



**OTHER STATE LICENSES:**

List all jurisdictions in which you hold or have held licenses to practice pharmacy.

JURISDICTION	LICENSED BY: (Exam, Reciprocal, or other)	LICENSE NO.	DATE OF ISSUANCE	YEARS OF PRACTICE

**OTHER STATE BOARD EXAMINATIONS:**

List other state board examinations previously passed:

STATE JURISDICTION	DATE PASSED

**PRACTICE HISTORY:**

DATES		NAME AND ADDRESS OF EMPLOYERS	POSITION	REASON FOR LEAVING
Began	Ended			

Are you presently in practice?  Yes  No      Number of Years: \_\_\_\_\_      Location: \_\_\_\_\_

**MEMBERSHIP IN PHARMACY ASSOCIATIONS:**

DATES		NAME AND ADDRESS OF ASSOCIATION	OFFICE HELD (IF ANY)	SPECIAL PROJECTS OR COMMITTEES
Began	Ended			

**PERSONAL DATA**

The following questions must be answered. "Yes" answers may not automatically result in license denial.

- Since the date of your last application as a pharmacist in Alaska, YES NO
1. have you had your license denied, revoked, suspended, surrendered, placed on probation, or been the subject of any restriction, censure, reprimand or other disciplinary action in any jurisdiction?.....
  2. have you been convicted of any criminal offense other than a minor traffic violation (convictions include suspended impositions of sentences)?.....
  3. have you been addicted to or excessively or illegally used alcohol or a controlled substance?.....
  4. have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, depression (except for situational or reactive), substance abuse, or any other mental or emotional illness?.....
  5. have you experienced a physical disability which may impair or interfere with your ability to practice pharmacy?.....

If you answered "Yes" to any of the above questions, you must explain dates, locations, and circumstances on a separate piece of paper, and send any supporting documents that are applicable (statement from health care provider regarding ability to practice, court records, judgments, charging documents, etc.).

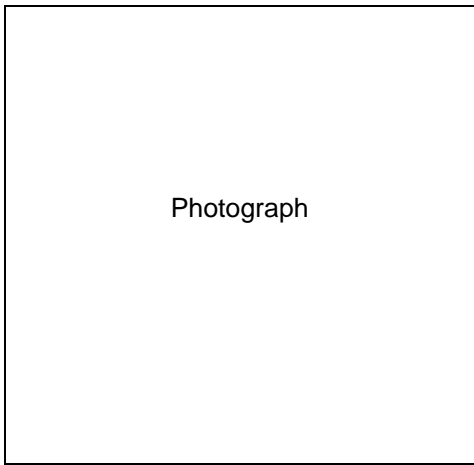
**CONTINUING EDUCATION**

If you are applying under 12 AAC 52.310(c) (license expired more than two years but not more than five years) you must submit copies of continuing education certificates verifying continuing education hours that would have been required to maintain a current license for the entire period your Alaska pharmacist license has been lapsed. Refer to attached regulations regarding continuing education requirements.

Note: All CE must be ACPE approved (with the exception of CPR courses offered by the American Red Cross or the American Heart Association).

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 and that the photograph which appears below is a true likeness of myself taken within the past sixty (60) days. 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: \_\_\_\_\_

NOTARY SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH

State of Alaska  
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  
E-mail: license@alaska.gov  
Telephone: (907) 465-2589

**VERIFICATION OF EMPLOYMENT LETTER  
(FOR REINSTATEMENT OF LICENSE EXPIRED FIVE OR MORE YEARS)**

A pharmacist seeking reinstatement of a license expired five years or more may qualify for reinstatement if the applicant has "continually practiced" pharmacy in another state for at least six months during each year that the Alaska license was expired. (If you are applying under 12 AAC 52.310(d)(3)(b) please have this form completed by employer able to verify required dates of employment.)

Section A:

Applicant: Complete Section A and provide this form to your employer(s) for verification that you have continually practiced pharmacy in another state for at least six months during each year that the Alaska license was expired. (Make copies of this form as needed for verification).

I, \_\_\_\_\_, am applying for license to practice as a registered  
Print  
pharmacist in the State of Alaska and hereby authorize you to release information as required on this form.

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

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

Employment Dates: \_\_\_\_\_

Section B: TO BE COMPLETED BY EMPLOYER(S):

I attest the above-named pharmacist was employed by this agency/facility/pharmacy as reflected below:

Employee's position: \_\_\_\_\_

Location of practice: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

(list exact dates of employment)

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

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

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

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

City and State: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

NOTARY SEAL

PLEASE RETURN FORM DIRECTLY TO THE ALASKA BOARD OF PHARMACY AT THE ABOVE ADDRESS.

State of Alaska  
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  
E-mail: license@alaska.gov  
Telephone: (907) 465-2589

**VERIFICATION OF PHARMACIST LICENSE  
(FOR REINSTATEMENT OF LICENSE EXPIRED FIVE OR MORE YEARS)**

Section A:

Applicant: Complete Section A and provide this form to all states where licensed during the time you "continually practiced" pharmacy in another state ("continually practiced" means where you practiced pharmacy for at least six months during each year that the Alaska license was expired). You are advised to check with that state before forwarding this form to determine if there are additional requirements to be met before the information will be released, or if there is a verification fee required. (Use this form if applying under 12 AAC 52.310(d)(3)(b)).

\_\_\_\_\_  
Last Name First Middle Initial Maiden

Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_\_ License No.: \_\_\_\_\_

I hereby request and authorize the State of \_\_\_\_\_ to provide any and all pertinent information requested in this form to the Alaska Board of Pharmacy to complete an application filed with that agency.

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

**Section B: TO BE COMPLETED BY STATE LICENSING AUTHORITY – Please complete this form on behalf of the pharmacist named above and return to the Alaska Board of Pharmacy.**

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

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

Graduate of \_\_\_\_\_

License No. \_\_\_\_\_ Issued Effective \_\_\_\_\_

By reciprocity/endorsement \_\_\_\_\_ By examination \_\_\_\_\_

License is current \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

\_\_\_\_\_

Date of NAPLEX exam \_\_\_\_\_

Date of other exam \_\_\_\_\_

Has the applicant's license ever been suspended or revoked? \_\_\_\_\_ If so, for what reason?  
(Please provide a copy of the suspension or revocation order.)

\_\_\_\_\_

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

Please Describe: (Please provide a copy of disciplinary action.)

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

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General comments: \_\_\_\_\_

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Signed: \_\_\_\_\_

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

Title: \_\_\_\_\_

SEAL

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

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

Please return this form directly to:

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

## 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**

## LICENSE REINSTATEMENT AND CONTINUING EDUCATION REQUIREMENTS

**Sec. 08.80.147. RENEWAL OF LICENSURE.** If a pharmacist fails to apply for renewal of a license within five years from the expiration of the license, the person must pass an examination for license renewal, except that a person who has continually practiced pharmacy in another state under a license issued by the authority of that state may renew an expired license in this state upon fulfillment of the requirements that may be established by the board.

**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 complete renewal application;
- (2) any applicable license renewal fees required in 12 AAC 02.310;
- (3) repealed 5/5/00; and
- (4) documentation that the applicant has met all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350.

(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 examination 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 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 52.330. 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 American Council on Pharmaceutical Education;

(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 OR 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) the assigned ACPE universal program number;
- (6) a dated, certifying signature of the approved provider; and
- (7) the official ACPE logo.