



THE STATE
of **ALASKA**

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

CSW

FOR DIVISION USE ONLY

Board of Social Work Examiners

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

Social Worker 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

Renewal Fees: (Baccalaureate)	<input type="checkbox"/> Biennial License Renewal (For licenses first issued on or before June 30, 2023)	\$225.00
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after July 1, 2023)	\$112.50
Renewal Fees: (Masters)	<input type="checkbox"/> Biennial License Renewal (For licenses first issued on or before June 30, 2023)	\$275.00
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after July 1, 2023)	\$137.50
Renewal Fees: (Clinical)	<input type="checkbox"/> Biennial License Renewal (For licenses first issued on or before June 30, 2023)	\$325.00
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after July 1, 2023)	\$162.50

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	License Number:	
If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u> .		
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
Contact Phone:	Date of Birth:	
EMAIL AGREEMENT: Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you do not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.		
Email Address:		
SOCIAL SECURITY NUMBER: 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 Statement of Compliance

All licensees are required to check one of the four boxes in this section and complete the attached continuing education documentation. Read carefully and check the box that fits your situation. By checking the appropriate box below, you are certifying your compliance with the continuing education requirements in Article 2 of 12 AAC 18.

Select ONE (1) of the following:

☐ **Renewal – Licenses issued on or before March 31, 2022**

I certify I have successfully completed the required 45 contact hours which includes six hours in substance abuse education, six hours in cross-cultural education – at least three hours of which relate to Alaska Natives, three hours in professional ethics, three hours in teletherapy practice, and three hours in suicide education during the concluding licensing period of July 1, 2022 through June 30, 2024, and prior to submitting this renewal application. I further certify at least 10 of the hours completed were synchronous.

☐ If audited, I agree to provide documentation that verifies I have met the education requirements as claimed within the “Continuing Education Information” section on this application.

- OR -

☐ **First Time Renewal – Licenses first issued between April 1, 2022 and June 30, 2023**

I certify I have successfully completed the required 45 contact hours which includes six hours in substance abuse education, six hours in cross-cultural education relating to Alaska Natives, three hours in professional ethics, three hours in teletherapy practice, and three contact hours in suicide education during the concluding licensing period of July 1, 2022 through June 30, 2024, and prior to submitting this renewal application. I further certify at least 10 of the hours completed were synchronous.

☐ If audited, I agree to provide documentation that verifies I have met the education requirements as claimed within the “Continuing Education Information” section on this application.

- OR -

☐ **First Time Renewal – Licenses first issued between July 1, 2023 and June 30, 2024**

I certify I have successfully completed the required 21 contact hours which includes six hours in substance abuse education, six hours in cross-cultural education relating to Alaska Natives, three hours in professional ethics, three hours in teletherapy practice, and three contact hours in suicide education during the concluding licensing period of July 1, 2022 through June 30, 2024, and prior to submitting this renewal application. I further certify at least 10 of the hours completed were synchronous.

☐ If audited, I agree to provide documentation that verifies I have met the education requirements as claimed within the “Continuing Education Information” section on this application.

- OR -

☐ **Continuing Education completed during July 1, 2022 – June 30, 2024 and/or after July 1, 2024**

I certify during the concluding licensing period of July 1, 2022 through June 30, 2024, OR on or after July 1, 2024, but prior to submitting this renewal application, I have successfully completed all of the required hours of continuing education as appropriate, per 12 AAC 18.210. I understand any hours claimed to meet this requirement may not be used for any future renewal period. I further certify at least 10 of the hours completed were synchronous.

☐ If audited, I agree to provide documentation that verifies I have met the education requirements as claimed within the “Continuing Education Information” section on this application.

Random Audit

A percentage of renewal applications will be randomly selected for audit. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continuing education requirements as you have stated on this application. 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

Continuing Education Information

Your license cannot be renewed unless you have met the continuing education requirements in Article 2 of 12 AAC 18. 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.

All continuing education information must be documented on this renewal. List out the hours you selected in the statement of compliance section.

In the table below, the categories for hours are broken down as follows: G - General continuing education hours; SA - Substance Abuse hours; CC - Cross-Cultural hours; AK - Alaska Native Specific hours; PE – Professional Ethics hours; T – Teletherapy hours; SE – Suicide Education Hours.

Dates of Attendance	Course/Seminar, Publication or Workshop Title/Brief Description	Location (City and State, Website)	Principal Instructor	Sponsoring Organization	G	SA	CC	AK	PE	T	SE	Synchronous
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
Subtotal Hours for Each Category:												
Total Hours of Continuing Education:												



I certify I have listed all the continuing education hours I have completed as stated in the continuing competency section. I also certify I have verified the number of hours listed for each course add up to the total number of CE hours claimed.

PART IV

Continuing Education Information *(continued)*

All continuing education information must be documented on this renewal. List out the hours you selected in the statement of compliance section.

In the table below, the categories for hours are broken down as follows: G - General continuing education hours; SA - Substance Abuse hours; CC - Cross-Cultural hours; AK - Alaska Native Specific hours; PE – Professional Ethics hours; T – Teletherapy hours; SE – Suicide Education Hours.

Dates of Attendance	Course/Seminar, Publication or Workshop Title/Brief Description	Location (City and State, Website)	Principal Instructor	Sponsoring Organization	G	SA	CC	AK	PE	T	SE	Synchronous
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
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												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
Subtotal Hours for Each Category:												
Total Hours of Continuing Education:												



I certify I have listed all the continuing education hours I have completed as stated in the continuing competency section. I also certify I have verified the number of hours listed for each course add up to the total number of CE hours claimed.

PART IV

Continuing Education Information *(continued)*

All continuing education information must be documented on this renewal. List out the hours you selected in the statement of compliance section.

In the table below, the categories for hours are broken down as follows: G - General continuing education hours; SA - Substance Abuse hours; CC - Cross-Cultural hours; AK - Alaska Native Specific hours; PE – Professional Ethics hours; T – Teletherapy hours; SE – Suicide Education Hours.

Dates of Attendance	Course/Seminar, Publication or Workshop Title/Brief Description	Location (City and State, Website)	Principal Instructor	Sponsoring Organization	G	SA	CC	AK	PE	T	SE	Synchronous
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
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												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
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												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
Subtotal Hours for Each Category:												
Total Hours of Continuing Education:												



I certify I have listed all the continuing education hours I have completed as stated in the continuing competency section. I also certify I have verified the number of hours listed for each course add up to the total number of CE hours claimed.

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, unless required to be kept confidential by state or federal law.

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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | |
| 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. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | |
| 3. Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | |
| 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 social work in a competent, ethical and professional manner? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <hr/> | |
| 5. Do you use drugs or alcohol in any manner that impairs your ability to practice social work competently and safely? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to questions 4 or 5, in addition to your personal statement, you must 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.

PART VI Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.95 and 12 AAC 18).



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Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

Signature Page

Applicant Name:	
Alaska License Number:	

PART VII Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand 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:	
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General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:

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 which 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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

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, you will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licenses 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. (12 AAC 02.960)

CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:

It is the licensee’s responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division’s website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

SOCIAL SECURITY NUMBERS:

A U.S. Social Security Number must be on file with the division before a professional license is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.100)

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

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 email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

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*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division’s website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.

ARTICLE 2.

LICENSE RENEWAL AND CONTINUING EDUCATION.

Section

200. License renewal requirements

210. Continuing education requirement

220. Approved continuing education activities

230. Audit of continuing education requirements

12 AAC 18.200. LICENSE RENEWAL REQUIREMENTS. An applicant for renewal of a license under this chapter shall

- (1) complete a sworn renewal application on a form provided by the department;
- (2) pay the license renewal fee established in 12 AAC 02.155; and
- (3) submit a sworn statement of the continuing education contact hours completed during the concluding licensing period, which must include the following information, if applicable, for each course, seminar, or workshop:
 - (A) the name of the sponsoring organization;
 - (B) the location of the course, seminar, or workshop;
 - (C) the title or a brief description of the course, seminar, or workshop;
 - (D) the principal instructor;
 - (E) the dates of attendance;
 - (F) the titles, issues, and dates of publications or presentations; and
 - (G) the number of continuing education contact hours claimed.

12 AAC 18.210. CONTINUING EDUCATION REQUIREMENT.

- (a) A licensee applying for renewal of a social worker license shall complete the continuing education contact hours set out in this section for a biennial licensing period. For the licensee's
 - (1) first biennial renewal, the licensee shall complete
 - (A) 21 contact hours, if the licensee has been licensed for fewer than 12 months during the concluding biennial licensing period;
 - (B) 45 contact hours, if the licensee has been licensed for at least 12 months during the concluding biennial licensing period; or
 - (2) second or subsequent biennial renewal, the licensee shall complete 45 contact hours.
- (b) To be eligible for renewal, a licensee shall complete the following minimum continuing education contact hours during each biennial licensing period:
 - (1) six contact hours in substance abuse education;
 - (2) six contact hours in cross-cultural education;
 - (A) for the first biennial renewal, all six hours must include issues relating to Alaska Natives;
 - (B) for the second or subsequent biennial renewal, at least three hours must include issues relating to Alaska Natives;
 - (3) three contact hours in professional ethics;
 - (4) three contact hours in teletherapy practice;
 - (5) three contact hours in suicide education.
- (c) The board will only accept hours earned from an academic course that a licensee audited as continuing education contact hours if
 - (1) the licensee only claims the hours during which the licensee attended instructional class time; and
 - (2) the licensee does not claim more contact hours than the academic semester credit, academic quarter credit, or other academic credit hours offered for that course; for purposes of this paragraph,
 - (A) one academic semester credit equals 15 contact hours;
 - (B) one academic quarter credit equals 10 contact hours.
- (d) A licensee applying for renewal shall complete at least 10 contact hours of the required continuing education contact hours under this section by attending live, live online, or synchronous training courses. The licensee may obtain the remaining hours through
 - (1) a correspondence program;
 - (2) a prerecorded videotape, audiocassette, digital medium, or other optical medium program;
 - (3) an asynchronous program; for purposes of this paragraph, "asynchronous" means non-real-time transmission of instruction, classwork, and discussion between an instructor and a student; or
 - (4) another individual study program.
- (e) A licensee applying for renewal may not earn more than 12 contact hours of continuing education activities required under this section in one day.

- (f) licensee applying for renewal under this section may receive up to three hours of professional ethics continuing education credit under (b)(3) of this section once every biennial licensing period for each 150 minutes that the licensee attends a regularly scheduled board meeting.
- (g) For the purposes of this section,
 - (1) one "contact hour" equals 50 to 60 minutes of classroom instruction between an instructor and a participant;
 - (2) "relating to Alaska Natives" means a structured educational experience, including a course, lecture, workshop, or other organized training that focuses on the indigenous peoples of Alaska as applicable to social work practice; and
 - (3) "teletherapy practice" means the use of audio, video, or data communication to perform, while physically separated from a client, the function or practice within the training required for licensure under AS 08.95 and this chapter.

12 AAC 18.220. APPROVED CONTINUING EDUCATION ACTIVITIES.

- (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a social worker and must be directly related to the skills and knowledge required to implement social work principles and methods as defined in AS 08.95.990.
- (b) The following continuing education activities are acceptable if they are related to social work in accordance with (a) of this section:
 - (1) postgraduate courses in social work given by an academic institution, either audited or for credit;
 - (2) courses offered by or certified by the Association of Social Work Boards;
 - (3) courses offered by or certified by the National Association of Social Workers or any state chapter of the National Association of Social Workers;
 - (4) courses offered by a program accredited by the Council on Social Work Education;
 - (5) seminars, workshops, or mini-courses offered by professional organizations;
 - (6) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, or other disciplines;
 - (7) other courses not covered under (1) - (6) of this subsection that are specifically preapproved by the board, up to a maximum of 15 contact hours;
 - (8) first-time preparation and presentation of a social work course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all social workers and other professionals involved; and
 - (9) first-time presentation or publication of an article or book chapter related to the practice of social work that was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all social workers and other professionals involved.
- (c) Hours spent in job orientation may not be accepted as continuing education contact hours.

12 AAC 18.230. AUDIT OF CONTINUING EDUCATION REQUIREMENTS.

- (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.
- (b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 12 AAC 18.210.
- (c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.



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

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: 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 generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



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State of Alaska
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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		