



THE STATE  
of **ALASKA**

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

**MED**

FOR DIVISION USE ONLY

**Alaska State Medical Board**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Fax: (907) 465-2974

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

**Medical License Renewal Application**

**January 1, 2023 – December 31, 2024**

- Your license lapses after December 31, 2022. There is no grace period — it is illegal to work if your license has lapsed.
- Mail or fax your application with payment. 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 Application Type**

<b>Profession:</b>	<input type="checkbox"/> Allopathic Physician (MD)	<input type="checkbox"/> Osteopathic Physician (DO)	<input type="checkbox"/> Podiatrist (DPM)
<b>Alaska State Medical License Number:</b>			

**PART II Payment of Fees**

<b>Renewal Fees:</b> (Active License)	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(For licenses first issued on or before April 1, 2021)</i>	<b>\$425.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after January 1, 2022)</i>	<b>\$212.50</b>
<b>Renewal Fees:</b> (Inactive License)	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(For licenses first issued on or before April 1, 2021)</i>	<b>\$275.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after January 1, 2022)</i>	<b>\$137.50</b>
<b>Renewal Fees:</b> (Retired License)	<input type="checkbox"/> Renew as Retired Status License <i>(See information on page 5)</i>	<b>\$150.00</b>
<b>PDMP Fees:</b>	<input type="checkbox"/> I have an active DEA registration number valid in any state or practice location.	<b>\$ 0.00</b>
	<input type="checkbox"/> I do not have an active DEA registration number valid in any state or practice location.	<b>\$ 0.00</b>

### PART III Personal Information

<b>Full Legal Name:</b>			
Name change: <input type="checkbox"/>			
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u>.</i>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
Address change: <input type="checkbox"/>			
<b>Practice Address:</b>	Street	City	State Zip
Address change: <input type="checkbox"/>			
<b>Which address do you want to use for important correspondence affecting your license?</b>		<b>Select One:</b>	<input type="checkbox"/> Mailing Address <input type="checkbox"/> Practice Address
<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
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<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 IV Practice History

<b>Practice Specialty:</b>	<b>Sub-Specialty:</b>		
Please list all states, territories, provinces, or foreign countries in which you currently are licensed as any health care professional.			
State or Jurisdiction	License Number	Issue Date	License Status (Active, Lapsed)

## PART V 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.  | Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction(including Alaska), including military authorities, or is any such action pending?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2.  | Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 3.  | Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?   | <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.  | Have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6.  | Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 7.  | Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 8.  | Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 9.  | Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 10. | Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**PART V Professional Fitness Questions (continued)**

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:**

- 11. If you responded "yes" to question 10, has such settlement already been reported to the Board?  Yes  No

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- 12. Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state-controlled substance registration for any reason or is any such action pending?  Yes  No

"Yes" Answers

If you answered "yes" to questions 8 or 9, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice medicine. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

## PART VI CME Statement of Compliance

As provided by regulations 12 AAC 40.200, 210, 220 and 240 (attached), your license cannot be renewed unless you have met continuing medical education requirements. Individuals who are renewing their licenses in “Retired” status are not required to complete continuing medical education (CME) requirements.

Only those CME hours actually awarded between April 1, 2021, and December 31, 2022 may be used to satisfy the requirements for this license renewal.

*I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in Professional Regulations 12 AAC 40.200 – 240, as follows.*

Select ONE (1) of the following:

**Renewal for licenses issued on or before December 31, 2020.**

I have completed and been awarded credit for at least 50 hours of Category 1 AMA-, AOA-, or CPME-approved education, or the equivalent education allowed by regulation, between April 1, 2021 and December 31, 2022.

- AND -

At least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

**Renewal for licenses issued between January 1, 2021 and December 31, 2021.**

I have completed and been awarded credit for at least 25 hours of Category 1 AMA-, AOA-, or CPME-approved education, or the equivalent education allowed by regulation, between January 1, 2022 – December 31, 2022.

- AND -

At least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

**Renewal for licenses issued on or after January 1, 2022.**

I am not required to document continuing medical education.

- AND -

I have completed and been awarded credit for at least two hours of Category 1 AMA-, AOA-, or CPME- approved education in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

**Renewal of license in “retired” status.**

I have submitted evidence of at least 50 hours of continuing medical education credits earned within the two years immediately preceding the date of this application.

**I have not met the requirements of law for continuing medical education.**

I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license may not be renewed at this time due to this failure to obtain the CME.

I would like to request a 30-day grace period to complete my CME requirements.

Random Audit

The board will conduct a random audit of a percentage of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter after renewal. You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. Do not submit your CME documents until they are requested.

## PART VII DEA Registration and PDMP Acknowledgment

If selected for audit, providers holding an active DEA registration will be required to submit proof of 2 contact hours in pain management, opioid use and addiction, completed between March 1, 2019 and April 30, 2021, in accordance with 12 AAC 28.400.

**1. Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?**

- a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will comply with mandatory use and refer to all applicable authorizing statutes and regulations. (Skip to Part IX.)
- b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I have not registered with the PDMP and acknowledge I must do so within 30 days of renewing this license.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance. I understand I must also review the patient's history once every 30 days for up to 90 days, and at least once every three months if treatment continues for more than 90 days.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

<b>DEA Registration Number:</b>		<b>Issue Date:</b>		<b>Expiration Date:</b>	
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- c. **YES**, I have an active DEA registration number valid to use in any state or practice location and am registered with the PDMP.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance. I understand I must also review the patient's history once every 30 days for up to 90 days, and at least once every three months if treatment continues for more than 90 days.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

<b>DEA Registration Number:</b>		<b>Issue Date:</b>		<b>Expiration Date:</b>	
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**2. Providers who directly dispense a federally scheduled II - IV controlled substance are required to report daily. Do you plan to directly dispense?** Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

*Reporting does not apply to you if you directly dispense an outpatient supply of 24-hours or less in practice locations exempt under AS 17.30.200(t). Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, inpatient pharmacies, and emergency departments.*

*Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.*

- a. **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- b. **NO**, I do not plan to directly dispense and acknowledge that if I begin directly dispensing, I must report daily. (If you are not directly dispensing, the reporting criteria do not apply to you.)

**PART VIII AWARxE**

**ACCOUNT**

Before proceeding with this application, login to your PDMP account at *alaska.pmpaware.net* and indicate the following:

- I have logged into my account.
- I have verified my healthcare specialty is accurately listed and appropriate to my profession.
- I have verified my contact information is correct.
- I have verified my DEA number is accurate.

**DELEGATES**

Please review and verify the delegates listed on your account. Select only one (1) of the options below:

- I have verified no delegates exist in my account.

**-OR-**

- I have verified that all delegates listed on my account are accurate.

*Please list the delegate(s) name and license number(s). Be sure to include alpha-characters, if applicable.*

<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
<b>Delegate Name:</b>		<b>License Number:</b>	
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**Signature Page**

**Applicant Name:**

**PART IX 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 agree to inform the Alaska State Medical Board within 30 days of any change in my credentialing or privilege status in any hospital or other health care facility; any disciplinary actions or restrictions, or investigation of a complaint or accusation regarding my practice (except for late medical records); or any criminal charge or conviction.

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:**



## General Information

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### **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:**

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 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 mailed at least 30 days before license expiration to the last known address of record.

### **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.

### **PRESCRIPTION DRUG MONITORING PROGRAM:**

All actively licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing, administering, or dispensing a federally scheduled II or III controlled substance. Providers must also review the patient's history once every 30 days for up to 90 days, and at least once every three months if treatment continues for more than 90 days. For more information, please visit *PDMP.Alaska.Gov*

**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*

## 12 AAC 40.025. LAPSED PHYSICIAN LICENSES

- (a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant
- (1) submits a completed renewal application on a form provided by the department;
  - (2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);
  - (3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and
  - (4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.
- (b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a)(2), (3), and (4) of this section and
- (1) submits a completed reinstatement application on a form provided by the department;
  - (2) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;
  - (3) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;
  - (4) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and
  - (5) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.
- (c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

## 12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE

- (a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant
- (1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with
    - (A) AS 08.64.200 and 08.64.250, if a physician applicant;
    - (B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or
    - (C) AS 08.64.205, if an osteopath applicant;
  - (2) submits evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application;
  - (3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;
  - (4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;
  - (5) submits information from the disciplinary data bank of the Federation of State Medical Boards;
  - (6) is interviewed by a member of the board; and
  - (7) pays the fees established in 12 AAC 02.250.
- (b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

## 12 AAC 40.033. INACTIVE PHYSICIAN LICENSE

- (a) A physician who is not practicing in the state may hold an inactive license that may be renewed.
- (b) A physician may apply for an inactive license at the time of license renewal by
- (1) indicating on the form for license renewal that the physician is requesting an inactive license;
  - (2) paying the inactive biennial license fee established in 12 AAC 02.250; and
  - (3) submitting proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220.
- (c) A physician licensed as inactive may not practice as a physician in the state.
- (d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must
- (1) repealed 12/7/2006;
  - (2) submit a written request for reactivation;
  - (3) request a clearance report from the Federation of State Medical Boards's Board Action Data Bank be sent directly to the board;
  - (4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;

- (5)submit proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220;
  - (6)arrange for verification of licensure to be sent directly to the division from each state other than this state where the applicant is or has been licensed as a physician; and
  - (7)receive clearance from the federal Drug Enforcement Administration (DEA) and arrange for documentation of the clearance to be sent directly to the division by the DEA.
- (e)Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

#### **12 AAC 40.200. GENERAL REQUIREMENTS**

- (a)A physician, osteopath, or podiatrist seeking renewal of a license shall obtain
- (1)an average of 25 credit hours of continuing medical education during each year of the previous license period; and
  - (2)at least two of the total hours required to qualify for renewal must be education in pain management and opioid use and addiction, unless the licensee provides a certification under 12 AAC 40.220 that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.
- (b)If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

#### **12 AAC 40.210. CREDIT HOURS**

- (a)Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining
- (1)credit hours in a Category I continuing medical education program accredited by the American Medical Association;
  - (2)Category I or II continuing medical education hours accredited by the American Osteopathic Association; or
  - (3)continuing medical education hours earned from providers that are approved by the Council on Podiatric Medical Education.
- (b)The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a)(1):
- (1)a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or
  - (2)initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association or the American Osteopathic Association; or
  - (3)participation in a residency program during the concluding licensing period.

#### **12 AAC 40.220. CERTIFICATION OF COMPLIANCE**

- (a)A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.
- (b)The board or its designee will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.
- (c)The board or its designee will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If, upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes that board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

#### **12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS**

For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.



THE STATE  
of

**ALASKA**

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

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

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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>	



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FOR DIVISION USE ONLY

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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.