



**Board of Chiropractic Examiners**  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

Email: [BoardOfChiropracticExaminers@Alaska.Gov](mailto:BoardOfChiropracticExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers)

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## Chiropractic License by Examination Application Instructions

The Alaska State Chiropractic examination is administered by the Alaska Board of Chiropractic Examiners four times a year. Applications to sit for the examination, fees, and all supporting documents must be submitted at least **45 days** before the scheduled examination date. Incomplete applications will be processed for the subsequent examination – no exceptions.

Information regarding exam dates and deadlines is available on the division's website: [www.commerce.alaska.gov/web/cbpl/](http://www.commerce.alaska.gov/web/cbpl/)  
The Alaska State Chiropractic Examination consist of a written exam covering information in the statutes and regulations booklet published by the Division of Corporations, Business and Professional Licensing. It is available on the division's website: [www.commerce.alaska.gov/web/Portals/5/pub/ChiropracticStatutes.pdf](http://www.commerce.alaska.gov/web/Portals/5/pub/ChiropracticStatutes.pdf).

In addition, the exam may cover any other subjects that are deemed necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.230. A score of 75 percent or higher is required to receive a passing score on the examination.

Read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and examination deadlines, and to provide all necessary documentation. The board will not consider your application until your application file is complete.

Be advised that passing an exam in another state does not qualify an applicant for an Alaska license. Applicants are required to pass the Alaska State Chiropractic Examination, and all requirements under Alaska Statutes and Regulations must be met.

### PERMANENT LICENSE – APPLICATION PROCEDURES

*The following must be received by the division before your application for Chiropractic License by Examination can be reviewed:*

#### 1. APPLICATION

A signed, completed application (#08-4952, pages 1-4)

#### 2. FEES

Fees made payable to "State of Alaska."

Non-Refundable Application Fee:	\$ 600.00
Initial License Fee*:	\$1,000.00
<hr/>	
Total Fees Due:	\$1,600.00

*\*The \$1,000 initial license fee may be submitted upon successful completion of licensing requirements.*

#### 3. CERTIFIED TRANSCRIPTS

Certified transcripts from a college of liberal arts or sciences verifying at least two academic years of study sent directly to the Division of Corporations, Business and Professional Licensing by the college.

*The board will accept, in lieu of a liberal arts education, verification of active licensed practice of chiropractic for three of the four years preceding the date of application (using form #08-4952a) as stated in AS 08.20.120(a)(2).*

– AND –

Certified transcripts showing degree granted from a school or college of chiropractic that is accredited by or a candidate for accreditation by the Council on Chiropractic Education sent directly to the Division of Corporations, Business and Professional Licensing by the college.

*The board may allow a college senior applicant to sit for the Alaska State Chiropractic examination with a confirmation letter from the registrar of the chiropractic college verifying the applicant is currently enrolled in a chiropractic college, is pursuing completion of a chiropractic curriculum, and is working on the clinical portion of the curriculum sent directly from the college to the Division of Corporations, Business and Professional Licensing.*

#### **4. EXAM**

Official sealed copy of the National Board of Chiropractic Examiners (NBCE) scores indicating passage of the national examination, and physiotherapy examinations (with a minimum score of 375), sent directly to the Division of Corporations, Business and Professional Licensing by NBCE.

*An applicant who has been in the active practice of chiropractic for the past five continuous years may substitute passage of the Special Purposes Examination of Chiropractic (SPEC) for Parts III and IV of the national examination.*

#### **5. VERIFICATION OF LICENSURE**

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice profession type. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

*All applicants will also be subject to a check of the national licensee database maintained by the Federation of Chiropractic Licensing Boards (FCLB) to verify any action(s) that may have been reported by other licensing agencies.*

If verification of license is submitted then documentation of 32 credit hours of continuing education as provided under this paragraph, approved by the board or an equivalent licensing jurisdiction and taken within two years preceding the date of the application, is required. The 32 credit hours:

- (A) must include at least
  - (i) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;
  - (ii) two hours in coding and documentation;
  - (iii) two hours in ethics and boundaries;
  - (iv) two hours in cardiopulmonary resuscitation; and
  - (v) 18 additional hours in education not to include business management;
- (B) may not include more than four hours in the following subject areas:
  - (i) cardiopulmonary resuscitation (CPR) training;
  - (ii) automated external defibrillator (AED) training;
  - (iii) basic life support (BLS) training; and
- (C) may not include more than 16 hours obtained over the Internet or by distance learning

#### **6. CRIMINAL HISTORY REPORT**

A complete criminal history record issued within the past 90 days by the Alaska State Department of Public Safety sent directly to the Division of Corporations, Business and Professional Licensing; and an equivalent report from your primary state of residence, if not Alaska, as well all states or jurisdiction where the applicant holds or has ever held a chiropractic license sent directly to the Division of Corporations, Business and Professional Licensing.

*The Alaska State Department of Public Safety maintains records of criminal history. You must request they send your record directly to the Division of Corporations, Business and Professional Licensing at the address above, even if you have never lived or worked in Alaska. To find an office location or download an application to request your records, visit their website at: [www.dps.state.ak.us/statewide/background/](http://www.dps.state.ak.us/statewide/background/). For other states or jurisdictions, you will need to contact their justice agency to request an equivalent report to be sent on your behalf.*

**TEMPORARY PERMIT**

A temporary permit holder must practice under the supervision of a licensed chiropractor in the state. The sponsoring chiropractor assumes all legal liability for the practice of the temporary permit holder, as required by 12 AAC 16.200. An applicant for a temporary permit must qualify under 12 AAC 16.030, including the educational and national exam requirements, and may not have previously taken and failed the Alaska State Chiropractic Exam, or have previously held a temporary permit. A temporary permit is valid only until the results of the next scheduled examination are received by the applicant.

*The following must be submitted before an applicant will be considered for a temporary permit:*

**1. APPLICATION**

A complete signed application, including all supporting documents and fees as listed above.

**2. FEES**

Fees made payable to "State of Alaska."

Temporary Permit Fee: \$150.00

**3. STATEMENT OF SPONSORSHIP**

A notarized, sworn statement of sponsorship (form #08-4952b) by the Alaska-licensed chiropractic physician with whom the temporary permit holder will practice, stating the sponsor assumes all legal liability for the practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing.

## General Information

### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### **PROFESSIONAL FITNESS QUESTIONS:**

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### **DENIAL OF APPLICATION:**

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or [BusinessLicense.Alaska.Gov](http://BusinessLicense.Alaska.Gov).

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov). To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov).



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## Chiropractic License by Examination Application

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Application and Initial License* Fee (\$600.00 is Non-Refundable)	<b>\$1,600.00</b>
<b>Optional Fees:</b>	<input type="checkbox"/> Temporary Permit Fee	<b>\$ 150.00</b>

\*The \$1,000 initial license fee may be submitted upon successful completion of licensing requirements

### PART II Personal Information

<b>Full Legal Name:</b>			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

### PART III General Education

<b>Name of High School:</b>			
<b>Graduation Year:</b>		<b>Location (City, State):</b>	
<b>Name of College or University:</b>		<b>Location (City, State):</b>	
<b>Date Attended From:</b>		<b>Date Attended To:</b>	
<b>Degree Earned:</b>			

## PART IV Chiropractic Education

Name of School:		Location (City, State):	
Date Attended From:		Date Attended To:	
Degree Earned:			

## PART V National Board Examination

Provide the year passed for each area below.

Part I:		Part II:		Part III (WWCE):	
Part IV:		Physiotherapy:		SPEC:	

## PART VI Professional License(s)

Have you ever applied for or held a license, temporary permit, locum tenens permit, or courtesy license to practice chiropractic in the State of Alaska?

Yes  No

List all licenses for the practice of chiropractic you hold or have ever held:

State or Jurisdiction	License Number	Year Issued	Expiration Date

## PART VII Professional Fitness Questions

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

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

Yes  No

## PART VII Professional Fitness Questions *(continued)*

2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No
3. Have you secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation?  Yes  No
4. Have you engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?  Yes  No
5. Have you advertised professional services in a false or misleading manner?  Yes  No
6. Have you experienced a physical disability, impairment, or an infectious or contagious disease that may interfere with your ability to safely practice as a chiropractic physician?  Yes  No
7. Have you been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs?  Yes  No
8. Have you intentionally or negligently engaged in or permitted the performance of patient care by persons under your supervision that does not conform to minimum professional standards (regardless of whether actual injury to the patient occurred)?  Yes  No
9. Have you failed to comply with a board order?  Yes  No
10. Have you continued or attempted to practice after becoming unfit due to professional incompetence?  Yes  No
11. Have you engaged in lewd or immoral conduct in connection with the delivery of professional services to patients?  Yes  No
12. Have you failed to satisfy board-adopted continuing education requirements?  Yes  No
13. Have you had any malpractice settlements or judgments paid on your behalf?  Yes  No
14. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice chiropractic care in a competent, ethical and professional manner?  Yes  No
15. Do you use drugs or alcohol in any manner that impairs your ability to practice chiropractic care competently and safely?  Yes  No

"Yes" Answers

**If you answered "yes" to questions 14 or 15,** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

## PART VIII Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.20 and 12 AAC 16).



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**Signature Page**

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

**PART IX 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 Signed:</b>	
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## Verification of Chiropractic Practice

Use this form to verify your active licensed practice for three of the four past years, in lieu of submitting liberal arts transcripts per AS 08.20.120(a)(2).

→ **Applicant:** Complete the identifying information below and forward a copy of this form to your employer, partner or chiropractic physician.

<b>Applicant Name:</b>			
<b>Applicant Signature:</b>		<b>Phone:</b>	

→ **Employer, Partner, or Chiropractic Physician** Complete the information below and forward the form directly to the letterhead address.

<b>Name of Employer, Partner, or Chiropractor Physician:</b>			
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Type of Practice:</b>		<b>Clinical Practice?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Reference Name:</b>		<b>Title:</b>	
<b>Institution/Clinic or Chiropractic License Number with State, Jurisdiction, Country where license was issued:</b>			
<b>Physical Address:</b>	P.O. Box or Street	City	State Zip
<b>Email:</b>		<b>Business Phone:</b>	

I certify the above-named applicant has engaged in the active licensed practice of chiropractic for the period indicated herein.

Notary Stamp	<b>Reference Signature:</b>		
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>



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**Substituting Practice - Sworn Statement from Alaska Licensed Chiropractic Physician**  
*(Temporary Permit Applicants Only)*

<b>Applicant Name:</b>	
<b>Chiropractic Physician Name:</b>	
<b>Chiropractic Physician License Number:</b>	

**Notarized Signature**

I, the Alaska Licensed Chiropractic Physician employing the above-named temporary permit holder, make the following voluntary signed statement and no threats, promises, or any form of duress have been used to induce me to make this statement.

By my signature below, I declare I will be physically present in the same facility and assume all legal liability for the practice of the above-named applicant while they are practicing chiropractic care.

*WARNING: Pursuant to AS 08.20.170, the board may refuse to issue a license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal charges for perjury (AS 11.56.200).*

Notary Stamp	<b>Chiropractic Physician Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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## 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:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		