



**Dietitians and Nutritionists Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

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## Nutritionist License Application Instructions

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

**1. APPLICATION**

A signed, completed application (#08-4399, pages 1-6).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

License Fee: \$ 50.00

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Total Fees Due: \$150.00

**3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4399a).

**4. VERIFICATION OF LICENSURE**

Must be mailed directly from each state or jurisdiction where a license, certificate or registration is, or has ever been held. Please see enclosed Verification of Licensure form (#08-4399b).

**5. VERIFICATION OF CERTIFICATION, WORK EXPERIENCE OR TRANSCRIPTS**

Official verification mailed directly from the Board for Certification of Nutrition Specialists (BCNS), or the American Clinical Board of Nutrition (ACBN), certifying your status as a certified nutrition specialist.

BCNS Telephone: (202) 903-0267

BCNS Website: [www.nutritionspecialists.org](http://www.nutritionspecialists.org)

ACBN Telephone: (540) 635-8844

ACBN Website: [www.acbn.org](http://www.acbn.org)

- or -

Verification of 900 hours of documented work experience in human nutrition or human nutrition research. See enclosed Verification of Work Experience form (#08-4399d).

- or -

Official transcripts mailed directly from an accredited college or university verifying a masters or doctorate degree with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition.

## General Information

### 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 December 31 of odd-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 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.

### 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*



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

**DTN**

FOR DIVISION USE ONLY

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Website: *ProfessionalLicense.Alaska.Gov/DietitiansNutritionists*

**Nutritionist License Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$100.00</b>
	<input type="checkbox"/> License Fee	<b>\$ 50.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b>			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> 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> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<p><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.</p>			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>			
<p><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.</p>			

**PART III Professional Associations**

List all memberships in good standing of professional associations. List all memberships in good standing of professional associations. Example: *BCNS* or *ABN*.

Name of Professional Association	Location

**PART IV Occupational Status**

Please list the past five years of work history.

Position	Start Date	End Date

**PART V Professional License(s)**

Please list all jurisdictions where you hold, or have ever held, a license to practice as a dietitian or nutritionist.

State Board	License Number	Date of Issue	Current Status	License Type
				<input type="checkbox"/> DTN <input type="checkbox"/> NTN
				<input type="checkbox"/> DTN <input type="checkbox"/> NTN
				<input type="checkbox"/> DTN <input type="checkbox"/> NTN
				<input type="checkbox"/> DTN <input type="checkbox"/> NTN
				<input type="checkbox"/> DTN <input type="checkbox"/> NTN
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				<input type="checkbox"/> DTN <input type="checkbox"/> NTN
				<input type="checkbox"/> DTN <input type="checkbox"/> NTN

## PART VI Report of Experience

Provide a chronological list of all nutrition work experience, beginning with the most recent. *Make additional copies of this page, as needed.*

<b>Employer Name:</b>				<b>Hours of Experience:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State	Zip	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>			
<b>Supervisor Name:</b>					
<b>Type of Experience:</b>					

<b>Employer Name:</b>				<b>Hours of Experience:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State	Zip	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>			
<b>Supervisor Name:</b>					
<b>Type of Experience:</b>					

<b>Employer Name:</b>				<b>Hours of Experience:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State	Zip	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>			
<b>Supervisor Name:</b>					
<b>Type of Experience:</b>					

<b>Employer Name:</b>				<b>Hours of Experience:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State	Zip	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>			
<b>Supervisor Name:</b>					
<b>Type of Experience:</b>					

## 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 engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 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?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 3. | Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute or law, for any violation or alleged violation of unprofessional or unethical conduct pertaining to the profession for which you are applying?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 4. | Have you 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 5. | Within the past five years, have you been or are you addicted to, or excessively used or misused, alcohol, narcotics, barbiturates or habit-forming drugs?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6. | Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

"Yes" Answers

**If you answered "yes" to questions 5 or 6,** 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.





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Website: *ProfessionalLicense.Alaska.Gov/DietitiansNutritionists*

**Signature Page**

**Applicant Name:**

**PART VIII Agreement**

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, certificate, 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.

**Applicant Signature:**

**Date Signed:**



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## 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 Nutritionist 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.

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



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## Verification of Licensure



### Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>License Number:</b>	
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



### Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Dietitians and Nutritionists Program at the letterhead address. You may use your state's verification of license certificate if it includes all of the below information.

<b>State or Jurisdiction:</b>		<b>Original Issue Date:</b>	
<b>License Type:</b>	<input type="checkbox"/> Dietitian <input type="checkbox"/> Nutritionist <input type="checkbox"/> Other: _____	<b>Periods of Lapse:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Issued By:</b>	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity	<b>Expiration Date:</b>	

1. Has the license ever been revoked, suspended, placed on probation, or restricted in any way?    Yes    No

2. Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?    Yes    No

3. Comments:

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



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## Verification of Certification of Nutritionist Specialists

➔ **Applicant:**

Please complete the identifying information below and forward a copy of this form to the Board for Certification of Nutritionist Specialists (BCNS) for completion of the bottom section. They will then mail this form directly to the Division at the letterhead address. [www.nutritionspecialists.org](http://www.nutritionspecialists.org)

<b>Applicant Name:</b> (At Time of Examination)		<b>Date of Birth:</b>	
<input type="checkbox"/> I authorize the Board for Certification of Nutritionist Specialists to release all information requested on this form to the Alaska Dietitians and Nutritionists program.			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

➔ **BCNS:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Dietitians and Nutritionists Program at the letterhead address. You may use your board's verification certificate if it includes all of the below information.

<b>Initial Certification Date:</b>		<b>Expiration Date:</b>	
By my signature below, I certify that the above-named applicant has passed the Certified Board of Nutrition Specialists certifying examination and is currently a certified nutrition specialist.			
Board Seal	<b>Signature:</b>		<b>Date Signed:</b>
	<b>Printed Name:</b>		<b>Title:</b>
	<b>Email:</b>		<b>Phone:</b>



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## Verification of Work Experience

➔ **Applicant:** Please complete the identifying information below and forward a copy of this form to your supervisor at each entity where you received experience. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>							
<b>Phone Number:</b>					<b>Date of Birth:</b>		
<b>Applicant Address:</b>	P.O. Box or Street		City		State		Zip
<b>Organization Where Experience Received:</b>							
<b>Organization Address:</b>	Street		City		State		Zip
<b>Start Date:</b>				<b>End Date:</b>			
<b>Experience In:</b>	<input type="checkbox"/> Human Nutrition	<input type="checkbox"/> Human Nutrition Research	<input type="checkbox"/> Both		<b>Total Hours of Experience:</b>		
<b>Describe your nutritionist duties during your employment with the organization named above:</b>							

### Applicant Signature

I certify that the work experience and the time claimed for that experience is true and accurate.			
<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>			<b>Date Signed:</b>

→ **Supervisor:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Dietitians and Nutritionists Program at the letterhead address. If you disagree with any information presented by the applicant on this form, or you wish to provide any other information for consideration by the department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.

If you do not sign the affidavit below, please explain why in a separate letter attached to this form.

<b>Supervisor Name:</b>			
<b>Supervisor Address:</b>	P.O. Box or Street	City	State Zip
<b>Email Address:</b>		<b>Contact Phone:</b>	

1. Does the applicant's description accurately reflect the work personally performed by the applicant?  Yes  No

2. Does the time claimed by the applicant for this experience reasonably reflect actual time?  Yes  No

3. Briefly describe your work relationship with the applicant at the time:

**Supervisor Signature**

I certify that the above information is true and correct.			
<b>Supervisor Printed Name:</b>		<b>Title:</b>	
<b>Supervisor Signature:</b>		<b>Date Signed:</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 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.

<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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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**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	