



THE STATE  
of

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

**Telemedicine Business Registry**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

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

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

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## Telemedicine Business Registry Information Change Instructions

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.

- **Business Registry Changes:** If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the Division, not later than 30 days after the change or termination, a Business Registry Change Form (08-4722). A business that fails to comply timely may not perform telemedicine services in this state and must submit a new application before resuming telemedicine services to a recipient located in this state.
- If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application before resuming the provision of telemedicine services to a recipient located in this state.
- 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 by credit card. To pay by credit card, use the attached credit card payment form.
- 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](http://ProfessionalLicense.Alaska.gov) under License Search.
- 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). If you would like to receive notice of all proposed regulation changes for your program, email your request to [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov) with your name, preferred contact method (mail or email), and the program you want to be updated on.

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**IT IS ILLEGAL TO DELIVER TELEMEDICINE SERVICES IN ALASKA WITHOUT  
AN ACTIVE AND VALID ALASKA BUSINESS LICENSE AND REGISTRATION**

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Telemedicine Business Registry PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 Email: TelemedicineBusinessRegistry@Alaska.Gov ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry

CHANGE: Telemedicine Business Registry

Required Fee: [ ] Registration Change Fee \$50.00

List your business name exactly as it appears on your current Alaska business license. Business Name: Business License #:

CURRENT Contact Person: Email: CURRENT Mailing Address: Street/PO Box: City: State: Zip Code: CURRENT Contact Phone:

NEW INFORMATION TO BE REFLECTED ON THE REGISTRY

NEW Contact Person: NEW Mailing Address: Street/PO Box: City: State: Zip Code: NEW Contact Phone:

NEW CONTACT PERSON 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. Email Address: [ ] Send my Correspondence by Email [ ] Send my Correspondence by US Mail

Representative's Name: Title: Representative's Signature: Date: mm/dd/yyyy



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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: \_\_\_\_\_

Program Type: \_\_\_\_\_ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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