



THE STATE  
of **ALASKA**

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

**PHY**

FOR DIVISION USE ONLY

**Board of Physical Therapy and Occupational Therapy**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

**Physical Therapist & Physical Therapist Assistant**

**License Renewal (July 1, 2024 – June 30, 2026)**

- Your license lapses after June 30, 2024. There is no grace period. It is illegal to work after your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6 week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

**PART I Payment of Fees**

<b>Renewal Fee:</b> (Physical Therapist)	<input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before June 30, 2023)</i>	<b>\$200.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after July 1, 2023)</i>	<b>\$100.00</b>
<b>Renewal Fee:</b> (Physical Therapist Assistant)	<input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before June 30, 2023)</i>	<b>\$130.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after July 1, 2023)</i>	<b>\$ 65.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b> Name change: <input type="checkbox"/>	<b>Alaska PT/PTA License Number:</b>	
<i>If you have had a legal name change since your last license was issued, you must complete a <a href="#">Change of Name form</a>.</i>		
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
<b>Contact Phone:</b>	<b>Date of Birth:</b>	
<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.		
<b>Email Address:</b>	<b>Select One:</b> <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>		
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 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.		

## PART III 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.

#### Since the date your last Alaska license was issued or renewed:

1. 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?  
 Yes  
 No
2. 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.  
 Yes  
 No
3. Have you had any claims of negligence or malpractice filed against you?  
 Yes  
 No
4. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice physical therapy in a competent, ethical and professional manner?  
 Yes  
 No
5. Do you use drugs or alcohol in any manner that impairs your ability to practice physical therapy competently and safely?  
 Yes  
 No

"Yes" Answers

If you answer "yes" to questions 4 or 5 in addition to your personal statement, you must also 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. When in doubt about your response, disclose and provide the required explanation and documents.

## PART IV Statement of Compliance

By checking the appropriate box below, you are certifying your compliance with the continuing competency requirements in 12 AAC 54.400-435.

Check one of these boxes if your renewal application is postmarked on or before June 30, 2024:

**Licenses initially issued on or before June 30, 2023**

During the biennial licensing period of July 1, 2022 through June 30, 2024, I certify in accordance with 12 AAC 54, I provided the required 60 hours of physical therapy services (or allowed alternative) and successfully completed the required 24 hours of continuing education. If audited, I agree to provide documentation that verifies I meet this training as claimed.

- or -

**Licenses initially issued on or after July 1, 2023**

**Option A:** During the biennial licensing period of July 1, 2022 through June 30, 2024, I certify in accordance with 12 AAC 54, I provided the required 60 hours of physical therapy services (or allowed alternative) and successfully completed the required 12 hours of continuing education. If audited, I agree to provide documentation that verifies I meet this training as claimed.

- or -

**Option B:** During the biennial licensing period of July 1, 2022, through June 30, 2024, I certify in accordance with 12 AAC 54, I provided the required 60 hours of physical therapy services (or allowed alternative) and passed the National Physical Therapy Examination (NPTE) between the time period of July 1, 2023 to June 30, 2024. If audited, I agree to provide documentation that verifies I meet this training as claimed.

- or -

None of these situations described above fits my situation. I have attached a letter of explanation.

Continuing Competency

Do not submit CE documentation unless requested for audit or reinstatement (late renewal). Your license cannot be renewed unless you have met the continuing education requirements of 12 AAC 54.400-435 (see attached regulations). You may not claim hours for education not yet successfully completed as of the date of submitting this application. Per 12 AAC 02.960(j), "successful completion" means the date that credit for the continuing competency activity is awarded by the instructor, sponsor, or other verifier for completion of the activity.

Random Audit

A percentage of renewal applications will be randomly selected for audit. If selected, you will be sent a letter and required to submit copies of documentation as proof that you satisfied the continued competency requirements as stated on this renewal. You are required to save your documents for at least three years so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

**PART IV** Statement of Compliance (continued)

**Late Renewal Applicants\***

Check one of these boxes if your renewal application is postmarked on or after July 1, 2024:

- Licenses initially issued on or before June 30, 2023**

During the biennial licensing period of July 1, 2022 through June 30, 2024, I certify in accordance with 12 AAC 54, I provided the required 60 hours of physical therapy services (or allowed alternative) and successfully completed the required 24 hours of continuing education.

- or -

- Licenses initially issued on or after July 1, 2023**

- Option A:** During the biennial licensing period of July 1, 2022 through June 30, 2024, I certify in accordance with 12 AAC 54, I provided the required 60 hours of physical therapy services (or allowed alternative) and successfully completed the required 12 hours of continuing education.

- or -

- Option B:** During the biennial licensing period of July 1, 2022, through June 30, 2024, I certify in accordance with 12 AAC 54, I provided the required 60 hours of physical therapy services (or allowed alternative) and passed the National Physical Therapy Examination (NPTE) between July 1, 2023 to June 30, 2024.

- or -

- None of these situations described above fits my situation. I have attached a letter of explanation.

\*Late Renewal Applicants

Your license lapsed after June 30, 2024. There is no grace period. It is illegal to work after your license has lapsed. You will need to submit documentation of the required continuing education and 60 hours of physical therapy services (or allowed alternative) under 12 AAC 54 for reinstatement.



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**Signature Page**

<b>Applicant Name:</b>	
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**PART V 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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Jurisprudence Questionnaire – Physical Therapist or Physical Therapist Assistant

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The answers to the questions will be found by reviewing the statute and regulation booklets published online. Use the statutes and regulations to determine the correct answers.

- *Principles of Practice*
- *Physical Therapy and Occupational Therapy Statutes and Regulations AS 08.84 and 12 AAC 54*
- *Centralized Licensing Statutes AS 08.01*
- *Centralized Licensing Regulations 12 AAC 02*

**Step 1:** Select the correct answer.

**Step 2:** Cite the statute or regulation where the answer was found.

1. The Board may take the following actions singularly or in combination:

- Refuse renewal
- Revoke
- Suspend
- All of the above

→ Cite Statute AS 08.84. \_\_\_\_\_

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2. According to the Centralized Statutes 08.01.075, disciplinary powers of the Board may include:

- Impose a civil fine not to exceed \$1,000
- Impose a civil fine not to exceed \$3,000
- Impose a civil fine not to exceed \$5,000
- Impose a civil fine not to exceed \$10,000

→ Cite Centralized Statute 08.01.075. \_\_\_\_\_

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3. The Board may refuse to license an applicant, may refuse to renew the license of a person, and may suspend or revoke the license of a person who:

- has attempted to obtain a license by material misrepresentation.
- has continued to practice physical therapy after becoming unfit due to physical or mental disability.
- has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person
- uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy safely.
- All of the above.

→ Cite Statute 08.84. \_\_\_\_\_

4. An individual who practices without the appropriate license (including practicing with a lapsed license) is guilty of a:

- class A misdemeanor
- class B misdemeanor
- class C misdemeanor
- felony

→ Cite Statute AS 08.84. \_\_\_\_\_

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5. A physical therapist or physical therapist assistant applicant by examination who holds a temporary permit must practice under the supervision of a licensed physical therapist.

- False
- True

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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6. A physical therapist or physical therapist assistant who has been licensed 12 months or more of the concluding licensing period shall have completed during that period \_\_\_ contact hours of continuing education.

- 16
- 20
- 24
- 28

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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7. A physical therapist may concurrently supervise a maximum of how many physical therapist assistants, physical therapy aides, foreign-educated candidates, students, permittees, or any combination thereof?

- 3
- 4
- 6
- 8

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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8. An applicant for renewal of a physical therapist or physical therapist assistant license shall document having provided physical therapy services for at least \_\_\_ hours during the concluding licensing period.

- 30
- 60
- 120
- 150

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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9. Records of continuing education must be retained from the date of completion for:

- 2 years.
- 3 years.
- 5 years.
- 7 years.

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

10. It is the responsibility of the \_\_\_\_\_ to notify the Division of Corporations, Business and Professional Licensing when a name or address change occurs for a licensee.

- employer
- direct supervisor
- licensee
- All of the above.

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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11. A licensee selected for audit of continuing competency requirements shall submit substantiating documentation within \_\_\_\_\_ days after the date of notification by the Division.

- 30 days
- 60 days
- 90 days
- 120 days

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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12. Per the Alaska Board of Physical Therapy and Occupational Therapy Principles of Practice, a physical therapist and physical therapist assistant must adhere to the National Professional Core Values and Ethical Standards.

- False
- True

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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13. For continuing education activities to meet the standards of renewal, at least one half must be recognized by:

- American Physical Therapy Association (APTA)
- Other state physical therapy associations or other physical therapy licensing boards
- Federation of State Boards of Physical Therapy (FSBPT)
- Any of the above.

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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14. Continual onsite supervision means that the physical therapist or physical therapist assistant:

- is immediately available.
- is present in the department or facility where services are being provided.
- maintains continual oversight of patient-related duties.
- All of the above.

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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15. The license or permit or a copy of the license or permit must be:

- kept in the personnel file of the licensee or permit holder.
- kept with the practicing therapist at all times.
- posted in a conspicuous location in the licensee's primary place of business.
- posted somewhere in the place of business.

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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16. A physical therapist applicant who has been issued a temporary permit prior to taking the national examination may continue to practice under that temporary permit even if the physical therapist applicant fails the test, or fails to take the examination.

- False
- True

→ Cite Statute AS 08.84. \_\_\_\_\_

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17. If the licensed physical therapist agrees to supervise a physical therapist assistant, the supervising physical therapist shall:

- fully document the supervision provided.
- include a record of all consultations provided in each patient's file.
- maintain records of supervision at the physical therapist assistant's place of employment.
- countersign the patient treatment record each time the supervising physical therapist is physically present and directly supervises the treatment of a patient by the physical therapist assistant being supervised.
- All of the above.

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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18. Documentation to verify completion of continuing competency must include a valid copy of a certificate or similar verification of satisfactory completion which must include:

- a description of the continuing competency activity and the dates of actual participation or successful completion.
- the name and internet address or physical mailing address of course provider, instructor, sponsor or other entity the department may contact, as needed, to verify attendance.
- the name of the licensee and the number of continuing competency credits awarded.
- All of the above.

→ Cite Centralized Regulation 12 AAC 02. \_\_\_\_\_

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19. To be accepted by the Board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapist assistant AND must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy.

- False
- True

→ Cite Regulation 12 AAC 54. \_\_\_\_\_

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20. A business which provides telemedicine services must register with the state telemedicine business registry.

- False
- True

→ Cite Centralized Regulation 12 AAC 02. \_\_\_\_\_

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21. The scope of authorized practice for a physical therapist or physical therapist assistant includes the practice of medicine, osteopathy, chiropractic, or other methods of healing.

- False
- True

→ Cite Statute AS 08.84. \_\_\_\_\_

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## ARTICLE 3 PHYSICAL THERAPY LICENSE RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS

### Section

- 400. Physical therapy license renewal requirements
- 405. Physical therapy continuing professional practice requirements and alternatives to those requirements
- 410. Physical therapy continuing education requirements
- 420. Approved physical therapy courses and activities
- 430. Audit of physical therapy continuing competency requirements
- 435. Exemption from continuing education requirements for active-duty military service

### 12 AAC 54.400 PHYSICAL THERAPY LICENSE RENEWAL REQUIREMENTS

An applicant for renewal of a physical therapist or physical therapist assistant license shall

- (1) complete the renewal application on a form prescribed by the board;
- (2) pay the license renewal fee established in 12 AAC 02.320; and
- (3) document continuing competency by submitting proof of having completed
  - (A) the continuing professional practice requirements or an alternative under 12 AAC 54.405; and
  - (B) the continuing education contact hours required under 12 AAC 54.410.

### 12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS.

- (a) An applicant for renewal of a physical therapist or physical therapist assistant license shall document completion of the jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.84 and this chapter, and shall also document
  - (1) having provided physical therapy services for at least 60 hours during the concluding licensing period; or
  - (2) successful completion during the concluding licensing period of at least one of the following:
    - (A) the national physical therapy examination sponsored by the Federation of State Boards of Physical Therapy;
    - (B) in addition to the contact hours of continuing education required under 12 AAC 54.410 and 12 AAC 54.420, 40 contact hours of continuing education consistent with the requirements of 12 AAC 54.410 and 12 AAC 54.420;
    - (C) a review course sponsored by a school of physical therapy approved by the American Physical Therapy Association;
    - (D) a physical therapy internship of 150 hours approved by the board.
- (b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute physical therapy services under this section, the applicant may request board approval before submitting the application for license renewal.
- (c) In this section, "physical therapy services" includes work and volunteer service under a position title other than physical therapist or physical therapist assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

### 12 AAC 54.410. PHYSICAL THERAPY CONTINUING EDUCATION REQUIREMENTS.

- (a) Except as provided in 12 AAC 54.435, an applicant for renewal of a physical therapist or physical therapist assistant license who has been licensed for 12 months or more of the concluding licensing period shall have completed during that period 24 contact hours of continuing education. An applicant for renewal of a physical therapist or physical therapist assistant license who has been licensed for less than 12 months of the concluding licensing period shall have
  - (1) completed during that period 12 contact hours of continuing education; or
  - (2) passed the national physical therapy examination within 12 months immediately before the date that the applicant's license is due to lapse.
- (b) An applicant shall complete at least one-half of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board under 12 AAC 54.420(a).
- (c) For the purposes of this section,
  - (1) one "contact hour" equals a minimum of 50 minutes of instruction;
  - (2) one continuing education unit awarded by a professional health care association equals 10 contact hours;
  - (3) one academic semester credit hour equals 15 contact hours; and
  - (4) one academic quarter credit hour equals 10 contact hours.
- (d) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.430. Records must be retained for three years from the date the contact hours were obtained.
- (e) The following activities will not be accepted for continuing education contact hours under this section:
  - (1) routine staff meetings attended by the applicant;
  - (2) rounds conducted by the applicant;
  - (3) routine courses required for employment, including courses on cardiopulmonary resuscitation, first aid, and training related to Occupational Safety and Health Administration requirements.

**12 AAC 54.420. APPROVED PHYSICAL THERAPY COURSES AND ACTIVITIES.**

- (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:
  - (1) courses recognized by
    - (A) the Alaska Physical Therapy Association;
    - (B) the American Physical Therapy Association (APTA);
    - (C) the Federation of State Boards of Physical Therapy (FSBPT);
    - (D) other state physical therapy associations; or
    - (E) other state physical therapy licensing boards;
  - (2) American Medical Association category one and two continuing education courses that involve physical therapy;
  - (3) continuing education activities sponsored by a professional organization or university approved by the Alaska Physical Therapy Association or the American Physical Therapy Association.
- (b) If an applicant for renewal is uncertain whether a particular continuing education opportunity will meet the standards of this section, the applicant may request board approval before claiming those contact hours.
- (c) To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapist assistant and must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy, as that term is defined in AS 08.84.190.

**12 AAC 54.430. AUDIT OF PHYSICAL THERAPY CONTINUING COMPETENCY REQUIREMENTS.**

- (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 54.400 - 12 AAC 54.430.
- (b) A licensee selected for audit shall, within 30 days after the date of notification, submit documentation of completion of contact hours required by 12 AAC 54.410 and physical therapy service hours or an alternative required by 12 AAC 54.405.
- (c) Refusal to cooperate with an audit will be considered an admission of an attempt to obtain a license by material misrepresentation under AS 08.84.120(a)(1).

**12 AAC 54.435. EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE-DUTY MILITARY SERVICE**

- (a) A physical therapist or physical therapist assistant who meets the requirements of this section is exempt from the continuing education requirements of 12 AAC 54.400 – 12 AAC 54.430 as specified in this section for renewal of the physical therapist or physical therapist assistant license for the biennial licensing period immediately following a period of service by the physical therapist or physical therapist assistant during which the physical therapist or physical therapist assistant was engaged in active duty military service in the armed forces of the United States.
- (b) To obtain an exemption under this section, the physical therapist or physical therapist assistant must submit official documentation satisfactory to the board of active-duty military service.
- (c) The board will waive half of the continuing education hours required in 12 AAC 54.410, if the board determines that the applicant was engaged in active-duty military service in the armed forces of the United States for at least six consecutive months during the concluding licensing period.
- (d) The board will waive all continuing education hours required in 12 AAC 54.410, if the board determines that the applicant was engaged in active-duty military service in the armed forces of the United States for 12 or more months during the concluding licensing period.
- (e) In this section, "engaged in active-duty military service" means military personnel serving in an active capacity, including
  - (1) active-duty personnel in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; and
  - (2) reservists and National Guard personnel in a combat zone for a named United States military conflict; in this paragraph, "combat zone" means an area that the President of the United States designates by executive order as an area in which the armed forces of the United States are engaging or have engaged in combat.

## 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 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. 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 relieve a licensee from the responsibility of renewing a license on time.

### 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.

### 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.

### 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.

### 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](mailto:RegulationsAndPublicComment@Alaska.Gov)



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Phone: (907) 465-2550

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

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

<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>	



THE STATE of ALASKA

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

FOR DIVISION USE ONLY

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

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

1. Credit Card Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Security Code: \_\_\_\_\_

All 3 fields MUST be completed!

This section will be destroyed after the payment is processed.