



Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing

Board of Pharmacy

P.O. Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2589 ★ E-mail: license@alaska.gov
 Website: www.commerce.alaska.gov/occ/ppha.htm

**BIENNIAL OUT-OF-STATE PHARMACY
 LICENSE RENEWAL
 July 1, 2012 – June 30, 2014**

For Division Use Only

IT IS TIME TO RENEW YOUR OUT-OF-STATE PHARMACY LICENSE

Your facility license in the State of Alaska expires on June 30, 2012. It is illegal for you to practice if your license has expired. THERE IS NO GRACE PERIOD. To renew your license for the period July 1, 2012 through June 30, 2014, return this completed and signed application along with the required documentation to the above address with a check or money order payable to the State of Alaska, or use the attached credit card payment form. This is the only renewal notice you will receive. Incomplete applications or insufficient fees will result in delayed or rejected renewals.

RENEWAL DUE DATE: The processing time for correct and complete renewal applications is three to four weeks after receipt. Plan accordingly and submit your renewal application by June 2, 2012, for renewal processing prior to June 30, 2012. Please allow additional time for processing if you answer "yes" to any of the professional fitness questions.

MAILED RENEWAL FORMS - If you received this renewal application in the mail with a barcode in the upper right hand corner of the first page, **do not duplicate this form for another pharmacy's use.** The barcode is specific to your name and license number. Forms without the barcode are available on our website at <http://commerce.alaska.gov/occ/ppha.htm>.

CHECK APPROPRIATE LICENSE BOX:

- Out-of-State Pharmacy – License #001 through #1085 \$500.00
- Prorated Out-of-State Pharmacy – License #1086 and above \$250.00

**MAKE CHECK OR MONEY
 ORDER PAYABLE TO THE
 STATE OF ALASKA.**

License Number _____

Name of Facility: _____ Facility Website: _____

Corrected Business Mailing Address (complete only if mailing address is different than the address label shown above):

_____ Street/P.O. Box _____ City _____ State _____ Zip Code _____

Daytime Telephone Number: _____ Federal Employer Identification Number: _____

Name of Pharmacist-in-Charge: _____ PIC License Number: _____

Email Agreement: By providing my email address below, I agree to receive correspondence on any matter affecting the facility license or other business with the Alaska Board of Pharmacy or the Alaska Division of Corporations, Business and Professional Licensing via email at this address. I agree to notify the Division in writing when my email address changes. I understand failure to check my email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Print Pharmacist-in-Charge email address: _____

Ownership of Pharmacy (check one): Sole Proprietorship* Partnership* Corporation

Names of Owners, Partners, or Corporate Officers: _____ *Social Security Numbers (Partners and Owner)

NOTE: Licenses are nontransferable and any change of name, location or ownership will require a new license. Please contact the division for application forms. **Do not use this renewal application.**

List all registered pharmacists shipping to Alaska residents and license numbers:

Name of pharmacists shipping to Alaska residents	License Numbers
_____	_____
_____	_____
_____	_____

PROFESSIONAL FITNESS: The following questions must be answered. "Yes" answers may not automatically result in license denial, however you must explain dates and circumstances under separate cover on a signed and dated statement. Send supporting documents, such as a copy of court records, including charging documents and judgments showing disposition of the charges, and/ or all board orders pertaining to a licensing action. Online printouts are not acceptable. All disciplinary decisions or convictions must be reported to the board within thirty days in accordance with 12 AAC 52.991.

Since the date the facility license was last issued, has the owner or any partner, corporate officer, the pharmacist-in-charge or any employee:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. violated a federal, state, or local law relating to the practice of pharmacy, drug samples, wholesale or retail drug or device distribution, or distribution of controlled substances?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. furnished false or fraudulent material in an application made in connection with drug or device manufacturing or distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. obtained remuneration by fraud, misrepresentation, or deception? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. dealt with drugs or devices that are known or should have been known to be stolen drugs or devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. dispensed or distributed drugs or devices directly to patients by a wholesale drug distributor other than a pharmacy?... | <input type="checkbox"/> | <input type="checkbox"/> |

★★ TO RENEW THIS LICENSE YOU MUST SUBMIT A PHARMACY SELF-INSPECTION REPORT WITH THIS RENEWAL APPLICATION ★★
FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT REQUIRED DOCUMENTATION WILL RESULT IN THE LICENSE NOT BEING RENEWED.
 The *Pharmacy Self Inspection Report* can be downloaded from the Board of Pharmacy website:
www.commerce.alaska.gov/occ/ppha.htm

By my signature below, I certify that the information furnished in this application is true and correct. I also certify that I have attached the required documentation listed above. (Note: For corporations, only persons authorized to sign on behalf of the corporation may sign this form.) *Warning: Any person who intentionally submits a false statement in this application is subject to prosecution under Alaska Statute.*

Signature of Owner or Officer

Title

Printed Name

Date

GENERAL INFORMATION

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.

EXPIRED LICENSES – There is no “inactive” status. If you choose not to renew your license, it will lapse.

SOCIAL SECURITY NUMBER AND FEDERAL EMPLOYER IDENTIFICATION NUMBER – In accordance with Federal statutes, you must provide Social Security numbers for all owners and partners, and you must provide your Federal Employer Identification Number (FEIN).

PUBLIC INFORMATION – Please be aware that all information on this renewal 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: <http://www.commerce.alaska.gov/occ> under “License Search.”

BUSINESS LICENSES – Renewal applications for business licenses are processed separately. For more information about business licenses, call (907) 465-2550 or access the website: www.commerce.alaska.gov/occ/home_bus_licensing.htm.

NEWSLETTER – The Board of Pharmacy publishes a quarterly newsletter. The newsletter may be viewed at: <http://www.commerce.alaska.gov/occ/ppha.htm>.

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed Alaska Board of Pharmacy regulation changes, please send a written request adding your name to the Alaska Board of Pharmacy Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Mandatory Reporting began on August 1, 2011. See/bookmark the bulletin and contact information for the Alaska PDMP on the Board of Pharmacy homepage:

www.commerce.alaska.gov/occ/ppha.htm



CPE Monitor & You

Have you setup your NABP e-Profile for the CPE Monitor™ service to ensure your ACPE-accredited CPE units are properly tracked for licensure? Visit *MyCPEmonitor.net* and create a profile.

What is CPE Monitor?

A national collaborative effort between the National Association of Boards of Pharmacy® (NABP®), the Accreditation Council for Pharmacy Education (ACPE), and accredited CPE providers, the CPE Monitor service will allow you to easily track your ACPE-accredited continuing pharmacy education (CPE) units electronically.

Many ACPE-accredited CPE providers are now requiring pharmacists and technicians to submit their NABP e-Profile ID, plus their birth date (mmdd), to receive credit for completed CPE. Participation data will be sent electronically from the provider to ACPE, then to NABP for recording into the matching e-Profile. See CPE Monitor FAQs on the reverse side of this flyer for additional information.

What are the benefits of CPE Monitor?

- Streamlines the reporting and compliance verification process.
- In 2013, the service will make available the CPE data to boards of pharmacy who request information on licensee CPE as part of their compliance activities.
- Eliminates paper forms and the need to submit paper copies of CPE statements of credit for ACPE-accredited activities in most jurisdictions.
- NABP e-Profile will store a comprehensive list of your CPE activities completed and will allow you to verify compliance with CPE requirements. To accomplish this, each e-Profile must contain complete and accurate information. Any errors in the e-Profile may result in unrecorded or mis-recorded CPE, with possible adverse consequences for licensees when renewing their licenses. Using the SSN as the unique national identifier for each individual will help NABP to ensure the required level of accuracy for your e-Profile.
- All information is maintained in a highly secure environment.

Please note: Initially, CPE Monitor will not track CPE from non-ACPE-accredited providers. Until this feature is added in Phase 2, non-ACPE-accredited CPE will need to be submitted directly to the board of pharmacy.

CPE Monitor FAQs

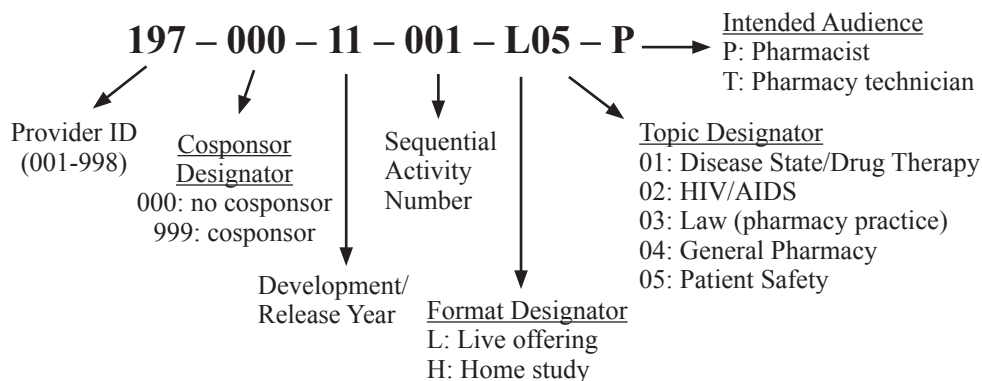
Launched in early 2011, CPE Monitor is a national online continuing pharmacy education (CPE) tracking service that will authenticate and store data for completed CPE units received by pharmacists and pharmacy technicians from ACPE-accredited providers. The service is beginning to store CPE data and is expected to be fully operational by early 2012. All ACPE-accredited CPE providers are anticipated to have transitioned their systems to CPE Monitor by the end of 2012.

Frequently Asked Questions

Q: What information will be contained in a continuing pharmacy education record in CPE Monitor?

A: Similar to statements of credit, information for a given CPE activity will include:

- Name of the learner
- Date of completion
- CPE activity title
- CPE activity type [ie, Knowledge (K), Application (A), or Practice (P)]
- Contact hours or CEUs awarded
- Universal Activity Number (UAN), which contains the following components:



Q: How will pharmacist and pharmacy technician CPE credit be differentiated in CPE Monitor?

A: For CPE activities developed and offered to meet the educational needs of pharmacists, the designation “P” will be used in the UAN (eg, 197-000-11-001-H01-P).

For CPE activities developed and offered to meet the educational needs of pharmacy technicians, the designation “T” will be used in the UAN (eg, 197-000-11-001-H01-T).

Note: If a pharmacy technician participates in a CPE activity designated for pharmacists, the technician’s CPE record will display the “P” designation. It will be for the individual boards of pharmacy to determine if pharmacist-designated CPE activities meet the CPE requirements for pharmacy technicians.



NABP (National Association of Boards of Pharmacy) is an impartial professional organization that supports the state boards of pharmacy in creating uniform regulations to protect public health.



ACPE (Accreditation Council for Pharmacy Education) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education with the mission to assure and advance excellence in education for the profession of pharmacy.



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OFFICE USE ONLY

RENEWAL CREDIT CARD PAYMENT

Do not email or fax credit card information. Mail this form with the completed renewal to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following (check all that apply):

	Amount
<input type="checkbox"/> Application fee	_____
<input type="checkbox"/> License (or renewal) fee	_____
<input type="checkbox"/> Fine	_____
<input type="checkbox"/> Other (specify): _____	_____
Total:	_____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.