below the dotted line will be destroyed upon processing of the payment.