



**Board of Pharmacy**

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## PDMP Exemption Statement for Non-Dispensing Pharmacists

Who <b><u>SHOULD</u></b> fill out this form?	Who should <b><u>NOT</u></b> fill out this form?
<ul style="list-style-type: none"> <li>Pharmacists not dispensing federally scheduled II – IV controlled Substances</li> <li>Pharmacists who hold an active Alaska license but are not living in the state</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacists who are dispensing federally scheduled II – IV controlled substances in Alaska</li> <li>In-state or out-of-state pharmacies not dispensing or distributing controlled substances in or to Alaska; dispensing status will be reported on the initial or renewal application.</li> </ul>

### Why fill out this form?

This form will assist the Board of Pharmacy in documenting dispensing status associated with a pharmacist’s license and in monitoring Prescription Drug Monitoring Program (PDMP) compliance for those that are required to register. Only pharmacists dispensing federally scheduled II – IV controlled substances in Alaska must register and report is required by AS 17.30.200 and 12 AAC 52.855 - 865.

Pharmacist Information			
Full Name:			
Alaska License #:			
Address:	Street/PO Box:	City:	State: Zip Code:
Phone #:			
Email:			

*By providing my signature below, I attest that I currently do not dispense federally scheduled II – IV controlled substances in Alaska and am not required to report per AS 17.30.200(b) and 12 AAC 52.865. If I do begin dispensing in this state, I acknowledge I must register in accordance with AS 17.30.200(n) and 12 AAC 52.855. I further acknowledge that if my dispensation status changes and I become a pharmacist-in-charge, I will be required to report daily or delegate to another licensed pharmacist to report.*

Signature:		Date:	(mm/dd/yyyy)
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