



Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardofPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Pharmacist License Application Instructions

In accordance with AS 08.80.410, a person may not assume or use the title "pharmacist," or any variation of the title, or hold out to be a pharmacist, without being licensed.

- Allow 6 to 8 weeks for processing the application from the time your file is complete. Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay the processing of your application. All required forms and documentation must be mailed to the division directly from the required source or they will not be accepted.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form, found on the division's website at: ProfessionalLicense.Alaska.Gov
- An incomplete application or any unusual circumstances noted in the application may require additional processing time. Review your application fully to ensure you have answered every question completely and followed all of the instructions.
- Do not email your application or supporting documentation to the division.
- *If you have questions, please contact the licensing examiner at: BoardOfPharmacy@Alaska.Gov*

LICENSURE BY EXAMINATION

An applicant for an Alaska pharmacist license may apply for licensure by examination within twelve months after date of graduation from an accredited college of pharmacy.

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

1. APPLICATION

A completed application, signed and notarized (#08-4032, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

License Fee: \$100.00

Total Fees Due: \$200.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4032a).

4. AFFIDAVIT OF EXPERIENCE

A completed Affidavit of Experience form (#08-4032d).

FOREIGN GRADUATES ONLY

At the time of application, you must ensure your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate is on file with the NABP. Board of Pharmacy staff will validate your FPGEC upon screening of your application.

ELIGIBILITY TO TAKE EXAMINATIONS

- Applicants who have already taken the NAPLEX and are applying by score transfer: you must arrange for your score transfer application to be submitted to the NABP.
- Applicants taking the NAPLEX for the first time or for re-takes: eligibility will be granted through the NABP.

Note: The Alaska Board of Pharmacy does not receive automatic notifications when an applicant has taken an examination. Please contact the board when you have taken an exam so a score report can be retrieved and placed into your file.

Contact Information for the NABP: National Association of Boards of Pharmacy
1600 Feehanville Dr.
Mount Prospect, IL 60056
Phone: 1-847-375-1114

LICENSURE BY RECIPROCITY

If another jurisdiction allows licensure in that jurisdiction of a pharmacist licensed in this state under conditions similar to those in AS 08.80.145, the board may license as a pharmacist in this state a person licensed as a pharmacist in the other jurisdiction if the person submits the items below.

The following must be received by the division before your application for Pharmacist License by Reciprocity can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4032, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
License Fee:	\$100.00
<hr/>	
Total Fees Due:	\$200.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4032a).

4. AFFIDAVIT OF EXPERIENCE

A completed Affidavit of Experience form (#08-4032d).

5. NABP APPLICATION FOR LICENSE TRANSFER

The NABP official application for License Transfer. The license by which reciprocity is based must be current, unencumbered, and in good standing.

6. NAPLEX

Proof of passing the NAPLEX by arranging with the NABP a license transfer to be sent to Alaska as required by 12 AAC 52.090(c).

Note: The Alaska Board of Pharmacy does not receive automatic notifications when an applicant has taken an examination. Please contact the board when you have taken an exam so a score report can be retrieved and placed into your file.

Contact Information for the NABP: National Association of Boards of Pharmacy
1600 Feehanville Dr.
Mount Prospect, IL 60056
Phone: 1-847-375-1114

MILITARY LICENSE

Applications for military personnel and spouses of active-duty military personnel can be found at:
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/MilitaryLicensing.aspx>

TEMPORARY LICENSE

Contact the licensing examiner prior to applying for a temporary license.

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

1. APPLICATION

A completed application, signed and notarized (#08-4032, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
Temporary License Fee:	\$ 50.00
License Fee:	\$100.00
<hr/>	
Total Fees Due:	\$250.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4032a).

4. NABP NOTIFICATION

NABP notification verifying the applicant has submitted a preliminary application to NABP for license transfer.

5. OFFICIAL TRANSCRIPTS

U.S. Graduates: Official transcript showing a professional pharmacy degree granted and sent directly to the division from a college of pharmacy recognized by the Accreditation Counsel for Pharmacy Education.

Foreign Graduates: Certified true copy of diploma from a college of pharmacy recognized by the Foreign Pharmacy Graduate Examination Committee (FPGEC) and a certified true copy of the Foreign Pharmacy Graduate Examination Committee Certificate.

6. AFFIDAVIT OF EXPERIENCE

A completed Affidavit of Experience form (#08-4032d).

General Information

DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT (12 AAC 52.991)

A licensee shall report in writing to the board any disciplinary decision, felony charges or criminal conviction issued against the licensee not later than 30 days after the date of the disciplinary decision, felony charges, or criminal conviction.

A licensed facility shall report in writing to the board any disciplinary decision, including a voluntary suspension or revocation issued by federal, state, or local government of a license currently or previously held, or any felony charges or criminal conviction under federal, state, or local law of an owner, designated representative, pharmacist-in-charge, or officer of the licensed facility not later than 30 days after the date of the disciplinary decision, felony charge, or criminal conviction.

ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Mandatory reporting began on August 1, 2011. All the necessary information regarding the Alaska PDMP can be found at pdmp.alaska.gov. Effective July 17, 2017, reporting is required **daily**.

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will 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:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the 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 alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of 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.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. 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 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

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*

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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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Pharmacist License Application

PART I Application Type

Applying By:	<input type="checkbox"/> Examination	License Number: _____	State: _____
	<input type="checkbox"/> Reciprocity:		

PART II Payment of Fees

Required Fees:	<input type="checkbox"/> Application and License Fee (\$100 is Non-Refundable)	\$200.00
Optional Fees:	<input type="checkbox"/> Temporary License Fee	\$ 50.00

PART III Personal Information

Full Legal Name:	_____		
<p>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).</p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			Date of Birth: _____
<p>EMAIL AGREEMENT: 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.</p>			
Email Address:			Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>SOCIAL SECURITY NUMBER: 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.</p>			

PART IV Pharmacy Education

Name of School:	_____		Graduation Date:	_____
Location: (City, State)	_____		Degree Awarded:	<input type="checkbox"/> PharmD <input type="checkbox"/> Other

PART V FPGEC Certification

(Foreign Graduates Only)

If foreign-trained graduate, please provide the following:

 I have ensured my FPGEC certificate is on file with the NABP and available to the board.

FPGEC Certificate Number:

Issue Date:

PART VI Professional License(s)

Please list all states or jurisdictions where you hold or have held a license to practice as a pharmacist, pharmacy intern, or pharmacy technician.

State or Jurisdiction	License Type	Licensed By	License Number	Issue Date	Years of Practice	# of Hours of Practice
	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Intern	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity				
	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Intern	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity				
	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Intern	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity				
	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Intern	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity				
	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Intern	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity				

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. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you ever 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

PART VII Professional Fitness Questions (continued)

2. Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, 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

2.a. If yes, did any convictions include any of the following as listed under 12 AAC 52.925?

- (1) murder;
- (2) manslaughter;
- (3) criminally negligent homicide;
- (4) assault;
- (5) sexual assault;
- (6) sexual abuse of a minor;
- (7) unlawful exploitation of a minor, including possession or distribution of child pornography;
- (8) incest;
- (9) indecent exposure;
- (10) robbery;
- (11) extortion;
- (12) stalking;
- (13) kidnapping;
- (14) theft;
- (15) burglary;
- (16) forgery;
- (17) endangering the welfare of a child;
- (18) endangering the welfare of a vulnerable adult;
- (19) unlawful distribution or possession for distribution of a controlled substance; for purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900;
- (20) reckless endangerment

3. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a pharmacist in a competent, ethical and professional manner? Yes No

4. Do you use drugs or alcohol in any manner that impairs your ability to practice as a pharmacist competently and safely? Yes No

"Yes" Answers

If you answered "yes" to questions 3 or 4, 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 Attestations and Acknowledgements

1. Alaska Board of Pharmacy Statutes and Regulations (AS 08.80 and 12 AAC 52)

- I hereby certify that I have reviewed and understand the Alaska Board of Pharmacy Statutes and Regulations and will not violate the Statutes and Regulations as written in AS 08.80 and 12 AAC 52.

2. English Language Fluency (AS 08.80.110)

- Yes**, I am fluent in the reading, writing and speaking of the English language.

- or -

- No**, I am not fluent in the reading, writing and speaking of the English language.

3. Independent Administration of Vaccines and Related Emergency Medications (12 AAC 52.992)

- Yes**, I will or plan to administer a human vaccine or related emergency medication. I have completed:

- A course accredited by the Accreditation Council for Pharmacy Education (ACPE) or comparable course covering these topics; **and**

- Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training.

- or -

- No**, I will not and do not plan on administering a human vaccine or related emergency medication.

4. Prescription Drug Monitoring Program (PDMP) (AS 17.30.200)

All licensed pharmacists who dispense federally scheduled II - IV controlled substances in Alaska are required to register with the state's controlled substance prescription database through the Prescription Drug Monitoring Program (PDMP). Read below and select one only.

- I will dispense federally scheduled II - IV controlled substances in Alaska and acknowledge that I must register with the PDMP within 30 days following issuance of my pharmacist license.

- or -

- I do not plan on dispensing in Alaska. If I begin dispensing at any time after submitting this application, I will register promptly and submit the PDMP Dispensing Status Change Form for Pharmacists (#08-4840).



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Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Notary Signature Page

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

PART IX Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that 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 or permit to practice in the state of Alaska.

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

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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

Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardofPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Pharmacist License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date Signed:



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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: BoardofPharmacy@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Affidavit of Experience

Applicant by Examination: Please complete the identifying information below.

Applicant Name:		Email:	
<input type="checkbox"/> I attest that I have completed the internship hours required to graduate from a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).			
Applicant Signature:		Date Signed:	

- OR -

Applicant by Reciprocity: Please complete the identifying information below.

Applicant Name:		Email:	
<input type="checkbox"/> I attest that I have engaged in the practice of pharmacy for at least one (1) year in another jurisdiction directly preceding the date of my application.			
Name of Jurisdiction:			
Employer Verifications for Option B (must include at least one year of practice in the above jurisdiction):			
Employer	City/State	Employment Dates	Employer Signature (Electronic acceptable)
Applicant Signature:		Date Signed:	

Notary Signature

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



THE STATE
of

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

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

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 public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



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

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



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