



Online Instructions

COVID-19 Vaccination Provider Self-Certification

Thank you for your interest in self-certifying that you are qualified to serve as a COVID-19 Vaccination Provider in the state of Alaska.

This quick and easy process will help vaccination clinics and the Division of Public Health better identify persons who meet the standards of the federal [PREP Act](#). Qualified persons do not need to complete this self-certification is *not required* prior administering the vaccine; however, it may be used by clinics to help determine providers meet the standards of the Act.

This is not a license to practice your profession in Alaska. For additional information on obtaining a license to practice, please visit <http://professionallicense.alaska.gov> and navigate to your profession.

If you are unsure whether you are on the List of Excluded Individuals maintained by the U.S. Inspector General, please click [here](#).

This is a self-certification. Qualifications and license status will not be researched or verified by the Division of Corporations, Business and Professional Licensing. Clinic organizers are urged to perform independent verifications of statements made by those self-certifying through this process. For a list of Alaska licensees with expired, retired, lapsed, or inactive licenses who qualify to vaccinate under the PREP Act, click [here](#).

If clinics or providers have questions about qualifications under the PREP Act, please email license@alaska.gov.

To complete self-certification, visit <http://professionallicense.alaska.gov/MYLICENSE>, enter or create your login, select "apply for a new license," then the options below:



State of Alaska / Commerce / Corporations, Business, and Professional Licensing / My License / New License Application / Select Type

More application types will be added this year. If you do not see the application you want in this list, please visit the [Professional Licensing](#) home page to locate your program and download a paper application.

Select the type of application:

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