



THE STATE  
of

**ALASKA**

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

**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

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

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

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## Advanced Practice Registered Nurse License Application Instructions

To practice as an Advanced Practice Registered Nurse (APRN), you must first be licensed as a RN in Alaska, 12 AAC 44.400(a)(2).

Advanced Practice Registered Nurse is defined by statute as, “a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board” in accordance with AS 08.68.850(1). An advanced practice registered nurse is a licensed independent practitioner who is licensed to practice as a nurse midwife, a clinical nurse specialist, a nurse practitioner, or a certified registered nurse anesthetist, or in more than one role. The individual must be licensed to practice in the role for which the individual has received specialized education, in accordance with 12 AAC 44.380.

### SCOPE OF PRACTICE

The Scope of Practice statement published by the national professional organization determines the scope of practice for the Advanced Practice Registered Nurse in accordance with 12 AAC 44.430.

Registration with the Prescription Drug Monitoring Program (PDMP) is required within 30 days of obtaining controlled substance prescriptive authority or a DEA registration number, whichever is later. If you have a DEA registration number, and only legend drug prescriptive authority in Alaska then you do not need to register with the PDMP. For more information, please visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

***The following must be received by the division before your application for Advanced Practice Registered Nurse License can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4028, pages 1-4).

### 2. FEES

Fees made payable to “State of Alaska.”

Nonrefundable Application Fee:	\$100.00
APRN License Fee:	\$100.00
Prescriptive Authority Fee – Legend Drugs ONLY:	\$100.00
Prescriptive Authority Fee – Controlled Substances and Legend Drugs:	\$200.00

### 3. OFFICIAL TRANSCRIPTS

Official transcripts must be received directly from your program of study evidencing successful completion of a course of study in accordance with 12 AAC 44.400 (a)(1)(A). We do not accept copies from the applicant.

The transcript must indicate distinct graduate level course offerings in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment.

### 4. NATIONAL CERTIFICATION

A copy of current national certification in your role and population focus. This must be received directly from the certifying body. We do not accept copies from the applicant.

### 5. CONTINUING EDUCATION

Submit proof of 60 hours of continuing education within the previous two years of the date of your application. Copies of CEU certificates are required. A transcript with a course listing is not accepted. If you are a new graduate, your transcript courses can be used towards the 60 hours if the courses were completed within the past 2 years.

For Prescriptive Authority: Pursuant to 12 AAC 44.440, you must submit copies of certificates of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy obtained within the past two years. If the certificates do not list pharmacology hours separately, include a course outline or any other documentation indicating actual hours of pharmacology. For new graduates, your advanced pharmacology course may be used to meet the 15 hours of pharmacology education requirement provided it was completed within the past 2 years from the date of your application.

If you have a DEA registration, you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

## 6. ENGLISH PROFICIENCY - FOREIGN GRADUATES ONLY

If you graduated from an advanced practice registered nurse program outside of the United States or Canada, except Quebec, Canada, please submit one of the following:

- (i) Verification of having ever passed the International English Language Testing System (IELTS) - overall score of 6.5 with a minimum of 6.0 on all modules;
- (ii) Verification of having ever passed the Test of English as a Foreign Language, Internet-based test- overall score of 84 with a speaking score of 26;
- (iii) A valid evaluation of your nursing education by the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service, with a full education, course-by-course report that indicates your nursing education was taught in English;  
– or –
- (iv) An official International Commission on Healthcare Professions (ICHP) certificate verifying successful completion of the VisaScreen: Visa Credential Assessment Service.

**Note:** We are unable to accept the Online IELTS Indicator Test or the TOEFL at Home Test.

## 7. ADULT OR FAMILY PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS

An applicant for an authorization to practice as an adult or family psychiatric mental health nurse practitioner must submit:

- Certification issued by the American Nurses Credentialing Center before January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for:
  - psychiatric mental health clinical nurse specialist; or
  - adult or family psychiatric mental health practitioner; or
- Certification issued by the American Nurses Credentialing Center on or after January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for adult or family psychiatric mental health nurse practitioner or clinical nurse specialist.

## ADVANCED PRACTICE REGISTERED NURSE TEMPORARY PERMIT (12 AAC 44.450)

A non-renewable, temporary permit may be issued to an applicant who holds a current license to practice as a registered nurse in Alaska and is either currently licensed or authorized as an advanced practice registered nurse in another state or jurisdiction, has been accepted to take the next certifying board examination, or is awaiting certification results. An applicant who fails the certifying examination shall notify the board and surrender the non-renewable permit issued under this section.

Registration with the Prescription Drug Monitoring Program (PDMP) is required within 30 days of obtaining controlled substance prescriptive authority or a DEA registration number, whichever is later. If you have a DEA registration number, and only legend drug prescriptive authority in Alaska then you do not need to register with the PDMP. For more information, please visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

***In addition to the application documents and fees, the following must be received by the division before your application for Advanced Practice Registered Nurse Temporary Permit can be reviewed:***

### 1. FEES

Temporary Permit Fee: \$0.00

### 2. OFFICIAL TRANSCRIPTS

Official transcripts must be received directly from your program of study evidencing successful completion of a course of study in accordance with 12 AAC 44.400 (a)(1)(A). We do not accept copies from the applicant.

The transcript must indicate distinct graduate level course offerings in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment.

### 3. CONTINUING EDUCATION

Submit proof of 60 hours of continuing education within the previous two years of the date of your application. Copies of CEU certificates are required. A transcript with a course listing is not accepted. If you are a new graduate, your transcript courses can be used towards the 60 hours if the courses were completed within the past 2 years.

For Prescriptive Authority: Pursuant to 12 AAC 44.440, you must submit copies of certificates of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy obtained within the past two years. If the certificates do not list pharmacology hours separately, include a course outline or any other documentation indicating actual hours of pharmacology.

For new graduates, your advanced pharmacology course may be used to meet the 15 hours of pharmacology education requirement provided it was completed within the past 2 years from the date of your application.

If you have a DEA registration, you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

#### **4. EXAM APPROVAL LETTER**

Submit a copy of the exam approval scheduling letter from the national certifying body which includes the date of examination.

#### **TO PRESCRIBE AND DISPENSE FEDERALLY SCHEDULED II - V CONTROLLED SUBSTANCES (12 AAC 44.445 & 12 AAC 44.447)**

You must apply for registration with the Federal Drug Enforcement Agency. Registration applications are available from the DEA at 400 Second Avenue West, Seattle, WA 98119, (888) 219-1418. Prescriptions must be signed by the prescriber with the initial "APRN," the prescriber's identification number assigned by the Board and the prescriber's DEA number

**Within 30 days of receiving a DEA registration number, following approval by the board to prescribe and dispense controlled substances, you MUST register with the Prescriptive Drug Monitoring Program (PDMP).** To create an account, go to: [alaska.pmpaware.net](http://alaska.pmpaware.net). For more information, please visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

Failure to register for the PDMP is considered unprofessional conduct by the Board of Nursing and may result in a licensing action.

## General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take many 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.

### **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 of 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.

**PRESCRIPTION DRUG MONITORING PROGRAM:**

Registration with the Prescription Drug Monitoring Program (PDMP) is required within 30 days of obtaining controlled substance prescriptive authority or a DEA registration number, whichever is later. If you have a DEA registration number and only legend drug prescriptive authority in Alaska, then you do not need to register with the PDMP. Practitioners must 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. 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*



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**Advanced Practice Registered Nurse License Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$100.00</b>
	<input type="checkbox"/> Initial License Fee	<b>\$100.00</b>
	<input type="checkbox"/> Prescriptive Authority Fee – Legend Drugs ONLY (PDMP not required)	<b>\$100.00</b>
	<input type="checkbox"/> Prescriptive Authority Fee – Controlled Substances and Legend Drugs	<b>\$200.00</b>
	<input type="checkbox"/> Temporary Permit Fee	<b>\$ 0.00</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>Alaska RN License Number:</b>			<input type="checkbox"/> <i>Application in Process</i>
<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>			<p><b>Select One:</b> <input type="checkbox"/> Send my Correspondence Electronically</p> <p><input type="checkbox"/> Send my Correspondence by Mail</p>
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></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 Educational Program**

Name of Nursing School:			
Date Entered:	YYYY	Date Completed:	YYYY
Do you hold a national certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Certifying Body:	
If not certified, have you been accepted to take the exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exam to be Administered By:	
Date of Scheduled Exam:		<i>Please include a copy of the exam approval scheduling letter.</i>	
For which role are you applying?	<input type="checkbox"/> NP <input type="checkbox"/> CNM <input type="checkbox"/> CNS <input type="checkbox"/> CRNA		
<b>What National Certification(s) do you hold? Check all that apply:</b>			
<input type="checkbox"/> Acute Care/Emergency	<input type="checkbox"/> Family	<input type="checkbox"/> Pediatric	
<input type="checkbox"/> Adult	<input type="checkbox"/> Family/Individual Across Lifespan	<input type="checkbox"/> Psychiatric/Mental Health	
<input type="checkbox"/> Adult/Gerontology	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Women's Health	
<input type="checkbox"/> Adult Psychiatric/Mental Health	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Women's Health/Gender	

**PART IV Prescriptive and Dispensing Authority – Legend Drugs**

Do you want prescriptive and/or dispensing authority for legend drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit copies of the certificates of attendance for 15 contact hours of advanced education obtained during the past two years. If the course was not specifically a pharmacology course include an outline of the course which identifies the section relevant to pharmacology. Practitioners who are recent graduates may use a copy of their transcript, which shows a pharmacology course in the last two years.	

**PART V Prescriptive Authority – Controlled Substances**

Do you want prescriptive authority for controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note:</b> you must hold legend drug authority in order to hold controlled substance authority.	

## PART VI DEA Registration and PDMP Acknowledgment

1. Providers applying for legend drug prescriptive authority *only* do not need to register or comply with PDMP requirements (Skip to Part VIII). Providers applying for *controlled substance prescriptive authority* are required to register with the PDMP. **Providers with a DEA registration number valid to use in any state or practice location and controlled substance prescriptive authority must register with the PDMP. Do you have a DEA Registration number?**

- a. **NO**, I do not have a DEA registration number. 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 VII)
- b. **YES**, I have a DEA registration number. I understand I must register with the Alaska PDMP within 30 days, as required by the board, and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967.

- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.

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.***

DEA Registration Number:		Issue Date:		Expiration Date:	
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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.)





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**Notary Signature Page**

**PART VII Notarized Signature**

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 or permit to practice in the state of Alaska.

I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action. 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	

# Alaska Board of Nursing

## Advanced Practice Registered Nurse Certification Programs

### *Approved certification programs for advanced practice registered nurses:*

1. **National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)**
  - Initial and renewal certifications for nurse anesthetists
  
2. **National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)**
  - Woman’s Health Care Nurse Practitioner (formerly OB/GYN Nurse Practitioner)
  - Neonatal Nurse Practitioner
  
3. **The Pediatric Nursing Certification Board (PNCB)** Formerly National Certification Board of Pediatric Nurse Practitioners & Nurses (NCBPNP/N)
  - Pediatric Nurse Practitioner
  
4. **American Midwifery Certification Board (AMCB)**
  - Nurse Midwives
  
5. **American Nurses Credentialing Center (ANCC)**
  - Family/Individual across the lifespan
  - Adult-Gerontology Acute Care Nurse Practitioner
  - Adult-Gerontology Primary Care Nurse Practitioner
  - Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan)
  - Adult-Gerontology Clinical Nurse Specialist
  - Pediatric Primary Care Nurse Practitioner

### *If licensed as of January 1, 2024, may continue to practice if that certification is maintained:*

- Adult Health
- Family Health
- Gerontological Nurse Practitioner
- Acute Care / Emergency Nurse Practitioner
- Adult Psychiatric/Mental Health
- Family Psychiatric/Mental Health
- Women’s Health

### 6. **American Academy of Nursing Practitioners (AANP)**

- Adult-Gerontology Nurse Practitioner
- Emergency Nurse Practitioner
- Family Nurse Practitioner

### *If certified or licensed as of January 1, 2024, may continue to practice if that certification is maintained:*

- Gerontological Nurse Practitioner

### 7. **American Association of Critical-Care Nurses (AACN)**

- Acute Care Nurse Practitioner



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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)

<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: _____	