



STATE OF ALASKA  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
BOARD OF PHARMACY  
**Physical Address:** 333 Willoughby Avenue, 9<sup>th</sup> Floor, Juneau, Alaska 99801  
**Mailing Address:** P.O. Box 110806, Juneau, Alaska 99811-0806  
**Telephone:** (907) 465-2589 ★ **E-mail:** license@alaska.gov

## PROCEDURE TO OBTAIN A REMOTE PHARMACY LICENSE

In accordance with AS 08.80.157, a facility engaged in the practice of pharmacy, or a pharmacy where drugs or devices are dispensed, shall be licensed by the board. If operations are conducted at more than one location, each location shall be licensed by the board.

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. The board will not issue a license until your application is complete.

### **REMOTE PHARMACY REGISTRATION REQUIREMENTS:**

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
<u>\$200.00</u>	License fee
\$250.00	Total required
3. Within 14 days of commencement of business, a completed self-inspection of the premises questionnaire (form on board website) must be submitted to the department.

**CHANGE OF OWNERSHIP REQUIREMENTS** - In accordance with 12 AAC 52.040, when ownership of a pharmacy changes, a new license is required.

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
<u>\$200.00</u>	License fee
\$250.00	Total required
3. Within 14 days of commencement of business, a completed self-inspection of the premises questionnaire (form on board website) must be submitted to the department.

**CHANGE OF NAME OR LOCATION REQUIREMENTS:** - In accordance with 12 AAC 52.030, the pharmacist-in-charge of a pharmacy that has changed its name or physical address shall apply for a new and separate pharmacy 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
<u>\$ 5.00</u>	Duplicate License fee
\$ 55.00	Total required
3. Within 14 days of commencement of business, a completed self-inspection of the premises questionnaire (form on board website) must be submitted to the department.

### **OTHER INFORMATION**

"REMOTE PHARMACY" means a facility that provides pharmacy services, including the storage and distribution of prescription drugs, drug regimen review, and patient counseling through a telepharmacy system.

"TELEPHARMACY SYSTEM" means a system under the direct supervision of a licensed pharmacist that monitors the dispensing and distribution of prescription drugs and provides for related drug use review and patient counseling services through a computer link and a video link with sound.

"CENTRAL PHARMACY" means a pharmacy providing remote pharmacy services through a telepharmacy system;

PUBLIC INFORMATION - All information supplied with this application is available to the public unless required to be kept confidential by state or federal law. Information about licensees, including mailing addresses, is available from the division's website at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "License Search."

BOARD WEBSITE – The current Board of Pharmacy Statutes and Regulations, license applications, facility forms, including the self-inspection forms, board newsletter and other information may be obtained from the board's website: [www.commerce.state.ak.us/occ/ppha.htm](http://www.commerce.state.ak.us/occ/ppha.htm)

**12 AAC 52.020. FACILITY LICENSE.** (a) An applicant for a facility license shall submit

- (1) the fees required in 12 AAC 02.310;
- (2) a completed application on a form provided by the department;
- (3) within 14 days after commencement of business, a completed self-inspection of the premises questionnaire on a form provided by the department; and
- (4) the name of the pharmacy or pharmacist that will provide consultant pharmacist services as required in AS 08.80.390, if applicable.

(b) The board will determine which category of facility license listed in 12 AAC 52.010(b) is issued to an applicant based on the information provided on the application form.

(c) An application for a remote or other pharmacy license must include the name of the pharmacist designated to be the pharmacist-in-charge as required in AS 08.80.330 and 12 AAC 52.200.

(d) An application for a pharmacy license must include the name and specific location of each remote pharmacy that will be under that pharmacy's control.

(e) An application for a remote pharmacy license must include the name and, if it has been issued, the license number of the pharmacy that is the central pharmacy.

**12 AAC 52.200. PHARMACIST-IN-CHARGE.** (a) Before the board will issue a license to a pharmacy, the owner of the pharmacy must designate a pharmacist who practices in that pharmacy location as the pharmacist-in-charge of the pharmacy in accordance with AS 08.80.330. For a remote pharmacy, the owner of the central pharmacy must designate a pharmacist in the central pharmacy as the pharmacist-in-charge of the remote pharmacy. The board will indicate the name of the pharmacist-in-charge on the face of the pharmacy license.

(b) The responsibilities of the pharmacist-in-charge include

- (1) compliance with all laws and regulations governing the activities of the pharmacy;
- (2) training of all pharmacy personnel;
- (3) establishing policies and procedures for pharmacy operations;
- (4) maintaining required records;
- (5) storage of all materials, including drugs and chemicals;
- (6) establishing and maintaining effective controls against theft or diversion of prescription drugs; and
- (7) on request, reporting to the board the names of all pharmacists employed by the pharmacy.

(c) A pharmacist designated to replace the pharmacist-in-charge of a pharmacy shall notify the board within 10 days of that designation.

**12 AAC 52.425. TELEPHARMACY SYSTEM FOR A REMOTE PHARMACY.** (a) Only a central pharmacy located in this state may provide pharmacy services to a remote pharmacy through a telepharmacy system. A telepharmacy system must be conducted under the direct supervision of a pharmacist. The pharmacist-in-charge of a central pharmacy may supervise one or more remote pharmacies.

(b) Before a central pharmacy may provide pharmacy services to a remote pharmacy, the telepharmacy system between the central pharmacy and remote pharmacy must be tested by the supervising pharmacist of the central pharmacy and found to operate properly. The supervising pharmacist of the central pharmacy shall make the results of the test available to the board upon request. The computer link and video link with sound of the telepharmacy system must include at least one of the following:

- (1) still image capture;
- (2) real time link;
- (3) store and forward.

(c) A remote pharmacy must be

- (1) staffed by a pharmacist, pharmacy technician, or pharmacy intern; and
- (2) operated under the direct supervision of a pharmacist.

(d) A remote pharmacy must be secured to prevent unauthorized access at all times when a pharmacist is not available to provide direct supervision to that location.

(e) Drugs may be shipped to a remote pharmacy only from the central pharmacy. Drugs must be shipped in a sealed container with an itemized list of the product contained. The itemized list of drugs shipped must be kept on file at both the central pharmacy and the remote pharmacy for at least two years from the date that the drugs are shipped. Itemized records of drugs shipped or received must be verified by the supervising pharmacist at both the central pharmacy and the remote pharmacy.

(f) A remote pharmacy must keep a record of all prescriptions filled at that location. The central pharmacy must also maintain a record of the prescriptions filled at the remote pharmacy. The records must distinguish prescriptions filled at the remote pharmacy from those filled at the central pharmacy and at other remote pharmacy locations.

(g) The prescription label of a prescription drug distributed by a remote pharmacy must meet the requirements of 12 AAC 52.480.

(h) Under a telepharmacy system a prescription drug is considered as being dispensed by the central pharmacy and distributed by the remote pharmacy. A prescription drug may not be distributed by a remote pharmacy until a pharmacist at the central pharmacy has verified the finished prescription product through the telepharmacy system.

(i) A pharmacist must conduct a physical inventory at each remote pharmacy location at least annually. The record of the inventory must be

- (1) kept both at the central pharmacy and the remote pharmacy; and
- (2) distinguishable from the inventory of the central pharmacy and other remote pharmacies.

(j) The pharmacist-in-charge of the central pharmacy must ensure that the remote pharmacy is in compliance with all laws, including regulations, governing the activities of the pharmacy.



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REMOTE PHARMACY APPLICATION

- Application fee options: New application (\$250.00), Changes (\$250.00), Change ownership (\$250.00), Name change only (\$55.00), Location change (\$55.00). Includes existing license number fields.

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 personal check, or money order payable to the "State of Alaska" MUST accompany this application.

Company/Owner Name: \_\_\_\_\_

Remote Pharmacy Name: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Central Pharmacy Name: \_\_\_\_\_ License: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

- Entity type checkboxes: Sole Proprietorship, Partnership, Corporation. Includes labels for Name of Owners/Partners/Offices and Title.

Blank lines for entering owner/partner information.

Personnel: Name of Pharmacist-in-Charge of Remote Pharmacy: \_\_\_\_\_ License Number: \_\_\_\_\_

Address of Remote Pharmacist-in-Charge: \_\_\_\_\_ Telephone: \_\_\_\_\_

Zip Code: \_\_\_\_\_

List all on-site Remote Pharmacy employees: Name License Number

Blank lines for listing on-site employees.

**Professional Fitness:**

The following questions must be answered. If any of the following answers are "yes," please explain in detail, in affidavit form, on a separate letter, and provide any supporting documents.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee 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"/> |
| 2. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee had a felony conviction under federal, state, or local law?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee furnished false or fraudulent material in an application made in connection with drug or device manufacturing or distribution?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee 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"/> |
| 5. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee obtained remuneration by fraud, misrepresentation, or deception?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you as the owner, or any partner, corporate officer, the pharmacist-in-charge, or any employee had dealings with drugs or devices that are known or should have been known to be stolen drugs or devices?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

TELEPHARMACY STANDARDS: Is the remote pharmacy and central pharmacy in compliance with 12 AAC 52.425?.....  YES  NO

I HEREBY CERTIFY that the information in this application is true and correct. I understand that any false or fraudulent information may result in failure to obtain a remote pharmacy license in Alaska, or subsequent revocation of license. I understand that information supplied with this application is considered public, unless required to be kept confidential pursuant to state or federal law.

\_\_\_\_\_  
Signature of Owner of Officer

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

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

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

\_\_\_\_\_  
Signature of Remote Pharmacist-in-Charge

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

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

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



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## Authorization for Release of Records

To Whom It May Concern:

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

as owner or officer of \_\_\_\_\_  
(name of pharmacy)

located at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to the pharmacy 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 the pharmacy to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss the records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of the 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 an owner or officer as it pertains the practice of pharmacy 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 our application for licensure as a pharmacy 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 Owner or Officer

\_\_\_\_\_  
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.