



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  
(907) 465-2550 • Email: [GuardiansAndConservators@Alaska.Gov](mailto:GuardiansAndConservators@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/GuardiansConservators](http://ProfessionalLicense.Alaska.Gov/GuardiansConservators)

**GCO**

FOR DIVISION USE ONLY

## Renewal: Guardians and Conservators

### January 1, 2019 – December 31, 2020

<b>Renewal Type:</b>	<input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before December 31, 2017)</i>	<b>\$725.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after January 1, 2018)</i>	<b>\$362.50</b>

<b>License Type:</b>	<input type="checkbox"/> Private Professional Full Guardian <i>(includes conservator duties)</i>
	<input type="checkbox"/> Private Professional Partial Guardian <i>(guardian duties only)</i>
	<input type="checkbox"/> Private Professional Conservator

<b>Alaska Guardians and Conservators License Number:</b>	
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<b>Full Legal Name:</b>	
If you have had a legal name change since your last license was issued, you must complete a Change of Name form.	

<b>Mailing Address:</b> Address change: <input type="checkbox"/>	
<b>Birthdate:</b>	
<b>Contact Phone:</b>	

<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.	
<b>Email Address:</b>	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

<b>SOCIAL SECURITY NUMBER:</b> 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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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The following professional fitness questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

## When in doubt, disclose and explain.

### Since your last 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?

Yes  
 No

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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.

Yes  
 No

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3. Have you failed to file a report to the division, the court, or the Department of Administration, as required by AS 08.26, for any year of the past licensing period?

Yes  
 No

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4. Have you been removed as a guardian or conservator for a ward or protected person?

Yes  
 No

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5. Have you been found by a court in this state to have engaged in professional misconduct or incompetence?

Yes  
 No

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6. Have you received a gift with a value of more than \$100 from a ward or a protected person during the two years before the appointment?

Yes  
 No

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7. Do you have an interest in an enterprise that provides services to the ward or protected person?

Yes  
 No

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8. Has an employee or contractor who works for you been arrested for any offense?

Yes  
 No



State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Email: [license@alaska.gov](mailto:license@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 public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state 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>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**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>Signature:</b>		<b>Date:</b>	

**Sec. 08.26.120. Required notification.** A licensee shall notify the department immediately if

1. the licensee fails to file a report to the court required by this chapter;
2. the licensee has been removed as a guardian or conservator for a ward or protected person;
3. the licensee has received a gift with a value of more than \$100 from a ward or protected person during the two years before the appointment;
4. the licensee has an interest in an enterprise that provides services to the ward or protected person;
5. an employee or contractor of the licensee is arrested for any offense; or
6. the licensee has filed for bankruptcy.

**Sec. 08.26.080. Annual report.**

- a. Within 30 days following the end of each calendar year, a licensee shall submit to the office of public advocacy, Department of Administration
  1. evidence of the continuing existence of a court ordered bond, if any, required by a court to be maintained by the guardian or conservator;
  2. a list, including case numbers, of the wards and protected persons for whom the licensee is acting as a private professional guardian or private professional conservator;
  3. an accurate financial statement of the licensee, including total fees collected from the protected person, total business expenses, and documents necessary to establish financial solvency of the licensee;
  4. a letter stating that the licensee has filed all required court reports in the previous calendar year; and
  5. a copy of all of the licensee's federal tax documents filed with the Internal Revenue Service and all of the licensee's correspondence with the Internal Revenue Service for the calendar year.
- b. The office of public advocacy shall notify the department of the licensee's compliance with (a) of this section.

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- I certify that I have submitted annual reports for years 2016 and 2017 to the office of Public Advocacy, Department of Administration, as required by AS 08.26.080(a).
- I have attached a copy of current certification by a nationally recognized organization in the field of guardianships as required by AS 08.26.130(10) to this renewal.

**WARNING** — The division may deny, suspend, or revoke the license or certificate of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for unsworn falsification.

By my signature below, I certify that the information furnished in this application is true and correct. I further certify that I have successfully completed the required continuing competency as of this date, as reflected by my completed Statement of Compliance. If audited, I understand I must provide documentation that verifies I meet the activities as claimed.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Before mailing this license application, have you...**



- ✓ Completed all sections of the form?
- ✓ Fully explained and documented any professional fitness "Yes" answers?
- ✓ Submitted payment and signed and dated the form?

## **!** General Information

### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. 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 are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

### **"YES" RESPONSES:**

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness question in the application, be sure to submit a signed and dated letter of explanation. Submit both charging and closing court documentation for criminal convictions and a "safe to practice" letter from the appropriate health care provider for any disability and/or medical and/or substance issue which may impair or interfere with your ability to practice.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

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

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name. To make these changes and to opt-in to receive email notifications, visit: [ProfessionalLicense.Alaska.Gov/MYLICENSE](http://ProfessionalLicense.Alaska.Gov/MYLICENSE)

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the Division for a copy of the form.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

### **PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

### **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, call (907) 465-2550 or online at: [BusinessLicense.Alaska.gov](http://BusinessLicense.Alaska.gov)

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

**REGULATIONS SPECIALIST**  
Email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov)  
Department of Commerce, Community, and Economic Development  
P.O. Box 110806  
Juneau, Alaska 99811-0806



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Mail: PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Fax or mail this credit card payment form to the division. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

License Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): AMOUNT

[ ] Application Fee: \_\_\_\_\_

[ ] License or Renewal Fee: \_\_\_\_\_

[ ] Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

TOTAL: \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

This section below the dotted line will be destroyed upon processing of the payment.