



THE STATE  
of **ALASKA**

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

**TBR**

FOR DIVISION USE ONLY

**Business Licensing**

PO Box 110806, Juneau, AK 99811

Website: *BusinessLicense.Alaska.Gov*

**NEW Telemedicine Business Registration**

**for an Existing Alaska Business License (AS 43.70.075)**

This form is ONLY for adding a Telemedicine Business Registration to an existing (active) Alaska Business License. Once added, this registration will be renewable with your Alaska Business License and expire on the same date. Online filing is not available for this form. Submit this form by U.S. mail (do not e-mail).

Before providing telemedicine services to any recipient(s) located in this state, a business performing telemedicine services must submit to the Division a complete Telemedicine Business Registration form. The registration must include the business name and active Alaska Business License Number.

If a business uses multiple business names to perform telemedicine services under, you must have a separate Alaska Business License and a separate telemedicine registration for each business name (DBA).

**Processing time:** Standard processing time from March-September is up to 15 business days. During renewal seasons, October-February, processing time may be delayed. Filings are reviewed in date order received. We do not offer expediting services.

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Registration Fee	<b>\$100.00</b>
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**PART II Business Information**

<b>Business Name:</b>	
<b>Business License Number:</b>	
<input type="checkbox"/> The business named above is providing telemedicine services and I am submitting the \$100.00 registration fee with this form. <i>"Telemedicine services" means the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services. AS 44.33.381</i>	

**PART III Agreement**

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct. I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date:</b>	
<b>Applicant Printed Name:</b>		<b>Title:</b>	



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PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
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"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.**

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		