



**Board of Pharmacy**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardofPharmacy@Alaska.Gov](mailto:BoardofPharmacy@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPharmacy](http://ProfessionalLicense.Alaska.Gov/BoardOfPharmacy)

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## Pharmacy Emergency Permit Application Instructions

In accordance with AS 08.80.410, a person may not assume or use the title "pharmacist," or any variation of the title, or hold out to be a pharmacist, without being licensed.

- Do not submit a Pharmacy Emergency Permit Application without first contacting the Alaska Board of Pharmacy to discuss the situation warranting an Emergency Permit. Pharmacy Emergency Permit Applications will only be considered for a "health crisis" as outlined in the Board of Pharmacy statutes and regulations or Alaska Department of Health, or an acute situation where public health and safety may be affected. The State of Alaska's Department of Health does not currently have any declared public health emergencies.
- Allow 6 to 8 weeks for processing the application from the time your file is complete. Read the application and instructions carefully. Failure to do so may cause additional correspondence and delay the processing of your application. All required forms and documentation must be mailed to the division directly from the required source or they will not be accepted.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form, found on the division's website at: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)
- An incomplete application or any unusual circumstances noted in the application may require additional processing time. Review your application fully to ensure you have answered every question completely and followed all the instructions.
- Do not email your application or supporting documentation to the division.
- *If you have questions, contact the licensing examiner at: [BoardOfPharmacy@Alaska.Gov](mailto:BoardOfPharmacy@Alaska.Gov)*

### EMERGENCY PHARMACIST PERMIT

The board may issue an emergency permit to an applicant to practice as a pharmacist, pharmacy intern, or pharmacy technician when an urgent situation arises. The Board of Pharmacy defines "urgent situation" in 12 AAC 52.110 as a health crisis requiring an increased availability of pharmacists, pharmacy interns, or pharmacy technicians.

***The following must be received by the division before your application for Emergency Pharmacist Permit can be reviewed:***

#### 1. EMERGENCY PERMIT FORM

A signed Emergency Permit form (#08-4888, pages 1-2).

#### 2. FEES

Fees made payable to "State of Alaska."

Emergency Permit Fee:	\$100.00
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Total Fees Due:	\$100.00

## General Information

### **DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT (12 AAC 52.991)**

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.

### **ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)**

Mandatory reporting began on August 1, 2011. All the necessary information regarding the Alaska PDMP can be found at [pdmp.alaska.gov](http://pdmp.alaska.gov). Effective July 17, 2017, reporting is required **daily**.

### **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.

### **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](http://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](http://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  
Division of Corporations, Business and Professional Licensing

**PHA**

FOR DIVISION USE ONLY

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## Pharmacy Emergency Permit Application

This form is to apply for an emergency permit to practice as a pharmacist, pharmacy intern, or pharmacy technician during an urgent situation.

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Emergency Permit Fee	<b>\$100.00</b>
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### PART II Application Type

<b>Are you at least 18 years old?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Professional Designation:</b>	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Intern <input type="checkbox"/> Pharmacy Technician

### PART III Personal Information

<b>Full Legal Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State      Zip
<b>Contact Phone:</b>			
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>			
<b>SOCIAL SECURITY NUMBER:</b>	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 Employment Information – Current Employer** (If located outside of Alaska)

<b>Pharmacy Name:</b>		<b>Pharmacy License Number:</b>	
<b>Pharmacy Address:</b>	Street	City	State Zip

**PART V Employment Information – Prospective Employer** (If located in Alaska)

<b>Pharmacy Name:</b>		<b>Pharmacy License Number:</b>	
<b>Alaska Pharmacy Address:</b>	Street	City	State Zip

**PART VI Emergency Permit Reason**

This application is for non-residents or individuals unlicensed in Alaska but living in the state to apply for an emergency permit when an urgent situation arises. The Board of Pharmacy defines "urgent situation" in 12 AAC 52.110 as a health crisis requiring an increased availability of pharmacists, pharmacy interns, or pharmacy technicians.

Describe health crisis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART VII Attestations**

I certify that:

- I have not been convicted of a felony or crime that would affect my ability to practice pharmacy competently and safely.
- I am not applying for this emergency permit to circumvent or expedite an application for regular licensure.
- I currently hold a license in another jurisdiction and that license is not suspended, revoked, or otherwise restricted except for failure to apply or renewal or failure to obtain the required continuing education requirements.

<b>State of Licensure:</b>		<b>License Number:</b>	
<b>Date of Issuance:</b>		<b>Date of Expiration:</b>	

Please provide the website to verify your license:

**PART VIII Signature**

Under 12 AAC 52.110, I understand that if issued, this emergency permit will only be valid for 120 days or until the emergency circumstances no longer exist, whichever is sooner. I further acknowledge that I may not receive more than one emergency permit and that such permits are not renewable.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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THE STATE  
of **ALASKA**  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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.