



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

## PHARMACY TECHNICIAN LICENSE APPLICATION

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 technician license:

1. Completed, notarized application.
2. Fees required in accordance with 12 AAC 02.310; payable to the "State of Alaska."
  - \$ 50.00 nonrefundable application fee
  - \$ 50.00 technician license fee
  - \$100.00 **total**

### GENERAL INFORMATION

#### RENEWAL INFORMATION

All certificates expire on June 30 of even-numbered years, regardless of when first issued, except new certificates issued within 90 days of the expiration date are issued through the next biennium. Refer to 12 AAC 52.325 for continuing education requirements.

#### 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 NUMBERS

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United State 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 office for 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](http://www.commerce.state.ak.us/occ) under "License Search."

#### PAYMENT OF CHILD SUPPORT AND STUDENT LOAN

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.

#### 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.

The complete set of statues and regulations is available at [www.commerce.state.ak.us/occ/ppha.htm](http://www.commerce.state.ak.us/occ/ppha.htm).

**12 AAC 52.140. PHARMACY TECHNICIAN LICENSE.** (a) An applicant who meets the requirements on the checklist set out in (b) of this section has demonstrated the necessary qualifications for a pharmacy technician license. An applicant who does not meet the requirements on the checklist or whose responses on the form for application do not clearly show that the applicant is qualified to receive a pharmacy technician license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for a pharmacy technician license.

(b) The following checklist is established by the board for review of an application for a pharmacy technician license; a pharmacy technician license will be issued to an applicant who

(1) submits a completed form for application, including

(A) the applicant's name, mailing address, and telephone number; and

(B) the applicant's date of birth that shows the applicant is at least 18 years old;

(2) certifies that the applicant has not been convicted of felony or another crime that affects the applicant's ability to perform the duties of a pharmacy technician safely and competently;

(3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued.

(4) certifies that the applicant is fluent in the reading, writing, and speaking of the English language; and

(5) pays the application fee and the pharmacy technician license fee established in 12 AAC 02.310.

(c) A pharmacy technician license expires on June 30 of even-numbered years and may be renewed.

**12 AAC 52.210. PHARMACIST DUTIES.** Except as provided in 12 AAC 52.220, the following duties may be performed only by a pharmacist:

(1) receiving an oral prescription drug order, including refill approval or denial that includes any change to the original prescription drug order;

(2) consulting with a prescriber regarding a patient or prescription;

(3) interpreting a prescription drug order;

(4) determining the product required for a prescription;

(5) interpreting data in a patient medication record system;

(6) making a final check on all aspects of a completed prescription and assuming the responsibility for a filled prescription, including the accuracy of the drug prescribed and of the prescribed drug's strength, labeling, and proper container; and

(7) consulting with a patient or a patient's agent regarding a prescription or information contained in the patient medication record system.

**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 52.230. PHARMACY TECHNICIANS.** (a) The following persons must be licensed as a pharmacy technician:

(1) an individual who assists in performing manipulative, nondiscretionary functions associated with the practice of pharmacy; and

(2) a supportive staff member assigned to work in the dispensing area of a pharmacy, including a cashier or a bookkeeper.

(b) A pharmacy technician shall work under the direct supervision of a person who is licensed as a pharmacist.

(c) A pharmacy technician may not perform any of the duties listed in 12 AAC 52.210.

(d) An individual working as a pharmacy technician shall wear an identification badge that shows the individual's name and identifies the individual as a pharmacy technician.

(e) Before an individual may regularly perform the tasks of a pharmacy technician, the individual shall complete training required by the pharmacist-in-charge. Duties performed by the pharmacy technician must be consistent with the training the pharmacy technician has received.

(f) If a pharmacy technician will assist in the preparation of sterile pharmaceuticals, including parenteral medications, the pharmacy technician must have completed a minimum of 40 hours of on-the-job training in the preparation, sterilization, aseptic technique, and admixture of parenteral and other sterile pharmaceuticals before the pharmacy technician may regularly perform those tasks.



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PHARMACY TECHNICIAN LICENSE APPLICATION

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

- Nonrefundable application fee: \$ 50.00
Initial Technician License fee: \$ 50.00
Total \$ 100.00

I HEREBY MAKE APPLICATION for licensure as a Pharmacy Technician in the State of Alaska:

Name Last First Middle

Social Security Number Date of Birth Sex:

Mailing Address City State ZIP Code

Residence Address: City State ZIP Code

Telephone - Business: Home

Place of Employment

Have you ever been known by any other name? No Yes

Have you ever held a Pharmacy Technician license in the State of Alaska? Yes No
(If "Yes", what was your license number?)

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

GENERAL EDUCATION - High School Diploma Equivalency Diploma (GED)

High School or Issuing Institution City and State

Date Diploma/Certificate Awarded Month Year

PERSONAL DATA

The following questions must be answered. (If you answer "yes", you must explain dates, locations, and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, judgements, charging documents, license actions, etc.).

- 1. Have you ever been convicted of a felony or other crime? Yes No
2. Have you ever had a professional license denied, revoked, suspended, surrendered, placed on probation, or been the subject of any restriction, censure, reprimand or other disciplinary action in any jurisdiction? Yes No

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I understand that any false information or falsification of my application may result in failure to obtain a license to practice as a pharmacist technician in the State of Alaska.

Signature

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: