



THE STATE
of

ALASKA

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

Guardians and Conservators Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: GuardiansAndConservators@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/GuardiansConservators

Private Professional Full or Partial Guardian License Application Instructions

AS 08.26.010(a) states: "Except as provided by (b) of this section or AS 08.26.180, a person may not engage in the business of providing services as a private professional guardian or conservator unless the person has a license issued under this chapter.

AS 08.26.010(b) states: An individual may be appointed and provide services as a private professional guardian or conservator without a license issued under this chapter and receive compensation approved by a court as long as the individual does not act as a guardian or conservator for more than one person or two people who are related to each other up to and including the fourth degree of consanguinity, whether of the whole or half blood or by adoption, computed under the rules of civil law."

AS 08.26.180 states: "An individual who is employed by a financial institution regulated by the federal government or a financial institution regulated under AS 06 by the department is not required to be licensed under this chapter in order to engage, in the course of the individual's employment by the financial institution, in the business of providing services as a guardian or a conservator or be appointed as a private professional guardian or a private professional conservator by a court. In this section, "financial institution" does not include a person who is exempt under AS 06.26.020 or who has received an exemption under AS 06.26.200."

- A private professional full guardian license allows an individual to provide both guardian and conservator duties.
- A private professional partial guardian license allows an individual to provide guardian duties only.
- A temporary license can be issued to an individual who is not certified by a nationally recognized organization in the field of guardianships at the time of the application but is likely to become certified within one year from the date of the license, and otherwise satisfies the licensing requirements as a full or partial guardian. If an individual with a temporary license submits proof of certification within one year from the date of the issuance of the temporary license, the department will issue the permanent license without requiring a new application. Temporary licenses cannot be renewed.

FULL GUARDIAN LICENSE

The following must be received by the division before your application for Private Professional Full Guardian License can be reviewed:

1. APPLICATION

A signed, completed application (#08-4218, pages 1-4).

The applicant must be at least 21 years of age and have obtained a high school diploma, or a general education development diploma or its equivalent.

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$125.00
Guardian License Fee:*	\$725.00
Temporary License Fee (If Desired):	\$ 50.00
Fingerprint Processing Fee:	\$ 75.00

**Applicants can opt not to pay guardian license fee with application if they only qualify for temporary license; but guardian license fee must be paid before the permanent guardian license can be issued.*

3. FINGERPRINTING & BACKGROUND REPORTS

Submit one original 8" x 8" fingerprint card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. The fingerprint card submitted as part of this application should be sent directly to the Guardians and Conservators Program (PO Box 110806, Juneau, AK 99811) who will submit it to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).

The fingerprint card will be rejected, and a new card and fee may be required for any of the following reasons:

- Incorrect type of card
- Incomplete or incorrect personal information or signatures
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at www.FBI.gov (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may be directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>. Challenges may be given no later than 30 days after you have been notified by DPS of an adverse report.

4. VERIFICATION OF PROFESSIONAL CLIENT CASEWORK EXPERIENCE OR EDUCATION

A. Verification of Professional Client Casework Experience: A completed Verification of Professional Client Casework Experience form (#08-4218b) completed by your current or former employer verifying two or more years of professional client casework.

- OR -

B. Verification of Associate Degree or Higher in Human Services, Social Work, Psychology, Sociology, Gerontology, Special Education or Closely Related Field: Verified through transcripts sent directly from the school to our office.

5. VERIFICATION OF FINANCIAL MANAGEMENT EXPERIENCE OR EDUCATION

A. Verification of Financial Management Experience: A completed Verification of Financial Management Experience form (#08-4218c) completed by your current or former employer verifying at least six months' employment experience in a position involving financial management.

- OR -

B. Verification of Associate Degree or Higher in Accounting or Closely Related Field: Verified through transcripts sent directly from the school to our office.

6. CERTIFICATION *(Not required for temporary license)*

A copy of current certification by the National Guardianship Association.

7. VERIFICATION OF GUARDIAN LICENSE

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice as a professional guardian. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

PARTIAL GUARDIAN LICENSE

The following must be received by the division before your application for Private Professional Partial Guardian License can be reviewed:

1. APPLICATION

A signed, completed application (#08-4218, pages 1-4).

The applicant must be at least 21 years of age.

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$125.00

Guardian License Fee:* \$725.00

Temporary License Fee (If Desired): \$ 50.00

Fingerprint Processing Fee: \$ 75.00

**Applicants can opt not to pay guardian license fee with application if they only qualify for temporary license; but guardian license fee must be paid before the permanent guardian license can be issued.*

3. FINGERPRINTING & BACKGROUND REPORTS

Submit one original 8" x 8" fingerprint card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. The fingerprint card submitted as part of this application should be sent directly to the Guardians and Conservators Program (PO Box 110806, Juneau, AK 99811) who will submit it to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).

The fingerprint card will be rejected, and a new card and fee may be required for any of the following reasons:

- Incorrect type of card
- Incomplete or incorrect personal information or signatures
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at www.FBI.gov (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may be directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>. Challenges may be given no later than 30 days after you have been notified by DPS of an adverse report.

4. VERIFICATION OF PROFESSIONAL CLIENT CASEWORK EXPERIENCE OR EDUCATION

A. Verification of Professional Client Casework Experience: A completed Verification of Professional Client Casework Experience form (#08-4218b) completed by your current or former employer verifying two or more years of professional client casework.

- OR -

B. Verification of Associate Degree or Higher in Human Services, Social Work, Psychology, Sociology, Gerontology, Special Education or Closely Related Field: Verified through transcripts sent directly from the school to our office.

5. CERTIFICATION *(Not required for temporary license)*

A copy of current certification by the National Guardianship Association.

6. VERIFICATION OF GUARDIAN LICENSE

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice as a professional guardian. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

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 December 31 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.).

DENIAL OF APPLICATION:

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.

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

It is the applicant'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)

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:

A U.S. Social Security Number must 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*, and include required supporting documents as noted on the form. (AS 08.01.060)

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)

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)

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. A professional license does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional license is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov*.

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.



THE STATE
of **ALASKA**

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

GCO

FOR DIVISION USE ONLY

Guardians and Conservators Program

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/GuardiansConservators

Private Professional Full or Partial Guardian License Application

PART I Application Type

Application Type:

- ☐ Private Professional Full Guardian License (Guardian and Conservator Duties)
- ☐ Private Professional Partial Guardian License (Guardian Duties Only)

PART II Payment of Fees

Required Fees:

- ☐ Application, License, & Fingerprint Processing Fee (\$225 is Non-Refundable) **\$925.00**

Optional Fee:

- ☐ Temporary License Fee **\$ 50.00**

PART III Personal Information

Doing Business As
(DBA):

Full Legal Name:

First

Middle

Last

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: 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 08.01.060 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 and Work Experience

State the name of the high school attended or GED information and provide associate degree information. *If you have a degree as shown below, have an official transcript sent directly to the division.*

Name of School	Location (City, State)	Degree Awarded	Date Awarded
High School			
College or University			
College or University			
Do you have an associate degree or higher in human services, social work, psychology, sociology, gerontology, special education, or a closely related field?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have two or more years of professional client casework experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If seeking "full" guardian licensure, do you have an associate degree or higher in accounting or a closely related field?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If seeking "full" guardian licensure, do you have six months of employment experience in a position involving financial management?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART V Professional License(s)

List all states, territories, provinces, or foreign countries in which you currently hold or have ever held a guardian license.

☐ Check here if none.

State or Jurisdiction	License Number	Initial Issue Date	Status (Active, Lapsed)	Issued By
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity

PART VI National Certification

Do you hold a current certification from the National Guardianship Association?

☐ Yes ☐ No

- ☐ If Yes, I understand I must submit a copy of my current certification in order to qualify for the permanent license.
- ☐ If No, I understand I can still qualify for a temporary license without this certification if it's likely I will become certified within one year of my temporary license being issued, and I otherwise satisfy all license requirements. I understand that if I submit proof of certification within one year of the date my temporary license is issued, my permanent license can be issued without a new application. I understand temporary licenses cannot be renewed.

PART VII Fingerprints and Background Reports

- ☐ I hereby certify I have read and understand my fingerprint card will be sent to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).
- ☐ I understand the fingerprint card will be rejected and a new card and fee may be required for any of the following reasons:
- Incorrect type of card
 - Incomplete or incorrect personal information or signatures
 - Improperly rolled prints

PART VIII Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes applicable to my profession (AS 08.26).

PART IX Professional Fitness Questions

The following question must be answered. "Yes" answers may not automatically result in license denial.

For a "yes" response, 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.

Within the past 10 years, have you been convicted of a felony or of a misdemeanor offense in the state or in any other jurisdiction involving fraud, misrepresentation, material omission, misappropriation, theft, conversion, or any other crime that would affect the individual's ability to provide the services of a guardian competently and safely for the protected person? "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

"Yes" Answers

If you answered "yes" to the above question, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART X Waiver of Confidentiality & Written Statement and Annual Report

Per AS 08.26.060 and AS 08.26.080:

- ☐ Through my signature below, I hereby allow the Alaska Department of Commerce, Community, and Economic Development to access at any time relevant compliant information made about me to adult protective services, the designated protection and advocacy agency, the long-term care ombudsman, or an entity that certifies or licenses private professional guardians or private professional conservators as required by AS 08.26.060(2).
- ☐ Through my signature below, I hereby allow the Alaska Department of Commerce, Community, and Economic Development immediate access at any time to the file of a ward or protected person and to financial information regarding me, including corporate or other business records as required by AS 08.26.060(3).
- ☐ I understand that once licensed, I will be required to submit an annual report in compliance with AS 08.26.080 within 30 days following each calendar year.



THE STATE
of **ALASKA**

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

GCO

FOR DIVISION USE ONLY

Guardians and Conservators Program

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/GuardiansConservators

Signature Page

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

PART XI 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:	
-----------------------------	--	---------------------	--



THE STATE
of

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

Guardians and Conservators Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: GuardiansAndConservators@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/GuardiansConservators

Verification of Professional Client Casework Experience For Private Professional Full or Partial Guardian License

→ **Applicant:**

If you are applying based on professional client casework (see AS 08.26.020(2)), complete only the top portion of this form and have your present or former employer complete the lower half of this form. If you are the sole owner of your own company, have the form completed by an individual who has direct personal knowledge of your work experience while you were self-employed. (An applicant cannot complete this form on their own behalf.)

Applicant Name:			
Applicant Signature:		Date Signed:	

→ **Employer:**

The information below must be completed by a former or present employer or other individual who can verify the applicant's work history. Complete this bottom part for the applicant identified above and return the form directly to the Guardians and Conservators Program at the letterhead address.

Name of Company:			Phone Number:		
Mailing Address:	P.O. Box or Street		City	State	Zip
Employment Begin Date:			Employment End Date:		
Job Title:					
Job Duties and Responsibilities:					
1. How are you associated with the applicant? Explain below:					
2. Does the applicant have two years or more of professional client casework experience in human services, social work, psychology, sociology, gerontology, special education, or a closely related field?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature

By my signature below, I certify that the above information is true and correct to the best of my knowledge.

Printed Name:		Title:	
Signature:		Date Signed:	



THE STATE
of

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

Guardians and Conservators Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: GuardiansAndConservators@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/GuardiansConservators

Verification of Financial Management Work Experience For Private Professional Full Guardian License

→ Applicant:

If you are applying for a “full” guardian license and do not have an associate degree in accounting or a closely related field, you must document six months employment experience in a position involving financial management. Complete only the top portion of this form and have your present or former employer complete the lower half of this form. If you are the sole owner of your own company, have the form completed by an individual who has direct personal knowledge of your work experience while you were self-employed. (An applicant cannot complete this form on their own behalf.)

Applicant Name:			
Applicant Signature:		Date Signed:	

→ Employer:

The information below must be completed by a former or present employer or other individual who can verify the applicant’s work history. Complete this bottom part for the applicant identified above and return the form directly to the Guardians and Conservators Program at the letterhead address.

Name of Company:			Phone Number:		
Mailing Address:	P.O. Box or Street		City	State	Zip
Employment Begin Date:			Employment End Date:		
Job Title:					
Job Duties and Responsibilities:					
1. How are you associated with the applicant? Explain below:					
2. Does the applicant have six months employment experience in a position involving financial management?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature

By my signature below, I certify that the above information is true and correct to the best of my knowledge.

Printed Name:		Title:	
Signature:		Date Signed:	

Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI [28 CFR 50.12(b)]. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be one original 8" x 8" card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also, do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected by DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

NAME: Applicant's last name (comma), first name, then middle name (if any); suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

SIGNATURE OF PERSON FINGERPRINTED: Must be signed by the applicant.

RESIDENCE OF PERSON FINGERPRINTED: Enter the applicant's physical residence address.

DATE: Date fingerprinting was done.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the person who rolled the fingerprints.

EMPLOYER AND ADDRESS AND REASON FINGERPRINTED: These blocks to be completed by the State of Alaska.

ALIASES/AKA: List other names used by the applicant that are different than that entered in NAME block; also, list maiden names and all previous married names of females.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States; otherwise, enter the correct country abbreviation.

YOUR NO./OCA: Leave this space blank (Originating Agency Case Number).

FBI NO./FBI: Enter the applicant's assigned FBI number, if known.

ARMED FORCES NO./MNU: Leave this space blank.

SOCIAL SECURITY NO./SOC: List the applicant's Social Security Number.

MISC. NO./MNU: If Alaska resident, enter the applicant's Alaska driver's license or state ID# (if applicable).

ORIGINATING AGENCY IDENTIFIER (ORI): Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

SEX: F (Female), M (Male) or U (Unknown). Note: Those are the only codes recognized by the FBI. Recommendation is to use the sex declared on the State driver's license or identification card, if applicable.

RACE: Race must be indicated by one of the following one-character alphabetic codes:

A = Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese

B = Black

I = American Indian, Alaskan Native, Eskimo

W = White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures

U = Unknown

HEIGHT: Must be shown in feet and inches, fractions rounded off to nearest inches (i.e., 5'11" entered as 511).

WEIGHT: Must be expressed in pounds, fractions rounded off to nearest pound.

EYES: Indicate eye color by one of the following three-character codes:

BLK = Black

GRY = Gray

MAR = Maroon

UNK = Unknown

BLU = Blue

GRN = Green

MUL = Multicolored

BRO = Brown

HAZ = Hazel

PNK = Pink

HAIR: Indicate hair color by one of the following three-character codes:

BLK = Black

BRO = Brown

ONG = Orange

RED = Red or Auburn

XXX = Unknown or

BLN = Blonde or Strawberry

GRN = Green

PLE = Purple

SDY = Sandy

Completely Bald

BLU = Blue

GRY = Gray or Partially Gray

PNK = Pink

WHI = White

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county names as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of persons 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

FINGERPRINT IMPRESSION BLOCKS: (Individual and Simultaneous) It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink, nor too much nor too little pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch, or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the cards is essential. Double check your work before sending the card. Illegible, incomplete, or incorrect cards will be rejected, and a new card and fee may be required.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associate personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history records check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34).

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety at <https://DPS.Alaska.Gov/Statewide/R-I/background/Home> to request to correct criminal justice information.

¹ Written notification includes electronic notification but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b) and Alaska Regulation AAC 13.68.300.

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 Fingerprint Card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



THE STATE
of

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

Professional Licensing

PO Box 110806, Juneau, AK 99811

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:	



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

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:		