



**CONTINUING EDUCATION:** You must complete the following Statement of Compliance verifying completion of continuing education requirements, or your application will be returned as incomplete.

NOTE: With the exception of 12 AAC 52.340(a)(2), all continuing education must be from an ACPE provider.

**RANDOM AUDIT:** In accordance with 12 AAC 52.350 and 12 AAC 02.960, a percentage of license renewals will be randomly selected for audit. If selected, you will be notified and required to submit documentation to verify completion of the continuing education requirements as stated on this renewal form. You must save your documents for at least four years so you can respond to audits. Do not submit documentation of continuing education unless requested by the division. Licensees unable to comply with the audit are subject to disciplinary license action.

**STATEMENT OF COMPLIANCE**  
**BY CHECKING THE APPROPRIATE BOX BELOW, YOU ARE CERTIFYING YOUR COMPLIANCE WITH THE CONTINUING EDUCATION REQUIREMENTS IN ARTICLE 3 OF 12 AAC 52**

**READ CAREFULLY AND CHECK THE BOX THAT FITS YOUR SITUATION**

- License #s 001-1642 – I certify that I successfully completed the required 30 hours of continuing education in accordance with 12 AAC 52 between July 1, 2006 through June 30, 2008.
- License #s 1643-1703 – I certify that I successfully completed the required 15 hours of continuing education in accordance with 12 AAC 52 between July 1, 2007 through June 30, 2008.
- License #s 1704 and above – I have held my license for less than 12 months and am not required to obtain continuing education for this renewal only.

**LATE RENEWAL APPLICANTS – APPLICATIONS POSTMARKED AFTER JUNE 30, 2008**

- I have checked the appropriate box above to certify the method in which I successfully meet the continuing education requirements.

-OR-

- I did not complete continuing education during the time period of July 1, 2006 through June 30, 2008. However, as allowed under 12 AAC 02.965 I successfully completed the required continuing education on or after July 1, 2008 but prior to submitting this renewal application and have attached copies of the certificates verifying I completed this education.

**NOTE:** If any of the situations described above do not fit your situation, attach a letter of explanation.

**By my signature below, I certify that the information furnished in this application is true and correct. I further certify that I have successfully completed the required continuing education to renew my pharmacist license as reflected by my completed Statement of Compliance. If audited, I understand I must provide documentation that verifies I meet this activity as claimed.**

⇒ \_\_\_\_\_  
Signature

⇒ Date: \_\_\_\_\_

**WARNING: Any person who intentionally submits a false statement in this application is subject to prosecution under AS 11.56.210.**

**THE ATTACHED JURISPRUDENCE QUESTIONNAIRE MUST BE COMPLETED AND RETURNED WITH THIS RENEWAL APPLICATION**

The jurisprudence questionnaire is a new regulation under 12 AAC 52.300(c)(4) and will be required at each renewal. To complete the jurisprudence questionnaire, you will need to reference the Board of Pharmacy's Statutes and Regulations. The statutes and regulations can be easily viewed and downloaded from : [www.commerce.state.ak.us/occ/ppha.htm](http://www.commerce.state.ak.us/occ/ppha.htm) or contact the division and request a copy by mail.

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Alaska Board of Pharmacy  
P.O. Box 110806  
Juneau, Alaska 99811-0806  
Telephone: (907) 465-2589  
E-mail: license@alaska.gov

**JURISPRUDENCE QUESTIONNAIRE  
FOR PHARMACIST LICENSE RENEWAL**

**JURISPRUDENCE QUESTIONNAIRE:** The open book Jurisprudence Questionnaire must be completed to renew your license. The current Statutes and Regulations may be downloaded from the 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 booklet, contact the division at (907) 465-2589.

**Directions:** Print your name on each page where indicated and check the correct answer for each question and return the questionnaire with your renewal form.

**Licensee's Name:** \_\_\_\_\_

1. The board of pharmacy may take the following licensing actions:  
*AS 08.01.075*
  - a. Permanently revoke a license
  - b. Suspend a license for a specified period of time
  - c. Impose a civil fine
  - d. All of the above
  
2. The Board of Pharmacy consists of 7 members, including 5 pharmacists and 2 public members:  
*AS 08.80.010*
  - a. True
  - b. False
  
3. A facility is required to report to the board:  
*AS 08.80.157(g)*
  - a. Change of pharmacist-in-change
  - b. Theft or loss of drugs
  - c. Conviction of an employee of violation of a state or federal drug law
  - d. All of the above
  
4. A facility is required to report to the board:  
*AS 08.80.157(g)*
  - a. Temporary closure of the pharmacy
  - b. Change in hours of operation
  - c. Occurrences of significant adverse drug reactions
  - d. All of the above
  
5. The board may impose disciplinary sanctions on a licensee for failure to report relevant information about a pharmacist or pharmacy intern that the applicant or licensee knew or suspected was incapable of engaging in the practice of pharmacy with reasonable skill, competence, and safety to the public.  
*AS 08.80.261(a)(12)*
  - a. True
  - b. False

Licensee's Name: \_\_\_\_\_

6. Substitution of potassium phosphate for potassium chloride would be allowed as an equivalent drug product under Alaska Statute.  
*AS 08.80.295 and 08.80.480(11)*
  - a. True
  - b. False
  
7. In Alaska, "practice of pharmacy" includes drug administration.  
*AS 08.80.480(27)*
  - a. True
  - b. False
  
8. Internship requirements for a pharmacist license includes \_\_\_\_\_ hours of internship or experience in the practice of pharmacy.  
*12 AAC 52.080*
  - a. 500
  - b. 1000
  - c. 1500
  - d. 2000
  
9. A pharmacist intern license is valid for \_\_\_\_\_ and may be renewed.  
*12 AAC 52.120*
  - a. one year
  - b. two years
  - c. three years
  - d. four years
  
10. An individual must be at least \_\_\_\_\_ years of age before licensure as a pharmacy technician.  
*12 AAC 52.140(b)(1)*
  - a. 16
  - b. 18
  - c. 21
  
11. Who is responsible for compliance with all laws and regulations governing the activities of the pharmacy?  
*12 AAC 52.200*
  - a. Employer/facility manager
  - b. Pharmacist
  - c. Pharmacist-in-charge
  - d. Senior pharmacist on duty
  
12. A pharmacist designated to replace the pharmacist-in-charge of a pharmacy shall notify the board within \_\_\_\_\_ of that designation.  
*12 AAC 52.200*
  - a. 10 days
  - b. 14 days
  - c. 30 days
  - d. 60 days

Licensee's Name: \_\_\_\_\_

13. A pharmacist intern may perform the following duties EXCEPT:  
*12 AAC 52.220 and 52.210*
- a. Interpreting data in a patient medication record system
  - b. Working independently of pharmacist supervision
  - c. Consulting with a prescriber regarding a patient or prescription
  - d. Receiving an oral prescription drug order with changes to the original
14. Who has responsibility for the work performed by a pharmacist intern?  
*12 AAC 52.220(e)*
- a. Intern
  - b. Pharmacist-in-Charge
  - c. Pharmacist supervising the intern
  - d. Employer/facility manager
15. Which of the following duties may not be performed by pharmacy technicians?  
*12 AAC 52.230 and 12 AAC 52.210*
- a. Interpreting a prescription drug order
  - b. Receiving an oral prescription drug order with changes
  - c. Interpreting data in a patient medication record system
  - d. All of the above
16. Collaborative practice agreements with prescribers must be submitted for acceptance to the board and must be renewed after a period of:  
*12 AAC 52.240(b)(3)*
- a. six months
  - b. one year
  - c. two years
  - d. five years
17. A pharmacist wishing to renew a license is required to have \_\_\_\_\_ hours of continuing education during the concluding licensing period.  
*12 AAC 52.320*
- a. 10
  - b. 15
  - c. 20
  - d. 30
18. A technician who is applying for first-time license renewal may have the pharmacist-in-charge certify that the technician has completed the required on-the-job training and read the state statutes and regulations compiled by the board as an alternative to continuing education.  
*12 AAC 52.325*
- a. True
  - b. False

Licensee's Name: \_\_\_\_\_

19. Approved programs for continuing education for pharmacists include all of the following EXCEPT:  
*12 AAC 52.340*
- a. Any ACPE-approved program (Accreditation Council for Pharmacy Ed)
  - b. CPR if approved by American Red Cross or American Heart Association
  - c. Any CME-approved program (Continuing Medical Education)
  - d. Any APCE-certified program from Alaska Pharmacists Association
20. By regulation, who is responsible, while on duty, for the security of the pharmacy, including effective control against theft or diversion of drugs?  
*12 AAC 52.420*
- a. Employer/facility manager
  - b. Pharmacist-in-Charge
  - c. Pharmacist
  - d. All employees of the pharmacy
21. A pharmacist may dispense an equivalent drug product instead of the prescribed drug only if the physician is notified and consent received.  
*12 AAC 52.510*
- a. True
  - b. False
22. By regulation, it is MANDATORY for a pharmacist to provide counseling with each new prescription dispensed.  
*12 AAC 52.585*
- a. True
  - b. False
23. Duties of a consultant pharmacist who oversees a Drug Room in a facility without a pharmacy include all the following EXCEPT:  
*12 AC 52.820*
- a. Provide evaluations and recommendations concerning drug distribution, control, and use
  - b. Provide final check on meds dispensed from the Drug Room
  - c. Provide drug information to facility staff and physicians
  - d. Document pharmacy services and maintain documentation
24. The licensee is responsible to notify the Board of Pharmacy (Division of Corporations, Business and Professional Licensing) of change of address.  
*12 AAC 02.900*
- a. True
  - b. False
25. Records of continuing education must be retained from the date of completion for:  
*12 AAC 02.960*
- a. 2 years
  - b. 4 years
  - c. 5 years
  - d. 7 years

**Statement of Purpose of the Pharmacy Act:**

**“It is the purpose of this chapter (AS 08.80 Pharmacy Act) to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of pharmacy.”**

## **GENERAL INFORMATION**

**NAME CHANGE** – If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

**EXPIRED LICENSES** – There is no “inactive” license status. If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements of 12 AAC 52. Licenses which have expired more than five years cannot be renewed.

**SOCIAL SECURITY NUMBERS** – In accordance with AS 08.01.100, the department is not authorized to renew a license, unless the applicant’s U.S. Social Security Number has been provided to the department. If you do not have a Social Security Number contact the division.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** – If the Alaska Commission on Postsecondary Education has determined you are in loan default, or if the Alaska Child Support Services Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary certificate valid for 150 days. Contact Postsecondary Education at (800) 441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; contact (907) 269-6845 if your last name begins with N – Z, or 1-800-478-3300 to resolve payment issues.

**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. Licensee information, 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 “Professional License Search.”

**BUSINESS LICENSES** – Renewal applications for business licenses are processed separately. For more information about business licenses, call (907) 465-2550.

**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).

### **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**

**ARTICLE 3.  
LICENSE RENEWAL AND  
CONTINUING EDUCATION REQUIREMENTS.**

**Section**

- 300. License renewal**
- 310. Reinstatement of an expired pharmacist license**
- 320. Continuing education requirements for pharmacists**
- 325. Continuing education requirements for pharmacy technicians**
- 330. Alternative continuing education schedule**
- 340. Approved programs**
- 350. Audit of records by the board**

**12 AAC 52.300. LICENSE RENEWAL.** (a) Pharmacy, wholesale drug distributor, and drug room licenses expire on June 30 of even-numbered years.

- (b) An applicant for renewal of a pharmacy, wholesale drug distributor, or drug room license shall submit
  - (1) a completed renewal application;
  - (2) the license renewal fees required in 12 AAC 02.310; and
  - (3) a completed self-inspection of the premises questionnaire on a form provided by the department.
- (c) An applicant for renewal of a pharmacist or pharmacy technician license shall submit on or before the license expiration date
  - (1) a completed renewal application;
  - (2) the license renewal fees required in 12 AAC 02.310;
  - (3) documentation that the applicant has met all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350; and
  - (4) if seeking renewal for a licensing period that begins on or after July 1, 2006, a completed jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.80 and this chapter.

**12 AAC 52.310. REINSTATEMENT OF AN EXPIRED PHARMACIST OR PHARMACY TECHNICIAN LICENSE.** (a) If a pharmacist's or pharmacy technician's license has expired for any reason, that pharmacist or pharmacy technician may not practice pharmacy until the license is reinstated by the board.

- (b) The board will reinstate a pharmacist or pharmacy technician license that has been expired less than two years if the applicant submits
  - (1) a completed renewal application;
  - (2) any applicable license renewal fees required in 12 AAC 02.310;
  - (3) documentation that the applicant has met all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350; and
  - (4) for a licensing period that begins on or after July 1, 2006, a completed jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.80 and this chapter.
- (c) The board will reinstate a pharmacist license that has been expired at least two years but not more than five years if the applicant
  - (1) submits a completed application for reinstatement on a form provided by the department;
  - (2) pays any applicable license renewal fees required in 12 AAC 02.310 for the entire period the license has been expired;
  - (3) *repealed 5/5/00*;
  - (4) submits evidence of completion of all continuing education requirements in 12 AAC 52.320 - 12 AAC 52.350 that would have been required to maintain a current license for the entire period the license has been expired; and
  - (5) passes the Alaska pharmacy jurisprudence examination with a score of 75 percent or above.
- (d) The board will reinstate a pharmacist license that has been expired for five years or more if the applicant
  - (1) submits a completed application for reinstatement on a form provided by the department;
  - (2) pays any applicable license renewal fees required in 12 AAC 02.310 for the entire period the license has been expired;
  - (3) *repealed 5/5/00*; and
  - (4) qualifies by
    - (A) retaking and passing the examinations required in 12 AAC 52.090(a); or
    - (B) providing verification that the applicant has continually practiced pharmacy in another state under a license issued by the authority of that state for the period that the license has been expired, and by meeting the requirements of 12 AAC 52.090(a) (2); for purposes of AS 08.80.147 and this subparagraph, an applicant has continually practiced pharmacy if the pharmacist has actively practiced pharmacy in the other state for at least six months during each year that the license in this state was expired.
- (e) A pharmacy technician license that has been expired for two years or more will not be reinstated.

**12 AAC 52.320. CONTINUING EDUCATION REQUIREMENTS FOR PHARMACISTS.** (a) Except as provided in (c) of this section, an applicant for renewal of a pharmacist license shall certify having completed 30 contact hours of continuing education accepted by the board under 12 AAC 52.340(a) during the concluding license period.

- (b) This section does not prevent the board from imposing additional continuing education requirements under its disciplinary powers.
- (c) An individual who is applying for renewal of a pharmacist license for the first time shall certify having completed one half of the continuing education requirements in (a) of this section for each complete 12 month period that the applicant was licensed during the concluding license period.
- (d) An applicant for reinstatement of a pharmacist license that has expired shall certify that the applicant completed the continuing education requirements in (a) of this section before applying for reinstatement.

**12 AAC 52.325. CONTINUING EDUCATION REQUIREMENTS FOR PHARMACY TECHNICIANS.** (a) Except as provided in (c) of this section, an applicant for renewal of a pharmacy technician license shall certify that, during the concluding licensing period, the applicant

(1) completed 10 contact hours of continuing education accepted by the board under 12 AAC 52.340; or

(2) obtained initial certification as a pharmacy technician by the Pharmacy Technician Certification Board (PTCB).

(b) This section does not prevent the board from imposing additional continuing education requirements under its disciplinary powers.

(c) Instead of complying with the continuing education requirements in (a) of this section, an applicant for renewal of a pharmacy technician license for the first time may

(1) verify in an affidavit, on an application for renewal, that the applicant has read the state statutes and regulations compiled by the board; and

(2) submit an affidavit, signed by the pharmacist-in-charge, verifying the applicant's pharmacy technician training in accordance with 12 AAC 52.230.

(d) An applicant for reinstatement of a pharmacy technician license that has expired shall certify that the applicant completed the continuing education requirements in (a) of this section before applying for reinstatement.

**Editor's note:** Information on the certification process described in 12 AAC 52.325(c)(2) may be obtained from the Pharmacy Technician Certification Board, 2215 Constitution Avenue NW, Washington, DC 20037-2985, phone: 202-429-7576. The Alaska Pharmacists Association, 4107 Laurel Street, Suite 101, Anchorage, Alaska 99508 also provides certification information.

**12 AAC 52.330. ALTERNATIVE CONTINUING EDUCATION SCHEDULE.** An individual licensed under AS 08.80 may apply to the board for an alternative schedule of continuing education if the individual's failure to meet the continuing education requirements in 12 AAC 52.320 is due to illness or other extenuating circumstances.

**12 AAC 52.340 APPROVED PROGRAMS.**(a) The following programs will be accepted by the board as continuing education for pharmacists and pharmacy technicians under 12 AAC 52.320 and 12 AAC 52.325:

(1) any program presented by a provider approved by the ACPE;

(2) cardiopulmonary resuscitation(CPR) courses presented by the American Red Cross or the American Heart Association that lead to CPR certification; the board will accept no more than one contact hour of continuing education credit in a 24 month period for completion of a CPR course.

(b) The following programs will be accepted by the board as continuing education under 12 AAC 52.325, when the subject contributes directly to the professional competency of a pharmacy technician and is directly related to pharmacy principles and practice:

(1) any program presented or approved by the Alaska Pharmacists Association;

(2) any program presented or approved by the Pharmacy Technician Certification Board (PTCB) or the National Pharmacy Technician Association (NPTA).

(c) An individual who presents an approved continuing education program may receive credit for the time spent during the actual presentation of the program. An individual may not receive credit for the same presentation more than once during a licensing period.

**12 AAC 52.350. AUDIT OF RECORDS BY THE BOARD.** (a) The board will randomly audit renewal applications for verification of reported continuing education contact hours.

(b) Upon written request, a pharmacist or pharmacy technician shall provide the board with a copy of each certificate of completion for the continuing education units reported during the time period audited by the board.

(c) If the board disallows continuing education contact units reported by a pharmacist or pharmacy technician, the pharmacist or pharmacy technician shall

(1) complete the number of disallowed contact hours in an approved program and report the completion to the board within 90 days of the date the board sends notification of the disallowed contact hours; and

(2) provide the board with copies of certificates of completion for all continuing education units completed for the next two licensing periods.

(d) A pharmacist or pharmacy technician who submits to the board a false or fraudulent record relating to the pharmacist's or pharmacy technician's satisfaction of a continuing education requirement under 12 AAC 52.320 or 12 AAC 52.325 is subject to disciplinary action by the board.

(e) In this section a "certificate of completion" means a certificate or other document presented to a participant upon successful completion of a continuing education program that contains the following information:

(1) name of the participant;

(2) title and date of the program;

(3) name of the approved provider;

(4) number of contact hours or continuing education units awarded;

(5) *repealed 1/17/2007*;

(6) a dated, certifying signature of the approved provider; and

(7) for a pharmacist renewal, the

(A) assigned ACPE universal program number; and

(B) official ACPE logo.



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email** credit card information. Fax or mail this form 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: \_\_\_\_\_

**Signature of Credit Card Holder:** \_\_\_\_\_

Credit Card Type (check one):       VISA                       MASTERCARD

Card Number: \_\_\_\_\_

Please provide the 3-digit security code number from the back of the card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_