



THE STATE  
of **ALASKA**

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

FOR DIVISION USE ONLY

**Professional Licensing**

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

## Request for Expedited Review of Healthcare Professional Application

Facility executives may request expedited screening of license applications when a lack of licensed personnel will result in a termination of service to patients, which can include the need to cancel individual appointments, fill fewer beds, etc. This request is a public document and may be shared with other agencies or used in published division performance reports. Please read the additional instructions below.

Please use restraint when deciding whether to submit this form to ensure the division is only expediting applications when there is a dire need.

### PART I Applicant Information

<b>Full Legal Name:</b>		<b>Date Application Postmarked:</b>	
<b>Profession:</b>	<input type="checkbox"/> Medical	<input type="checkbox"/> Nursing	<input type="checkbox"/> Other: _____

### PART II Impact on Facility

Applications for licensure are screened and reviewed in date order. Please ensure the applicant has submitted an application before making your request. It is the responsibility of the applicant to ensure that all verifications of licensure, transcripts, hospital privileges, and other documentation required in statute or regulation is submitted. The Division cannot expedite applications that are incomplete. To maintain fairness to applicants awaiting review, only executives of the affected facility may submit this form.

<b>Facility Representative Making Request:</b>		<b>Title:</b>	
<b>Facility Name:</b>			
<b>Facility Type:</b>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Surgical <input type="checkbox"/> Other: _____
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Date of Service Discontinuation Due to Lack of Personnel:</b>			
<b>Please provide additional details about the situation:</b>			

**PART III Signature**

I certify that the information submitted herein is true and accurate to the best of my knowledge.

**Printed Name:**

**Signature:**

**Date Signed:**