



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF PHARMACY  
333 WILLOUGHBY AVENUE, 9<sup>TH</sup> 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

## PHARMACIST LICENSE APPLICATION

**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.**

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. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.)

### LICENSURE BY EXAMINATION

The following documents must be on file with the Alaska Board of Pharmacy to be considered for licensure by examination:

1. Completed, notarized application.
2. Fees made payable to "State of Alaska":  
\$50.00 nonrefundable application fee  
\$200.00 license fee  
\$20.00 wall certificate fee (optional)
3. U.S. Graduates: Official transcript showing the degree granted sent directly to the division from a college of pharmacy recognized by the Accreditation Counsel 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 Foreign Pharmacy Graduate Examination Committee Certificate.
4. Verification of 1,500 hours of internship or experience in the practice of pharmacy obtained in accordance with 12 AAC 52.080. Form enclosed.
5. Two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character.

When your application has been approved by the board, and after you have registered with the National Association of Boards of Pharmacy (NABP) (you may register to take the NAPLEX and MPJE at anytime during the application process), we will then notify NABP that you are eligible to take the examination. Your Authorization to Test (ATT) from the testing agency will be issued approximately 48 hours after we enter your eligibility. The candidate website for examination information is: [www.nabp.net](http://www.nabp.net)

Candidates may register online to take the NAPLEX or MPJE exams at the NABP website at [www.nabp.net](http://www.nabp.net).

### LICENSURE BY SCORE TRANSFER

Applicants who have previously taken the NAPLEX and are not yet licensed in another state, may apply for licensure by score transfer. The following documents must be on file with the Alaska Board of Pharmacy to be considered for licensure by score transfer:

1. Completed, notarized application.
2. Fees made payable to "State of Alaska":  
\$50.00 nonrefundable application fee  
\$200.00 license fee  
\$20.00 wall certificate (optional)
3. U.S. Graduates: Official transcript showing the degree granted sent directly to the division from a college of pharmacy recognized by the Accreditation Counsel 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 Foreign Pharmacy Graduate Examination Committee Certificate.
4. Verification of 1,500 hours of internship or experience in the practice of pharmacy obtained in accordance with 12 AAC 52.080. Form enclosed.
5. Two Affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character.
6. Notification from NABP of passing score on the NAPLEX exam administered by another state.
7. Proof of passing the MPJE. (Candidates may register to take the MPJE at: [www.nabp.net](http://www.nabp.net).)

## LICENSURE BY CREDENTIALS (ALSO REFERRED TO AS RECIPROCITY OR LICENSE TRANSFER)

If another jurisdiction allows licensure in that jurisdiction of a pharmacist licensed in this state under conditions similar to those in AS 08.80.145, the board may license as a pharmacist in this state a person licensed as a pharmacist in the other jurisdiction if the person submits:

1. Completed, notarized application.
2. Fees made payable to "State of Alaska":  
\$50.00 nonrefundable application fee  
\$200.00 license fee  
\$20.00 wall certificate (optional)
3. The NABP Official Application. (Complete NABP's preliminary application and submit it to NABP along with the appropriate fees required by NABP. Upon determination of eligibility by NABP, the NABP Official Application will be sent to the applicant who in turn must submit it to the Alaska Board of Pharmacy.)
4. U.S. Graduates: Official transcript showing the degree granted sent directly to the division from a college of pharmacy accredited by the Accreditation Counsel for Pharmacy Education; or  
  
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 Foreign Pharmacy Graduate Examination Committee Certificate.
5. Verification of work experience in the practice of pharmacy for at least one year or verification of 1,500 hours of internship obtained in accordance with 12 AAC 52.080 within the one-year period immediately before the date of application for licensure. Form enclosed.
6. Two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character.
7. Verification of licensure from all states in which you have ever been licensed sent directly from each state.
8. Proof of passing the MPJE. (Candidates may register to take the MPJE at [www.nabp.net](http://www.nabp.net).)

## TEMPORARY LICENSE (FOR LICENSE TRANSFER APPLICANTS)

The following documents must be on file with the Alaska Board of Pharmacy to be considered for a temporary license by license transfer:

1. Completed, notarized application.
2. Fees made payable to "State of Alaska":  
\$50.00 nonrefundable application fee  
\$50.00 temporary license fee  
\$200.00 license fee  
\$20.00 wall certificate fee (optional)
3. Notification from the NABP verifying the applicant has submitted a preliminary application to NABP for license transfer.
4. U.S. Graduates: Official transcript showing the degree granted sent directly to the division from a college of pharmacy accredited by the American Pharmacy Council on Pharmaceutical Education; or  
  
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 Foreign Pharmacy Graduate Examination Committee Certificate.
5. Verification of work experience in the practice of pharmacy for at least one year or verification of 1,500 hours of internship obtained in accordance with 12 AAC 52.080 within the one-year period immediately before the date of application for licensure. Form enclosed.
6. Two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character.
7. Verification of current licensure sent directly from the state on which license transfer is based. Form enclosed.
8. Proof of passing the MPJE. (Candidates may register to take the MPJE at [www.nabp.net](http://www.nabp.net).)

## **GENERAL INFORMATION**

### **ENGLISH LANGUAGE**

All applicants must be fluent in the reading, writing, and speaking of the English language.

### **ALASKA JURISPRUDENCE EXAMINATION**

The Alaska Jurisprudence Examination for Pharmacists is administered as NABP's Multistate Pharmacy Jurisprudence Examination (MPJE). This exam consists of questions covering the Alaska Board of Pharmacy Statutes and Regulations and the Controlled Substance Act.

### **NATIONAL ASSOCIATION OF BOARDS OF PHARMACY (NABP)**

Information for license transfer or score transfer through the National Association of Boards of Pharmacy (NABP) or certification from the Foreign Pharmacy Graduate Examination Committee (FPGEC) may be obtained from the National Association of Boards of Pharmacy, website: [www.nabp.net](http://www.nabp.net).

### **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 NABP at: [www.nabp.net](http://www.nabp.net).

### **RENEWAL INFORMATION**

All licenses expire on June 30 of even-numbered years, regardless of when issued, except new licenses issued within 90 days of the expiration date are issued through the next biennium.

### **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](http://www.commerce.state.ak.us/occ) under "Professional Licensing."

### **SOCIAL SECURITY NUMBER**

Alaska Statute 08.01.060(b) requires an applicant for an occupational 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](http://www.commerce.state.ak.us/occ) or contact the division to request the form.

### **PUBLIC INFORMATION**

Please be aware that all information on the initial 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](http://www.commerce.state.ak.us/occ) under "License Search."

### **PAYMENT OF CHILD SUPPORT AND STUDENT LOANS**

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 at: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) or contact the division to request the form.

### **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](http://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.

### **JOB OPPORTUNITIES IN ALASKA**

For information regarding job opportunities, please contact the Alaska Pharmacists Association, 203 W. 15<sup>th</sup> Avenue #100, Anchorage, Alaska 99501, website: [www.alaskapharmacy.org](http://www.alaskapharmacy.org).

### **DENIAL OF APPLICATION**

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



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

**PHARMACIST 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. A check or money order payable to "State of Alaska" must accompany this application.

- Nonrefundable Application Fee: \$ 50.00
- License Fee: \$200.00
- Wall Certificate Fee: \$ 20.00 (optional)
- Temporary License Fee: \$ 50.00

I HEREBY MAKE APPLICATION for licensure to practice pharmacy in the State of Alaska by:

- Examination
- Credentials\*
- Score Transfer

\* IF APPLYING FOR LICENSURE BY CREDENTIALS, upon what state license is the application based?

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

U.S. Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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 \_\_\_\_\_ Year \_\_\_\_\_

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 \_\_\_\_\_



**STATE ASSOCIATIONS:**

DATES		NAME AND ADDRESS OF ASSOCIATION	OFFICE 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, statutes, or law, or 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 held a DEA registration number?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever surrendered or had a federal controlled substance registration revoked, suspended, restricted, denied, or placed on probation?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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"/> |
| 8. 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"/> |
| 9. 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"/> |
| 10. 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 registered pharmacist 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: \_\_\_\_\_



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

## Authorization for Release of Records

To Whom It May Concern:

I, \_\_\_\_\_

residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional 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 pharmacist 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.

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

NOTE: An applicant must submit at least two affidavits from reputable citizens, that the applicant has known for at least one year, attesting to the applicant's good moral character. **As defined in 12 AAC 52.075 "good moral character" includes not having been convicted of a felony or another crime that affects the applicant's ability to practice pharmacy competently and safely.**

---

**CERTIFICATE OF MORAL CHARACTER**

By my signature below, I certify that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance. I further certify that to my knowledge, he/she has not been convicted of a felony or another crime. I recommend him/her to the Alaska Board of Pharmacy as being fully qualified to practice pharmacy in Alaska.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY SEAL

My Commission Expires: \_\_\_\_\_

---

**CERTIFICATE OF MORAL CHARACTER**

By my signature below, I certify that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance. I further certify that to my knowledge, he/she has not been convicted of a felony or another crime. I recommend him/her to the Alaska Board of Pharmacy as being fully qualified to practice pharmacy in Alaska.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY SEAL

My Commission Expires: \_\_\_\_\_



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

**AFFIDAVIT OF INTERNSHIP HOURS**

**APPLICANT:** Complete this form and return it to the Alaska Board of Pharmacy. Copy this form as needed.

- 12 AAC 52.080. INTERNSHIP REQUIREMENTS FOR A PHARMACIST LICENSE.** (a) An applicant for a pharmacist license shall submit an affidavit signed by the applicant, on a form provided by the department, documenting completion of 1,500 hours of internship or experience in the practice of pharmacy.  
 (b) The board will accept as internship experience only internship hours completed under the direct supervision of a pharmacist licensed under AS 08.80 or the pharmacy licensing laws of another state.  
 (c) The board will accept no more than 1,000 hours of internship that the applicant completed in conjunction with the educational requirements at a college of pharmacy accredited by the American Council on Pharmaceutical Education.  
 (d) An internship program in a nontraditional site, such as an industry sponsored program, must be approved by the board before the board will give any internship credit for the program.

**By my signature below, I attest that in accordance with 12 AAC 52.080, I have completed a 1,500 hour internship in the practice of pharmacy and that no more than 1,000 hours of that internship was completed in conjunction with the educational requirements of my pharmacy degree program.**

**INTERNSHIP EXPERIENCE**

DATES		NAME AND ADDRESS OF EMPLOYERS	NAME OF SUPERVISING PHARMACIST	NUMBER OF INTERN HOURS	COMPLETED UNDER EDUCATIONAL REQUIREMENTS	
Began	Ended				YES	NO

\_\_\_\_\_  
 Name of Applicant (Please print)

\_\_\_\_\_  
 Mailing Address



\_\_\_\_\_  
 Signature of Applicant

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

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

**VERIFICATION OF LICENSURE**

Applicant: Copy this form as needed. Some states require a fee for completion of license verification; you may wish to check with the state board prior to submitting this form to them for completion.

State Board:

I am applying for a license to practice **Pharmacy** in the State of Alaska. Please complete the form and return it to the Alaska Board of Pharmacy.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

---

The information below must be completed by the State Licensing Board; it **may not** be completed by the applicant.

State of \_\_\_\_\_

Name of Licensee \_\_\_\_\_

License No. \_\_\_\_\_ Type of License \_\_\_\_\_ Issued Effective \_\_\_\_\_

License or Permit is Current \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date \_\_\_\_\_

By Reciprocity/Endorsement \_\_\_\_\_ By Examination \_\_\_\_\_

Date of NAPLEX exam: \_\_\_\_\_ Date of State exam: \_\_\_\_\_

Total Intern hours completed by Licensee: \_\_\_\_\_

Total Intern hours completed in conjunction with Pharmacy degree program: \_\_\_\_\_

If the applicant's license or permit has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fees, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant's license or permit ever been suspended or revoked? \_\_\_\_\_ If so, for what reason?

---

---

---

---

---

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? \_\_\_\_\_  
Please describe.

---

---

---

---

---

Please provide any information you believe relevant to the applicant's qualifications and fitness to practice pharmacy:

---

---

---

General Comments: \_\_\_\_\_

---

---

---

[BOARD SEAL]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
State Board

\_\_\_\_\_  
Date

**Please return completed form to:**

Department of Commerce, Community, and  
Economic Development  
Division of Corporations, Business and  
Professional Licensing  
Board of Pharmacy  
P.O. Box 110806  
Juneau, AK 99811-0806