



**Dispensing Opticians Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

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## Dispensing Optician License by Examination Application Instructions

AS 08.71.080 states it is unlawful for a person to act as a dispensing optician in the State of Alaska or to advertise or otherwise indicate to the public that he or she is qualified to practice as a dispensing optician without first obtaining a license through the procedures set forth in the Dispensing Opticians Act, AS 08.71.

**Read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.** If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, contact the division.

***The following must be received by the division before your application for Dispensing Optician License by Examination can be reviewed:***

### 1. APPLICATION

A signed, completed application (#08-4955, pages 1-4).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$ 50.00

Biennial License Fee: \$275.00

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Total Fees Due: \$325.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4955a).

### 4. VERIFICATION OF WORK EXPERIENCE

A completed Verification of Work Experience form (#08-4955b) verifying 1,800 hours as a practicing optician in spectacles and/or 1,800 hours as a practicing optician in contact lenses or a total of 3,600 hours as a practicing optician in both aspects, in good standing in a state, territory, district, or possession of the United States.

- OR -

A completed Apprentice Termination of Sponsorship/Verification of Training form (#08-4955c) verifying at least 1,800 hours of training in spectacles and/or 1,800 hours of training in contact lenses or a total of 3,600 hours of training in both aspects as an apprentice after registering with the department as an apprentice.

**Note:** Graduation from an associate degree program in a recognized school or college of opticianry may be substituted for the experience required by AS 08.71.110(a)(2). If you choose this option in lieu of the experience requirement, you must submit an official transcript which must be sent directly from the recognized school or college to the State of Alaska.

### 5. EXAMINATION RESULTS

Verification of passing the applicable examination under AS 08.71.090 and maintaining the certification for spectacles or contact lenses, or both, sent directly to the division from the American Board of Opticianry or the National Contact Lens Examiners.

### 6. COURSE COMPLETION

Verification of passing the Ophthalmic Career Progression Program (OCP) sponsored by the National Academy of Opticianry (NAO) or another approved program that the department determines is equivalent for spectacles and/or the Contact Lens Society of America (CLSA), Contact Lens Manual: Volume 1, A Comprehensive Study and Reference Guide for contact lenses.

**Note:** Graduation from an associate degree program in a recognized school or college of opticianry may be substituted for the experience required. If you choose this option in lieu of the experience requirement, you must submit an official transcript which must be sent directly from the recognized school or college to the State of Alaska.

If you wish to practice opticianry in Alaska while waiting for exam results, you must register as an apprentice, regardless of the number of years of work experience or training you may have. You may obtain an application for apprentice by visiting the division's website at *ProfessionalLicense.Alaska.Gov* or you may call (907) 465-2550.

**EXAMINATION INFORMATION**

To be scheduled for the next national opticianry competency examination offered by the American Board of Opticianry (ABO) or the contact lens registry examination offered by the National Contact Lens Examiners (NCLE), or to have exam scores sent to this office, contact:

**American Board of Opticianry**

217 North Upper Street, Suite 201

Lexington, KY 40507

Phone: 703-719-5800, Toll Free: 1-800-296-1379

Email: *mail@abo-ncle.org*

Website: *www.abo-ncle.org*

## 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 odd-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.).

### **DENIAL OF APPLICATION:**

Be aware that the denial of an application for 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.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant'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. 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 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### **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:**

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](http://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.

### **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](http://ProfessionalLicense.Alaska.Gov). To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov).



THE STATE  
of **ALASKA**

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

**DOP**

FOR DIVISION USE ONLY

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

**Dispensing Optician License by Examination**

**PART I Applying for**

Applying For:  Spectacles Only  Contact Lenses Only  Spectacles and Contact Lenses

**PART II Payment of Fees**

Required Fees:  Application and License Fee (\$50 is Non-Refundable) **\$325.00**

**PART III Personal Information**

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). 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).

Not Applicable

Other Names Used: \_\_\_\_\_

Mailing Address:

P.O. Box or Street City State Zip

Contact Phone:

Date of Birth:

**EMAIL AGREEMENT:** 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 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.

Email Address:

Select One:  Send my Correspondence Electronically  
 Send my Correspondence by Mail

*Note: If both boxes are selected above, you will receive correspondence electronically.*

**SOCIAL SECURITY NUMBER:** 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.

**PART IV Education**

List the name and address of the high school attended and any other education programs attended.

| Name of School | Address | Degree Awarded | Date Awarded |
|----------------|---------|----------------|--------------|
|                |         |                |              |
|                |         |                |              |
|                |         |                |              |



## PART VIII Professional License(s)

List all states or jurisdictions where you currently hold or have ever held a license.

Check here if none.

| State or Jurisdiction | License Number | Year Issued | Expiration Date |
|-----------------------|----------------|-------------|-----------------|
|                       |                |             |                 |
|                       |                |             |                 |
|                       |                |             |                 |
|                       |                |             |                 |

## PART IX 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.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No
2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No
3. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice opticianry in a competent, ethical and professional manner?  Yes  No

"Yes" Answers

**If you answered "yes" to question 3,** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice opticianry. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Signature Page**

|  |  |  |
|--|--|--|
| <b>Applicant Name:</b>                   |  |  |
| <b>Alaska License Number (if known):</b> |  | <input type="checkbox"/> <i>Application in Process</i> |

**PART X 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.

|                             |  |                     |  |
|-----------------------------|--|---------------------|--|
| <b>Applicant Signature:</b> |  | <b>Date Signed:</b> |  |
|-----------------------------|--|---------------------|--|



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a dispensing optician license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

|                      |                    |                       |           |
|----------------------|--------------------|-----------------------|-----------|
| <b>Name:</b>         | First              | Middle                | Last      |
| <b>Full Address:</b> | P.O. Box or Street | City                  | State Zip |
| <b>Phone:</b>        |                    | <b>Date of Birth:</b> |           |
| <b>Email:</b>        |                    |                       |           |
| <b>Signature:</b>    |                    | <b>Date Signed:</b>   |           |





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## Verification of Work Experience

➔ **Applicant:** Complete the top section of this form and forward a copy to your present or former employer. Your employer(s) must verify 1,800 hours of work as a dispensing optician in good standing.

|                             |  |                     |  |
|-----------------------------|--|---------------------|--|
| <b>Applicant Name:</b>      |  |                     |  |
| <b>Applicant Signature:</b> |  | <b>Date Signed:</b> |  |

➔ **Employer:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska Dispensing Opticians Program at the letterhead address.

|                               |   |   |                     |     |
|-------------------------------|---|---|---------------------|-----|
| <b>Name of Business:</b>      |   | <b>Phone Number:</b>                              |                     |     |
| <b>Mailing Address:</b>       | P.O. Box or Street                                  | City  | State               | Zip |
| <b>Employment Begin Date:</b> |   | <b>Employment End Date:</b>                       |                     |     |
| <b>Experience: *</b>          | <input type="checkbox"/> Dispensing Spectacles Only | <input type="checkbox"/> Dispensing Contacts Only | <b>Total Hours:</b> |     |

*\*If work experience was in both Spectacles AND Contact Lenses, a separate Verification of Work Experience form must be completed for each aspect.*

|                         |  |                          |  |
|-------------------------|--|--------------------------|--|
| <b>Supervisor Name:</b> |  | <b>License Number:</b>   |  |
| <b>License Type:</b>    |  | <b>State of License:</b> |  |
| <b>Comments:</b>        |  |                          |  |

### Signature

I hereby certify the above employee worked for this employer as a competent, ethical dispensing optician and the above information is true and correct to the best of my knowledge.

|                               |  |                     |  |
|-------------------------------|--|---------------------|--|
| <b>Employer Printed Name:</b> |  | <b>Title:</b>       |  |
| <b>Employer Signature:</b>    |  | <b>Date Signed:</b> |  |



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## Apprentice Termination of Sponsorship/Verification of Training

12 AAC 30.110(d) requires that within 30 days of termination or completion of apprentice training, the supervisor must notify the department in writing. Complete this form in its entirety and submit it to the address above. If a section does not apply, write "N/A". If you have zero hours to report, you still need to submit this form in order to terminate the apprenticeship. Dispensing Opticians can have only TWO apprentices at any given time (AS 08.71.160(b)). There is no limit to the number of apprentices for optometrists or medical physicians (MD/DO). Alternate sponsors should also use this form for hours completed. Incomplete Apprentice Termination forms will be returned.

**This form must be completed AND submitted by your supervisor(s). It cannot be submitted by the apprentice.**

### PART I Terminate Apprenticeship

|                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Terminate Apprenticeship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------------|------------------------------|-----------------------------|

### PART II Personal Information

|  |  |                                     |           |
|--|--|-------------------------------------|-----------|
| Apprentice Name:                             |  | License Number:                     |           |
| Business Name:                               |  | Phone Number:                       |           |
| Mailing Address:                             | P.O. Box or Street   | City                                | State Zip |
| Supervisor Name:                             |  | License Number:                     |           |
| License Type:                                | <input type="checkbox"/> Optometrist <input type="checkbox"/> Dispensing Optician <input type="checkbox"/> MD/DO |                                     |           |
| <i>If Dispensing Optician, Licensed For:</i> | <input type="checkbox"/> Contacts <input type="checkbox"/> Spectacles <input type="checkbox"/> Both              |                                     |           |
| Contacts Training Start Date:                | Contacts Training End Date:  | Total Hours of Contacts Training:   |           |
| Spectacles Training Start Date:              | Spectacles Training End Date:  | Total Hours of Spectacles Training: |           |
| Comments:                                    |  |                                     |           |

## PART III Spectacles Training

Identify any skills or operations you have personally observed. 12 AAC 30.120(a)(1)-(14):

(a) Apprenticeship training under AS 08.71.110 relating to spectacles must include instruction in the following subject areas. Initial each area the apprentice has been trained in.

| Subject Area  | Supervisor Initials |
|---|---------------------|
| 1. Customer relations, including communication and interaction  |                     |
| 2. Knowledge and application of basic optical concepts and principles;  |                     |
| 3. Knowledge and application of practical anatomy and physiology  |                     |
| 4. Knowledge and implications of common ophthalmic disorders  |                     |
| 5. Knowledge of frame and lens materials and application of materials based on the selection of ophthalmic products   |                     |
| 6. Applicable laws and regulations relating to the practice of dispensing opticianry in the state   |                     |
| 7. Customer instruction on the care and use of ophthalmic products, with emphasis on health and safety  |                     |
| 8. Interpretation of prescriptions  |                     |
| 9. Proper fitting of spectacles to the customer   |                     |
| 10. Selection of spectacles with consideration of the customer's lifestyle, occupation, cosmetic needs, and the availability of ophthalmic products             |                     |
| 11. Knowledge and application of instruments and measurements necessary to fit or adjust spectacles to the customer   |                     |
| 12. Knowledge and use of optical equipment to verify specifications of optical goods, including a lensometer, calipers, lens clock, and other measuring devices |                     |
| 13. Management skills necessary for record keeping, billing, and the ordering of optical goods and supplies   |                     |
| 14. Knowledge and use of aseptic techniques   |                     |

## PART IV Contact Lens Training

Identify any skills or operations you have personally observed. 12 AAC 30.120(b)(1)-(14):

(b) Apprenticeship training under AS 08.71.110 relating to contact lens must include instruction in the following subject areas. Initial each area the apprentice has been trained in.

| Subject Area   | Supervisor Initials |
|--|---------------------|
| 1. Customer relations, including communication and interaction         |                     |
| 2. Knowledge and application of basic optical concepts and principles; |                     |

**PART IV Contact Lens Training** *(continued)*

|   |  |
|---|--|
| 3. Knowledge and application of practical anatomy and physiology  |  |
| 4. Knowledge and implications of common ophthalmic disorders  |  |
| 5. Applicable laws and regulations relating to the practice of dispensing opticianry in the state   |  |
| 6. Interpretation of prescriptions  |  |
| 7. Obtaining and documenting the customer’s relevant medical history through oral interview and records   |  |
| 8. Assessment of the technical aspects of the customer’s ocular status for contact lens wear by using instruments or other methods to determine appropriate contact lens options  |  |
| 9. Knowledge of instruments used to determine the customer’s contact lens options, including proper calibration of instruments, evaluation of instrument readings and application to the customer’s needs   |  |
| 10. Selection of contact lens material and design based on previously gathered information to conduct diagnostic lens evaluation, if trial fitting is deemed beneficial   |  |
| 11. Insertion of trial contact lens material and evaluation of subjective and objective findings to determine appropriate lens selection  |  |
| 12. Determination of contact lens parameters using the results obtained from the diagnostic contact lens trial fitting and evaluation of the objective findings and the customer’s subjective responses to fitting so that the appropriate contact lens may be ordered                    |  |
| 13. Knowledge of instruments and recognized standards necessary to verify contact lens parameters by comparing contact lens ordered to assure accuracy  |  |
| 14. Education of the customer on all aspects of contact lens wear including disinfection, storage, care, maintenance of contact lenses and supplies, and wearing schedules by providing verbal and written instructions and hands on practice with contact lenses to encourage compliance |  |

**Notarized Signature**

I hereby certify the above apprentice received the hours of training listed above in accordance with 12 AAC 30.120 and I have complied with the supervision of apprentice requirements in accordance with 12 AAC 30.125. I understand this report is subject to audit.

|              |                                    |  |   |  |
|--------------|------------------------------------|--|---|--|
| Notary Stamp | <b>Printed Name:</b>               |  | <b>Title:</b>   |  |
|              | <b>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>                         |  |



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## 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.

|   |  |                          |  |
|---|--|--------------------------|--|
| <b>Location of Incident:</b>  |  | <b>Date of Incident:</b> |  |
| <b>Explanation of Incident:</b><br>When in doubt, disclose and explain.<br><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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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.<br>This section will be destroyed after the payment is processed. |
| 2. Expiration Date:    |  |   |
| 3. Security Code:      |  |   |