



Alaska State Board of Pharmacy  
**Alaska Prescription Drug Monitoring Program**  
 550 West 7<sup>th</sup> Avenue, Suite 1500  
 Anchorage, AK 99501-3567  
 Phone: (907) 269-8404 Fax: (907) 269-6003  
 Email: akpdmp@alaska.gov  
 Website: www.commerce.alaska.gov/occ/ppha.htm

## CERTIFICATION OF NO CONTROLLED SUBSTANCES DISPENSED

**Instructions:**

- Please complete this form in full. *Incomplete certifications will be returned.*
- Certifications shall be mailed to the Alaska Prescription Drug Monitoring Program (AK PDMP).
- Please call 907-269-8404, if you have any questions regarding the AK PDMP.
- Certifications are required for each calendar year, with recertification due no later than February 1.

**Please provide the information requested below (print or type). Use full name, not initials.**

Name of Pharmacy: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Name of Pharmacy Responsible Manager: \_\_\_\_\_

Alaska (or other state) License Number of Responsible Manager: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing this form I certify that:**

• My pharmacy, listed above, does not currently deliver any schedule II, III, IV, or V controlled substances to ultimate users who have an Alaska State address within the last twelve (12) months.

From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

• If my pharmacy's business practice changes regarding the dispensing controlled substances to ultimate users with an Alaska State address, we will notify the AK PDMP and begin data submission as required in AS 17.30.200.

• My pharmacy will resubmit this form to the AK PDMP every calendar year, no later than February 1, in order to recertify that my pharmacy does not deliver any schedule II, III, IV, or V controlled substances to ultimate users who have an Alaska State address.

Additional Comments: \_\_\_\_\_

**SIGN HERE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(NOTARY SEAL)

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

**NOTARY**

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

**For Department Use Only**

Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature:	Date of Action:
Notes:			