



Online Instructions

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **Only Physicians (MD) and Osteopathic Physicians (DO) may use this form to apply for an Emergency Courtesy License.**

If approved, an Emergency Courtesy License authorizes an individual to practice in Alaska during the period in which the Medical Board has determined an urgent health crisis exists. Emergency Courtesy licenses are issued for six months and may be extended for one additional six-month period if the board has determined the urgent situation still exists.

The following documents must be received by the division to be considered for emergency courtesy license:

1. APPLICATION

A completed application.

2. FEES

Nonrefundable Application Fee: \$100.00

Courtesy License Fee: \$150.00

Prescription Drug Monitoring Program (PDMP) fee (if applicable): \$25.00

3. LICENSE VERIFICATION

Verification of current license to practice medicine or osteopathy in good standing and not under investigation in the jurisdiction in which the applicant resides (form #08-4735a) OR verification of a retired license issued under AS 08.64.296.

This license must be current at the time the board issues the courtesy license. An inactive status is not a current license.

4. DEA CLEARANCE REPORT

Clearance report from Drug Enforcement Administration (form #08-4735b).

5. FSMB CLEARANCE REPORT

Division staff will obtain a clearance report directly from the Federation of State Medical Boards.

6. NPDP REPORT

Division staff will obtain a clearance report directly from the National Practitioner Data Bank.

“YES” RESPONSES:

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 both charging and closing court documentation.

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.

Prescription Drug Monitoring Program (PDMP)

A licensee may not prescribe or dispense a controlled substance in Alaska or to Alaskan residents until registration with the PMDP is complete. All Alaska-licensed practitioners with a DEA registration 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 a federally scheduled II or III controlled substance. For more information go to: pdmp.alaska.gov

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 Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

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 program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



Alaska State Medical Board
PO Box 110806, Juneau, AK 99811-0806
(907) 269-8163

Email: MedicalBoard@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Verification of Licensure

→ **Applicant:** Complete this top part and then forward a copy to all states, territories or other countries' licensing jurisdictions where you have ever been licensed. Make copies as needed.

Full Legal Name:		Birth Date:	
Medical or Osteopathic School Attended:		Year Graduated:	
Applicant's Signature:		Date:	

→ **Licensing Agency:** Complete this bottom part for the physician identified above and return the form directly to the Alaska State Medical Board.

State Board or Licensing Jurisdiction:		License Number:	
Initial License Date:		Expiration Date:	
Basis of Licensure: (FLEX, USMLE, etc.)		Current License Status:	

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction? Yes No
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction? Yes No
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, placed on probation, or in any other manner limited by a licensing or disciplinary authority in your state? Yes No
- Are you aware of any derogatory information regarding this applicant? Yes No
- Is any such investigation or action pending? Yes No

Board Seal	Signed by:	Date:
	Printed Name:	Title:



Alaska State Medical Board
PO Box 110806, Juneau, AK 99811-0806
(907) 269-8163

Email: MedicalBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

DEA Clearance Report

Complete the top section, then mail to the Drug Enforcement Administration (DEA):

Applicant:



Drug Enforcement Administration
Attn: Diversion Unit
300 5th Avenue, Suite 1300
Seattle, WA 98104

Full Legal Name:			
Other Names Used:			
Birth Date:		DEA Registration Number:	
Mailing Address:			
Address of DEA Registration:			
Applicant's Signature:		Date:	

DEA Use Only:



Please search your records and advise if there is any derogatory information on file against this physician. Please return this form directly to the Alaska State Medical Board at the letterhead address.

1. Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied? Yes No

2. Is any such investigation pending? Yes No

DEA Comments: