



Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Drug Room License Application Instructions

In accordance with AS 08.80.157, a facility where drugs or devices are dispensed shall be licensed by the board. An institutional facility that does not maintain a pharmacy but prepares and administers prescription drugs from bulk supplies for patients receiving treatment within the facility must be licensed by the board as a drug room.

Note: Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation. The board will not issue a license until your application is complete.

APPLICATION FOR REGISTRATION

The following must be received by the division before your application for registration can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4185, pages 1-4).

2. FEES

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

Nonrefundable Application Fee: \$100.00

License Fee: \$150.00

Total Fees Due: \$250.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4185a).

4. NAMES OF ALL OWNERS

Names of all owners, partners, or principal corporate officers of the institutional facility.

5. FEDERAL EMPLOYER IDENTIFICATION NUMBER

A valid Federal Employer Identification Number.

6. PHARMACIST-IN-CHARGE

Name of the pharmacist designated to be the pharmacist-in-charge. If the pharmacist-in-charge is employed on a consultant basis, a copy of the written agreement with the consultant pharmacy must be on file.

7. LIST OF PHARMACISTS

A list of pharmacists working in the facility.

8. SELF INSPECTION REPORT

A completed self-inspection report.

APPLICATION FOR CHANGE OF OWNERSHIP

In accordance with 12 AAC 52.040, when ownership of a facility changes, a new license is required. The existing license must be returned and a new application, along with the appropriate fees and supporting documentation, must be submitted.

The following must be received by the division before your application for Change of Ownership can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4185 pages 1-4) and numbers 3-8 above.

2. FEES

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

Nonrefundable Application Fee	\$100.00
License Fee:	\$150.00
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Total Fees Due:	\$250.00

APPLICATION FOR CHANGE OF NAME OR LOCATION

In accordance with 12 AAC 52.030, when ownership of a facility changes, a new license is required. A new application, along with the appropriate fees and supporting documentation, must be submitted.

The following must be received by the division before your application for Change of Name or Location can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4185, pages 1-4).

2. FEES

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

Nonrefundable Application Fee:	\$100.00
Duplicate License Fee:	\$ 5.00
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Total Fees Due:	\$105.00

PUBLIC INFORMATION

All information supplied with this application is available to the public unless required to be kept confidential by state or federal law. Information about licensees, including mailing addresses, is available at <http://commerce.alaska.gov/dnn/cbpl/home.aspx> under License Search.

ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Mandatory reporting began on August 1, 2011. All of the necessary information regarding the Alaska PDMP can be found on the Board of Pharmacy's website at <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofPharmacy.aspx>.

12 AAC 52.991. DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT

A licensee shall report in writing to the board any disciplinary decision or conviction, including conviction of a felony or conviction of another crime that affects the applicant's or licensee's ability to practice competently and safely, issued against the licensee in another jurisdiction not later than 30 days of the date of the disciplinary decision or conviction.



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Department of Commerce, Community, and Economic Development
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Drug Room License Application

PART I Payment of Fees

Required Fees:	NEW APPLICATION		
	<input type="checkbox"/> Nonrefundable Application Fee		\$100.00
	<input type="checkbox"/> License Fee		\$150.00

	CHANGES (CURRENT ALASKA LICENSE #)		
	<input type="checkbox"/> Change of Ownership	_____	\$250.00
<input type="checkbox"/> Name Change	_____	\$105.00	
<input type="checkbox"/> Location Change	_____	\$105.00	

PART II Institution Information

Company/Owner Name:			
Institution Name:			
Institution Website:		Federal Employer Identification Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Physical Address:	Street	City	State Zip
Contact Phone:		Emergency Contact Phone:	
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. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Consultant Pharmacist Email:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

PART III Ownership Information

Check the applicable box and provide the complete name(s) of the owner(s) including all partners or principal corporate officers of the institutional facility.

Note: Licenses are nontransferable and any change of name, location, ownership requires a new license.

Sole Proprietorship Partnership Corporation LLC/LLP

Full Name	Title

PART IV Personnel

Name of Consultant Pharmacist or Pharmacy:		License Number:	
Physical Address:	Street	City	State Zip
Email Address:		Contact Phone:	

PART V Licensed Pharmacists

List all licensed pharmacists employed.

Full Name	License Number

PART VI Inspection Attestation

A copy of the inspection report is no longer required to be submitted as part of this application. Simply complete this attestation.

By checking this box and providing my signature, below, I acknowledge and attest that a self-inspection of the premises using the form provided by the department will be completed within fourteen (14) days after commencement of business.

I further understand and attest that the self-inspection must be retained, and available upon request, for the duration of the licensing period in which it was completed.

Pharmacist-in-Charge Signature:		Date Signed:	
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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.

All disciplinary decisions or convictions must be reported to the board within thirty days, in accordance with 12 AAC 52.991. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

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.

1. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee 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
2. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee 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
3. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee furnished false or fraudulent material in an application made in connection with drug or device manufacturing or distribution? Yes No
4. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee had a suspension or revocation by federal, state, or local government of a license currently or previously held for the manufacture or distribution of drugs or devices, including controlled substances? Yes No
5. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee obtained remuneration by fraud, misrepresentation, or deception? Yes No
6. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee had dealings with drugs or devices that are known or should have been known to be stolen drugs or devices? Yes No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



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Notary Signature Page

PART VIII 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 Drug Room 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:	

ARTICLE 8. DRUG ROOMS AND FACILITIES WITHOUT A PHARMACY.

Section

800. Drug room license

810. Pharmacist required

820. Responsibilities of the consultant pharmacist

830. Emergency drug kits

840. First dose kits

850. Emergency distribution

12 AAC 52.800. DRUG ROOM LICENSE. (a) An institutional facility that does not maintain a pharmacy but prepares and administers prescription drugs from bulk supplies for patients receiving treatment within the facility must be licensed by the board as a drug room under 12 AAC 52.010 and 12 AAC 52.020.

(b) An institutional facility that does not maintain a pharmacy but stores and administers prescription drugs that are labeled and dispensed for specific patients by a pharmacy does not require a drug room or pharmacy license.

12 AAC 52.810. PHARMACIST REQUIRED. An institutional facility described in 12 AAC 52.800(a) must continuously employ a pharmacist or have a written agreement with a pharmacy or pharmacist to provide consultant pharmacist services.

12 AAC 52.820. RESPONSIBILITIES OF THE CONSULTANT PHARMACIST. A pharmacist who, under 12 AAC 52.810, provides consultant pharmacy services shall

- (1) provide evaluations and recommendations concerning drug distribution, control, and use;
- (2) complete on-site reviews to ensure that drug handling and use procedures conform to AS 08.80, this chapter, and recognized standards of practice;
- (3) provide drug information to facility staff and physicians;
- (4) plan and participate in the facility's staff development program relating to drug distribution, control, and use;
- (5) assist in establishing policies and procedures to control the distribution and administration of drugs; and
- (6) document pharmacy services that are provided and maintain the documentation for a period of at least two years.

12 AAC 52.830. EMERGENCY DRUG KITS. (a) An institutional facility described in 12 AAC 52.800(b) may have a limited supply of drugs provided by a pharmacist licensed under this chapter and AS 08.80 in emergency drug kits on-site. An emergency drug kit is for use by personnel authorized to administer the drugs to patients receiving treatment within the institutional facility.

(b) The pharmacist who provides or supplies drugs in emergency drug kits shall cooperate with the prescribing practitioners on staff at the institutional facility to determine the identity and quantity of the drugs to be included in the emergency drug kits.

- (c) An emergency drug kit must
- (1) only contain drugs that are not available from any other source in sufficient time to prevent risk of harm to patients;
 - (2) only contain drugs that are provided and sealed by a pharmacist;
 - (3) be stored in a secured area to prevent unauthorized access;
 - (4) be labeled on the exterior to indicate it is for use only in emergencies as described in this section; and
 - (5) have a list of the kit's contents posted on or near the kit.
- (d) Drugs may be removed from an emergency drug kit only under a valid order from a prescribing practitioner.
- (e) When the supplying pharmacist is notified that an emergency drug kit has been opened, the supplying pharmacist shall restock the kit within a reasonable time, not to exceed seven days.
- (f) The supplying pharmacist shall label the exterior of an emergency drug kit to indicate the expiration date of the kit's contents. The expiration date of an emergency drug kit is the earliest expiration date of any drug supplied in the kit. When an emergency drug kit expires, the supplying pharmacist shall replace any expired drugs in the kit.

12 AAC 52.840. FIRST DOSE KITS. (a) In addition to the emergency drug kit described in 12 AAC 52.830, an institutional facility described in 12 AAC 52.800 may maintain a first dose kit for the initiation of nonemergency drug therapy to a patient receiving treatment within the institutional facility if the necessary drug is not available from a pharmacy in time to prevent risk of harm to a patient.

(b) The dispensing or consultant pharmacy for the institutional facility and the medical staff of the institutional facility are responsible for the proper storage, security, and accountability of the first dose kit.

(c) The staff of the dispensing or consultant pharmacy for the institutional facility shall determine jointly with the medical staff of the institutional facility the content and quantity of drugs to be included in the first dose kit.

12 AAC 52.850. EMERGENCY DISTRIBUTION. In an emergency, if a drug is not otherwise available, a drug room may distribute the drug from bulk supplies to a practitioner or a pharmacist for use by a patient outside the facility, under a prescription, until the drug can be otherwise obtained.



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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. Make copies as necessary.			

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:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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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!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.