



THE STATE
of **ALASKA**

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

State Medical Board

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 ★ Fax: (907) 465-2974

Email: medicalboard@alaska.gov

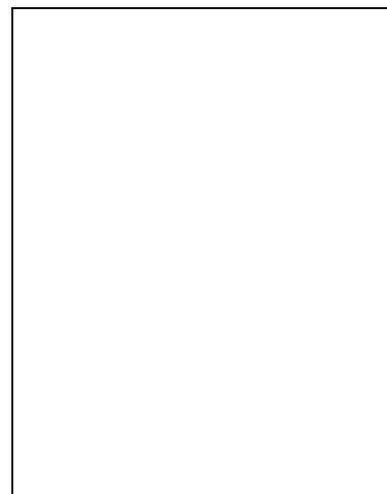
Website: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

PRORATED MEDICAL LICENSE (MD/DO/DPM)

RENEWAL APPLICATION

(For License Numbers 7924 and above)

For the period of January 1, 2015 through December 31, 2016



INSTRUCTIONS AND GENERAL INFORMATION – Please read carefully.

Your license to practice medicine in Alaska lapses after December 31, 2014. There is no grace period. It is illegal for you to practice if your license is lapsed.

For immediate processing renew online at

<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

or return this **completed, signed and dated** application to the above address with a check or money order payable to the State of Alaska or use the attached credit card payment form. **Faxed or emailed applications will not be accepted.** Incomplete applications or insufficient fees will result in your renewal being rejected. The processing time for correct and complete renewal applications is three to four weeks after receipt. Plan accordingly to ensure processing by the lapse date of January 1, 2015, or **for immediate processing renew online.**

If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued. Please see additional information on page 4.

Make checks payable to the State of Alaska, or use the attached credit card payment form.

**CHECK APPROPRIATE
LICENSE STATUS BOX**

- Prorated Active License: \$150.00
- Prorated Inactive License: \$62.50
- Retired License: \$50.00

PERSONAL INFORMATION: (Please print legibly or type.)

Name (Last, First, Middle)		License No.	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Practice Address (Complete address)		Use as Address of Record <input type="checkbox"/>	
Residence Address (Complete address)		(Mark Only One as Address of Record) Use as Address of Record <input type="checkbox"/>	
Work Telephone ()	Fax ()	Email Address:	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REQUIRED INFORMATION:

Practice Specialty						Subspecialty			
List all other states and/or provinces of Canada or other jurisdictions in which you hold or have ever held a license to practice medicine. (Attach a separate sheet if needed.)									

PROFESSIONAL CONDUCT: The following questions must be answered. “Yes” answers do not automatically result in license denial. If you answer “yes” to any question, attach a detailed explanation including relevant dates and circumstances. Attach copies of any supporting documents that are applicable (court records, board actions, etc.). Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully. Please check the appropriate response to the questions below.

CONFIDENTIALITY: The contents of licensing files are generally considered 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.

PUBLIC INFORMATION: All information in this renewal form will be available to the public unless required to be kept confidential by law.

- 1) No Yes Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- 2) No Yes Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?
- 3) No Yes Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?
- 4) No Yes Since the date of your last application for a license in Alaska or within the past two years 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.
- 5) No Yes Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?
- 6) No Yes Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- 7) No Yes Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- 8) No Yes Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
- 9) No Yes Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- 10) No Yes Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

PROFESSIONAL CONDUCT CONTINUED:

- 11) No Yes Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

- 12) No Yes If you responded 'yes' to question 11, has such settlement already been reported to the board?

- 13) No Yes Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

Please attach a separate sheet and supporting documents explaining any "yes" responses to the questions in this application.

CONTINUING MEDICAL EDUCATION REQUIREMENTS:

As provided by regulations 12 AAC 40.200, 210, and 240, your license cannot be renewed unless you have met all continuing medical education requirements. Those regulations are provided on page 6 of this application. Individuals renewing their licenses in "retired" status are not required to complete CME.

For the purpose of this prorated renewal application, you are not required to document your compliance with CME laws for this renewal only. However, you must comply with these regulations for future renewals.

STATEMENT:

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that 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 or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

SIGN AND DATE HERE 

Applicant's Signature

Date

WARNING: The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice medicine by fraud, deceit, or misrepresentation. The person may also be subject to criminal charges under AS 11.56.210 and AS 11.56.230.

General Information You Should Know:

Renewal Due Date	Processing of a complete renewal takes three to four weeks from the date of receipt in our office. Plan accordingly to ensure your license is renewed by December 31, 2014. Your renewal will be rejected if the form is incomplete or insufficient fees are received.
Online Renewals	You may wish to renew your license via the Internet. Please go to http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx and click on the Online Renewals button. Complete the application and submit your credit card information for payment of the fees. Your license will be printed and mailed to you from the Juneau office. Online renewal may not be available under certain circumstances.
Name Changes	If you have had a legal name change since your last license was issued, attach to the renewal form a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.
Social Security Numbers	In accordance with AS 08.01.100(e), the department is not authorized to renew a license unless the licensee's Social Security Number has been provided to the department. This number is not released to the public.
Lapsed Licenses	If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (page 5 of this application). Licenses that are expired for more than five years may not be renewed or reinstated.
Inactive Licenses	You may not practice medicine or write prescriptions in Alaska with an inactive license. BEFORE YOU RENEW YOUR LICENSE AS INACTIVE, please carefully review regulation 12 AAC 40.033 (page 5 of this application) regarding reactivation requirements.
Retired Licenses	There is a one-time fee for the remainder of the licensee's lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. BEFORE YOU RETIRE YOUR LICENSE, please carefully review regulation 12 AAC 40.031 (page 5 of this application) regarding reactivation requirements.
Payment of Child Support or 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 Post-Secondary 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 Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.
Public Information	All information on this renewal form will be available to the public unless required to be kept confidential by state or federal law. Current licensee information, including mailing address, is available on the Division of Corporations, Business, and Professional Licensing's website at www.commerce.alaska.gov/cbpl/pl under License Search.
Business License Information	Renewal applications for business licenses are mailed separately. For more information about business licensing, call (907) 465-2550. Online renewal of business licenses is now available at www.commerce.alaska.gov/cbpl/bl .

BEFORE YOU MAIL THIS RENEWAL APPLICATION, HAVE YOU:

- ▶ **Completed all questions in the form?**
- ▶ **Signed and dated the renewal form?**
- ▶ **Attached your check for fees payable to the State of Alaska or credit card payment form?**
- ▶ **Attached explanations and supporting documents for any "yes" responses?**

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List to:

REGULATIONS SPECIALIST
Dept. of Commerce, Community & Economic Development
Division of Corporations, Business & Professional Licensing
Post Office Box 110806
Juneau AK 99811-0806

SELECTED PERTINENT REGULATIONS

12 AAC 40.025. LAPSED PHYSICIAN LICENSES.

(a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

- (1) submits a completed renewal application on a form provided by the department;
- (2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);
- (3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and
- (4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a) (2), (3), and (4) of this section and

- (1) submits a completed reinstatement application on a form provided by the department;
- (2) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;
- (3) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;
- (4) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and
- (5) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE.

(a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

- (1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with
 - (A) AS 08.64.200 and 08.64.250, if a physician applicant;
 - (B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or
 - (C) AS 08.64.205, if an osteopath applicant;

(2) submits evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application;

(3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;

(4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;

- (5) submits information from the disciplinary data bank of the Federation of State Medical Boards;
- (6) is interviewed by a member of the board; and
- (7) pays the fees established in 12 AAC 02.250.

(b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

12 AAC 40.033. INACTIVE PHYSICIAN LICENSE.

(a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician may apply for an inactive license at the time of license renewal by

- (1) indicating on the form for license renewal that the physician is requesting an inactive license;
- (2) paying the inactive biennial license fee established in 12 AAC 02.250; and
- (3) submitting proof of meeting the continuing medical education requirements in 12 ACC 40.200 – 12 ACC 40.220.

(c) A physician licensed as inactive may not practice as a physician in the state.

(d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must

- (1) *repealed 12/07/2006*;
- (2) submit a written request for reactivation;
- (3) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board;

(4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;

- (5) submit proof of meeting the continuing medical education requirements in 12 ACC 40.200 – 12 ACC 40.220;

SELECTED PERTINENT REGULATIONS CONTINUED

12 AAC 40.033. INACTIVE PHYSICIAN LICENSE CONT.

(6) arrange for verification of licensure to be sent directly to the division from each state other than this state where the applicant is or has been licensed as a physician; and

(7) receive clearance from the federal Drug Enforcement Administration (DEA) and arrange for documentation of the clearance to be sent directly to the division by the DEA.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.200. GENERAL REQUIREMENTS.

(a) A physician seeking renewal of a license shall obtain an average of 25 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

12 AAC 40.210. CREDIT HOURS.

(a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining

(1) credit hours in a Category I continuing medical education program accredited by the American Medical Association; or

(2) Category I or II continuing medical education hours accredited by the American Osteopathic Association.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):

(1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or

(2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association or the American Osteopathic Association; or

(3) participation in a residency program during the concluding licensing period.

12 AAC 40.220. CERTIFICATION OF COMPLIANCE.

(a) A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

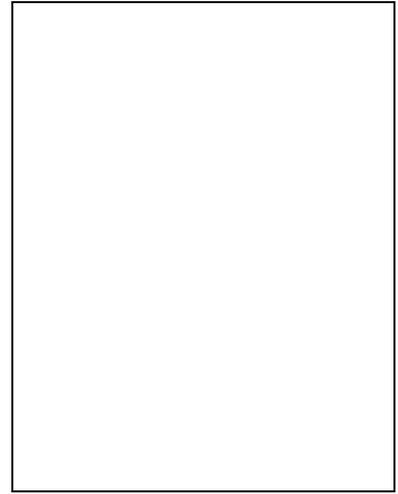
12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS. For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.



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RENEWAL CREDIT CARD PAYMENT

Do not email or fax credit card information. Mail this form with the completed renewal to the division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

Type of License: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):		Amount
<input type="checkbox"/>	License (or renewal) fee	_____
<input type="checkbox"/>	Fine	_____
<input type="checkbox"/>	Other (specify): _____	_____
Total:		_____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

➔ Signature of Credit Card Holder: _____

Card Number: _____ Expiration Date: _____

The bottom section of this form will be destroyed upon processing of the payment.