



Board of Pharmacy  
**Alaska Prescription Drug Monitoring Program**  
 550 West 7th Avenue, Suite 1500 Anchorage, Alaska 99501-3567  
 907-269-8404 (Telephone) 907-269-6003 (Fax) [akpdmp@alaska.gov](mailto:akpdmp@alaska.gov) (Email)

### DATA REQUESTOR NOTARY FORM

To be granted access to the AK PDMP database, you must register online and **fill out this form in its entirety and then be signed in front of a Notary Public**. You may then upload this form to your account. If you do not have access to a scanner to be able to upload it yourself, you may fax it to 907-269-6003. Once this form is uploaded, the AK PDMP office will verify your information. Completion of this form or your online registration does not guarantee approval.

I affirm that all information on my online data requestor registration is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes outlined in Alaska Statute 17.30.200, 12 AAC 52.855 and 12 AAC 52.860. All data obtained from the site should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained. Additionally, I understand that inappropriate access or disclosure of patient profile information received from the AK PDMP database is a violation of state law, and may result in disciplinary action by my licensing board, criminal charges and/or revocation of my database access privileges.

After you receive your account information, you may begin requesting reports. **Be sure to keep your password in a safe place and do not share your login information with anyone.** If you have any questions or need assistance in accessing the AK PDMP system, please feel free to contact the AK PDMP support at 1-855-525-4767.

I declare under penalty of law that this application (including any accompanying documents) were examined by me, and to the best of my knowledge and belief, is a true, correct, and complete application.

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

User Email Address \_\_\_\_\_

**This must be your own personal email account - delegate or staff emails are *NOT* allowed.**

License Type (Circle One): MD/DO PA PharmD/RPh APRN DDS/DMD VET DPM

License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date \_\_\_\_\_

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: \_\_\_\_\_

**Disclaimer:** The information in the AK PDMP database may contain errors resulting from the reporting of information received. Additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.