



Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: BoardOfPharmacy@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Pharmacy Intern License Application Instructions

The following must be received by the division before your application for Pharmacy Intern License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-1468, pages 1-5).

2. GRADUATION STATUS

(a) Pre-Graduate Applicants:

College registrar must complete the Verification of Education form (#08-1468b) confirming enrollment in a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).

(b) Post-Graduate Applicants:

Applicants can only select this application type if graduated from a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE) within one year of submitting this application. College registrar must complete the Verification of Education form (#08-1468b) confirming graduation status.

(c) Foreign-Trained Graduates:

Certified true copy of the diploma from a college of pharmacy recognized by the Foreign Pharmacy Graduate Examination Committee (FPGEC) and a certified true copy of the certificate issued by the FPGEC.

3. ATTESTATIONS AND ACKNOWLEDGEMENTS

(a) Duration of intern license:

Intern licenses are valid for five (5) years from the date of issue and cannot be renewed. Pharmacy interns wishing to continue accruing internship hours in the state must apply for a new and separate license.

(b) Independent Administration of Vaccines and Related Emergency Medications:

As permitted by 12 AAC 52.992, a pharmacy intern may engage in administering a human vaccine or related emergency medication only after education and training requirements have been met.

4. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.310.

Nonrefundable Application Fee:	\$100.00
License Fee:	\$ 30.00
<hr/> Total Fees Due:	<hr/> \$130.00

5. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-1468a).

Applications for military personnel and spouses of active-duty military personnel can be found at:
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/MilitaryLicensing.aspx>

Pharmacy Intern Application Processing Tip:

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay the processing of your application.

General Information

12 AAC 52.991. DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT:

A licensee shall report in writing to the board any disciplinary decision, felony charges or criminal conviction issued against the licensee not later than 30 days after the date of the disciplinary decision, felony charges, or criminal conviction.

A licensed facility shall report in writing to the board any disciplinary decision, including a voluntary suspension or revocation issued by federal, state, or local government of a license currently or previously held, or any felony charges or criminal conviction under federal, state, or local law of an owner, designated representative, pharmacist-in-charge, or officer of the licensed facility not later than 30 days after the date of the disciplinary decision, felony charge, or criminal conviction.

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

The license term for Pharmacy Interns is five (5) years from the date the license becomes active. There is no “inactive” or “lapsed” status for Pharmacy Intern licenses. Pharmacy Intern licenses will become expired after five (5) years and cannot be renewed. Pharmacy Interns wishing to continue accruing internship hours in the state must apply for a new and separate license.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
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Pharmacy Intern License Application

PART I Graduation Status

Graduation Status:

- Pre-Graduate, Post-Graduate, Foreign-Trained Graduate

PART II Payment of Fees

Required Fees:

- Nonrefundable Application Fee \$100.00, License Fee \$ 30.00

PART III Personal Information

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

- Not Applicable, Other Names Used:

Mailing Address:

P.O. Box or Street, City, State, Zip

Contact Phone:

Date of Birth:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page.

Email Address:

- Select One: Send my Correspondence Electronically, Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART IV Pharmacy Education

Name of School:			Location: (City, State)	
Start Date:		End Date:		<input type="checkbox"/> <i>Currently Attending</i>
Degree Awarded:	<input type="checkbox"/> PharmD <input type="checkbox"/> Other: _____			

PART V Foreign Graduates

If foreign-trained graduate, please provide the following:

FPGEC Certification Number:		Date Received:	
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PART VI Internship Experience

Please list all internship experience.

Check here if none.

Start Date	End Date	Pharmacy Name & Address	Supervising Pharmacist Name	# of Hours	Educational Requirement
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

- Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

PART VII Professional Fitness Questions (continued)

2. Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No

2.a. If yes, did any convictions include any of the following as listed under 12 AAC 52.925?

- (1) murder;
- (2) manslaughter;
- (3) criminally negligent homicide;
- (4) assault;
- (5) sexual assault;
- (6) sexual abuse of a minor;
- (7) unlawful exploitation of a minor, including possession or distribution of child pornography;
- (8) incest;
- (9) indecent exposure;
- (10) robbery;
- (11) extortion;
- (12) stalking;
- (13) kidnapping;
- (14) theft;
- (15) burglary;
- (16) forgery;
- (17) endangering the welfare of a child;
- (18) endangering the welfare of a vulnerable adult;
- (19) unlawful distribution or possession for distribution of a controlled substance; for purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900;
- (20) reckless endangerment

3. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a pharmacy intern in a competent, ethical and professional manner? Yes No
-

"Yes" Answers

If you answered "yes" to question 3, in addition to your personal statement, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART VIII Attestations & Acknowledgements

1. Duration of Intern License

- I acknowledge that a pharmacy intern license is valid for five (5) years and cannot be renewed. I further understand that if I need to continue practicing as an intern in Alaska beyond the license expiration date, I must submit a new initial application.

2. Independent Administration of Vaccines and Related Emergency Medication

- Yes**, I will plan to administer a human vaccine or related emergency medication. I have completed:
- A course accredited by the Accreditation Council for Pharmacy Education (ACPE) or comparable course covering these topics; **and**
 - Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training.

- or -

- No**, I will not and do not plan on administering a human vaccine or related emergency medication.

3. Statement of Acknowledgement of 12 AAC 52.205. General standards of pharmacy practice. Section (a)

- I acknowledge that I must adhere to 12 AAC 52.205. General standards of pharmacy practice. Section (a).



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Notary Signature Page

PART IX Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Pharmacy Intern License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Education



Applicant:

Please complete the identifying information below and forward a copy of this form to the college registrar where you are currently or were previously enrolled in a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE). *Make additional copies of this form, as needed.*

Applicant Name:			
Email Address:			
Applying as a Pharmacy Intern in Alaska as a:	<input type="checkbox"/> Pre-Graduate	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Foreign Graduate (Disregard this page)
Initial next to the applicable statement based on your graduation status.			
_____	Pre-Graduate Applicant: I am presently enrolled in a college of pharmacy and am satisfactorily progressing towards completing requirements for graduation/licensure.		
- Or -			
_____	Post-Graduate Applicant: I have graduated from a college of pharmacy within one (1) year immediately preceding the date of submitting this application.		



College Registrar:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Pharmacy at the letterhead address.

College or University Name:		ACPE Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address: (City, State, Zip)				
Student Details and Graduation Status Verification: Please initial next to the applicable statement(s) based on the above-named student's graduation status.				
<input type="checkbox"/> Pre-Graduate	Enrollment Date: _____	Expected Graduation: _____		
_____	Student is currently enrolled in college of pharmacy; and			
_____	Student is satisfactorily progressing towards degree completion.			
- Or -				
<input type="checkbox"/> Post-Graduate	Graduation Date: _____	Degree Earned:	<input type="checkbox"/> PharmD	<input type="checkbox"/> Other
_____	Student is a recent graduate of the above-named college of pharmacy.			

Signature

College or University Seal	Registrar Printed Name:			
	Registrar Signature:		Date Signed:	
	Phone Number:			



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Professional Licensing

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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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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: _____

Profession Type (e.g., Acupuncture): _____

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

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

<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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