



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF PHARMACY
333 WILLOUGHBY AVENUE, 9TH FLOOR, JUNEAU, ALASKA 99801
P.O. Box 110806, JUNEAU, ALASKA 99811-0806
Telephone: (907) 465-2589 **Fax:** (907) 465-2974
E-mail: license@alaska.gov

PHARMACY INTERN LICENSE APPLICATION

An individual must be licensed by the board as an intern before beginning an internship in the state. See 12 AAC 52.120 and 12 AAC 52.220.

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. No license will be issued until your application file is complete.

The following documents must be on file to be considered for a Pharmacy Intern License:

1. Completed, notarized intern application.
2. Fees made payable to the "State of Alaska."
\$50.00 nonrefundable application fee
\$25.00 intern license fee
\$75.00 TOTAL REQUIRED
3. **Pregraduate applicants:** Registrar of college must complete the Verification of Education form (08-1468c) documenting completion of at least the third year of a five-year or six-year pharmacy curriculum in a college of pharmacy accredited by the Accreditation Council for Pharmacy Education.
Postgraduate applicants: Official transcripts showing pharmacy degree granted sent directly from a college of pharmacy recognized by the Accreditation Council for Pharmacy Education.
Foreign-Trained Graduates: Certified true copy of 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.
4. Completed, notarized Declaration of Sponsorship of Pharmacy Intern form.
5. Successful completion of the Alaska Jurisprudence Intern Practice Questionnaire. (The Alaska Jurisprudence Intern Practice Questionnaire is administered by mail. This exam consists of questions covering the Alaska Board of Pharmacy statutes and regulations and the Controlled Substance Act. Instructions for completing the exam will be provided when the application is complete.)

GENERAL INFORMATION

RENEWAL INFORMATION

All licenses expire two years from date of issue and may be renewed. Refer to 12 AAC 52.120(c).

ADDRESS CHANGE

In accordance with 12 AAC 02.900, a person must notify the Division in writing of a change of address. We will accept a fax, e-mail, or written notice that comes directly from the licensee or applicant. We will not accept a telephone call for a change of address. A change of address form may be obtained from the division's website at: www.commerce.state.ak.us/occ under "Professional Licensing."

SOCIAL SECURITY NUMBER

Alaska Statute 08.01.060(b) requires an applicant for a professional license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located on the division's website at: www.commerce.state.ak.us/occ or contact the division to request the form.

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: www.commerce.state.ak.us/occ under "License Search."

PAYMENT OF CHILD SUPPORT STUDENT LOAN PAYMENTS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require an examination accommodation, you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website: www.commerce.state.ak.us/occ or contact the division to request the form.

FOREIGN-TRAINED STUDENTS

Applicants who have graduated from a school of pharmacy outside of the United States must obtain certification from the Foreign Pharmacy Graduate Examination Committee (FPGEC). Information may be requested from the National Association of Boards of Pharmacy (NABP) on their website: www.nabp.net.

JOB OPPORTUNITIES IN ALASKA

For information regarding job opportunities, please contact the Alaska Pharmacists Association, 4107 Laurel Street, #101, Anchorage, Alaska 99508, website: www.alaskapharmacy.org.

STATUTES AND REGULATIONS

The complete set of Board of Pharmacy Statutes and Regulations is available on the board's website at www.commerce.state.ak.us/occ/ppha.htm. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

12 AAC 52.220. PHARMACIST INTERNS. (a) A pharmacist intern may not represent that the pharmacist intern is a pharmacist. Only a person licensed by the board as a pharmacist intern may take, use, or exhibit the title of pharmacist intern or any other similar term.

(b) Except as provided in (c) of this section, a pharmacist intern may perform any duty of a pharmacist under the direct supervision of a pharmacist.

(c) A pharmacist intern may not sign or initial any document that is required to be signed or initialed by a pharmacist unless the supervising pharmacist also signs or initials the document.

(d) A pharmacist intern shall file with the board a report of work experience on a form provided by the department within 30 days of completion or termination of an internship in the practice of pharmacy required under 12 AAC 52.080.

(e) A pharmacist supervising a pharmacist intern

(1) must be licensed as a pharmacist and be in good standing with the board;

(2) shall provide direct supervision to an intern during professional activities throughout the entire period of the internship;

(3) shall physically review prescription drug orders and the dispensed product before delivery of a product to the patient or the patient's agent;

(4) is responsible for the work of the pharmacist intern;

(5) may supervise more than one pharmacist intern; more than one pharmacist intern may not dispense simultaneously under the direct supervision of the same supervising pharmacist.

12 AAC 52.120. REVIEW OF PHARMACIST INTERN LICENSE APPLICATION. (a) An applicant who meets the requirements on the checklist set out in (b) of this section has demonstrated the necessary qualifications for a pharmacist intern license. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive a pharmacist intern license will not be issued a license unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.80 and this chapter for that license.

(b) The following checklist is established by the board for review by staff of an application for a pharmacist intern license. A pharmacist intern license will be issued to an applicant who

(1) applies on a form provided by the department;

(2) pays the application fee and the pharmacist intern license fee established in 12 AAC 02.310;

(3) has

(A) completed the third year of a five-year or six-year pharmacy curriculum in a college of pharmacy accredited by the ACPE; or

(B) graduated from a college of pharmacy recognized by and earned certification from the Foreign Pharmacy Graduate Examination Committee of the National Association of Boards of Pharmacy

(4) certifies that the applicant has not been convicted of a felony or another crime that affects the applicant's ability to practice as a pharmacy intern competently and safely;

(5) submits the Declaration of Sponsorship of Pharmacy Intern form completed by the applicant's sponsor pharmacist;

(6) submits a completed authorization of release of records on a form provided by the department as signed by the applicant; and

(7) submits a completed Alaska jurisprudence Intern Practice Questionnaire prepared by the board covering the provisions of AS 08.80 and this chapter and 21 U.S.C. 801-847 (Controlled Substances Act.)

(c) A pharmacist intern license is valid for two years and may be renewed. An applicant for renewal of a pharmacist intern license must meet the requirements of (b)(1) – (2) and (5) of this section.

(d) An individual must be licensed as a pharmacist intern before beginning an internship in the state.



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FOR OFFICE USE ONLY

PHARMACY INTERN LICENSE APPLICATION

THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided. TYPE OR PRINT IN INK ALL INFORMATION. Make check or money order payable to the "State of Alaska".

- Nonrefundable Application Fee: \$50.00 License Renewal. (Check here if renewing your intern license)
 Intern License Fee: \$25.00 Intern License Number: _____

I HEREBY MAKE APPLICATION for licensure as a pharmacy intern in the State of Alaska.

- Pregraduate Postgraduate Foreign-trained Graduate

Name: _____
 Last First Middle

Mailing Address: _____
 Street or P.O. Box City State Zip Code

U.S. Social Security Number: _____ Date of Birth: _____ Sex: _____

Work Telephone: _____ Home Telephone: _____

Have you ever been known by any other name? No Yes* _____
 (*If name change was by court order, enclose a certified copy of such order.)

Are you fluent in reading, writing, and speaking the English language? Yes No

GENERAL EDUCATION

High School: _____ City and State: _____
 Date of Graduation: _____ OR Date GED Awarded: _____
 College or University: _____ City and State: _____
 Dates Attended: _____ Degree Awarded: _____

PHARMACY EDUCATION

Name of School: _____ City and State: _____
 Dates Attended: _____ Degree Awarded: _____
 Foreign-Trained Graduate: FPGEC Certification Number: _____ Date Received: _____

OTHER STATE BOARD EXAMINATIONS

State: _____ Date Issued: _____ Results: _____
 State: _____ Date Issued: _____ Results: _____
 State: _____ Date Issued: _____ Results: _____

INTERNSHIP EXPERIENCE

Dates Worked		Name and Address of Pharmacy	Name of Supervising Pharmacist	Number of Hours	Educational Requirement?
Began	Ended				

MEMBERSHIP IN PHARMACY ASSOCIATIONS

Dates		Name and Address of Association	Offices Held (if any)	Special Projects or Committees
Began	Ended			

PERSONAL DATA

If you answer "Yes" to any of the following questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your professional license in any state or jurisdiction ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any restriction, censure, reprimand or other disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a certificate, or the privilege of taking an exam by any state pharmacy board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or law, for any violation or alleged violation of the Pharmacy Practice Act, or unprofessional or unethical conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been charged with or convicted of a violation of any federal <u>or</u> state controlled substance law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a felony <u>or</u> any criminal offense other than a minor traffic violation (convictions include "suspended imposition of sentence")? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Within the past five years, have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Within the past five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to practice pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> |

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice as a pharmacy intern in the State of Alaska.

Signature of Applicant

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of _____ this _____ day of _____, 20____.

Notary Public
My Commission Expires: _____

NOTARY SEAL



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Authorization for Release of Records

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Occupational Licensing and its investigators to examine my employment, and educational records, and records pertaining to litigation, suits, judgments 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 which 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.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of the 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 my application for licensure as a pharmacy intern and expires one (1) year from the date of my signature below.

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 or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

SIGN HERE



Signature of Applicant

Date

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.



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DECLARATION OF SPONSORSHIP OF PHARMACY INTERN

An individual must be licensed as a pharmacist intern before beginning an internship in the state.
 To be completed by the Intern's sponsor.

I, _____, will be the supervising
 (Name of Supervisor)
 pharmacist of _____
 (Name of Intern)
 for the period of _____ through _____.

_____	_____
Printed Name of Sponsor	License Number
_____	_____
Sponsor Contact Phone Number	Signature of Sponsor

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____
 this _____ day of _____, 20 _____.

 Notary Public
 My Commission Expires: _____

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