



THE STATE
of **ALASKA**

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

PDMP

FOR DIVISION USE ONLY

Prescription Drug Monitoring Program (PDMP)

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Fax: (907) 465-2974

Website: PDMP.Alaska.Gov

Prescription Drug Monitoring Program (PDMP) Initial Payment Form

Actively licensed practitioners in Alaska with DEA registrations from any state or practice location and all pharmacists who dispense federally scheduled II-IV controlled substances are required to register with the database and pay this fee.

- Do you already have an Alaska PDMP registration number?**
If yes, do NOT use this form. You must submit Form #08-4761
- You must submit a PDMP access request at alaska.pmpaware.net in tandem with this form.**

Check the appropriate box Registration Type:	<input type="checkbox"/>	Initial PDMP Registration Fee (all Alaska licensed providers)	\$25.00
	<input type="checkbox"/>	Initial PDMP Registration Fee (not licensed in Alaska)	No fee
<i>If not licensed in Alaska, submit a copy of your license in another jurisdiction along with this form for fee exemption.</i> <i>When creating an account at alaska.pmpaware.net, register with your employer-issued email and select the appropriate user role, e.g.: IHS Prescriber or Out-of-State Prescriber.</i>			

Check the appropriate box PRACTITIONER TYPE	<input type="checkbox"/>	Dentist	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Optometrist
	<input type="checkbox"/>	Physician Assistant	<input type="checkbox"/>	Physician (MD, DO)	<input type="checkbox"/>	Veterinarian
	<input type="checkbox"/>	Advanced Nurse Practitioner (NP, NM, CNS, CRNA)	<input type="checkbox"/>	Podiatrist		

Complete Name:		AK License #:	
Full Address:			
Contact Phone:		PDMP Email:	

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration(s):		Best Estimate of Initial DEA Issue Date:	Date your DEA was originally issued
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FOR PHARMACISTS ONLY

Date you began dispensing in Alaska:	
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Signature:	Your signature here	Date:	Today's date
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