



THE STATE
of **ALASKA**

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

MED

FOR DIVISION USE ONLY

Alaska State Medical Board

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Medical License Renewal Application

January 1, 2025 – December 31, 2026

- Your license lapses after December 31, 2024. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Application Type

Profession:	<input type="checkbox"/> Allopathic Physician (MD)	<input type="checkbox"/> Osteopathic Physician (DO)	<input type="checkbox"/> Podiatrist (DPM)
Full Legal Name: Name change: <input type="checkbox"/>			
<i>If you have had a legal name change since your last license was issued, you must complete a Change of Name form.</i>			
Alaska State Medical License Number:			

PART II Payment of Fees

Renewal Fees: (Active License)	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(For licenses first issued on or before December 31, 2023)</i>	\$350.00
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after January 1, 2024)</i>	\$175.00
Renewal Fees: (Inactive License)	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(For licenses first issued on or before December 31, 2023)</i>	\$200.00
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after January 1, 2024)</i>	\$100.00
Renewal Fees: (Retired License)	<input type="checkbox"/> Renew as Retired Status License <i>(See information on page 5)</i>	\$150.00

PART III Personal Information

Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State	Zip
Practice Address: Address change: <input type="checkbox"/>	Street	City	State	Zip
Which address do you want to use for important correspondence affecting your license?			Select One: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Practice Address	
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 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.				
Email Address:			Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>				
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.				

PART IV Practice History

Practice Specialty:		Sub-Specialty:	
List all states, territories, provinces, or foreign countries in which you currently are licensed as any health care professional.			
State or Jurisdiction	License Number	Issue Date	License Status (Active, Lapsed)

PART V CME Statement of Compliance

As provided by regulations 12 AAC 40.200, 210, 220 and 240 (attached), your license cannot be renewed unless you have met continuing medical education requirements. Individuals who are renewing their licenses in “Retired” status are not required to complete continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2023, and December 31, 2024 may be used to satisfy the requirements for this license renewal. Alaska will use/accept the Accreditation Council for Continuing Medical Education’s (ACCME) Program and Activity Reporting System (PARS) to verify that physicians who are audited during the renewal period have fulfilled Alaska’s CME requirements. In Alaska, use of PARS is an option, not a requirement.

I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in Professional Regulations 12 AAC 40.200 – 240, as follows.

Select ONE (1) of the following:

Renewal for licenses issued on or before December 31, 2022.

I have completed and been awarded credit for at least 50 hours of Category 1 AMA-, AOA-, or CPME-approved education, or the equivalent education allowed by regulation, between January 1, 2023 and December 31, 2024.

- AND -

At least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

Renewal for licenses issued between January 1, 2023 and December 31, 2023.

I have completed and been awarded credit for at least 25 hours of Category 1 AMA-, AOA-, or CPME-approved education, or the equivalent education allowed by regulation, between January 1, 2023 – December 31, 2024.

- AND -

At least two of these hours of education were in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

Renewal for licenses issued on or after January 1, 2024.

I am not required to document continuing medical education.

- AND -

I have completed and been awarded credit for at least two hours of Category 1 AMA-, AOA-, or CPME- approved education in pain management and opioid use and addiction.

- or -

I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

Renewal of license in “retired” status.

I have submitted evidence of at least 50 hours of continuing medical education credits earned within the two years immediately preceding the date of this application.

I have not met the requirements of law for continuing medical education.

I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license may not be renewed at this time due to this failure to obtain the CME.

I would like to request a 30-day grace period to complete my CME requirements.

Random Audit

The board will conduct a random audit of a percentage of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter after renewal. You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. If you participate in ACCME’s Program and Activity Reporting System (PARS), board staff will verify your CME’s and you will not be required to submit your CME documents.

PART VI DEA Registration and PDMP Acknowledgment

If selected for audit, providers holding an active DEA registration will be required to submit proof of 2 contact hours in pain management, opioid use and addiction, completed between January 1, 2023 and December 31, 2024, in accordance with 12 AAC 28.400.

1. Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?

- a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will comply with mandatory use and refer to all applicable authorizing statutes and regulations. (Skip to Part VIII.)
- b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I have not registered with the PDMP and acknowledge I must do so within 30 days of renewing this license.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance. I understand I must also review the patient's history once every 30 days for up to 90 days, and at least once every three months if treatment continues for more than 90 days.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
Does this match the DEA in your PDMP account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

- c. **YES**, I have an active DEA registration number valid to use in any state or practice location and am registered with the PDMP.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance. I understand I must also review the patient's history once every 30 days for up to 90 days, and at least once every three months if treatment continues for more than 90 days.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
Does this match the DEA in your PDMP account?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

2. Providers who directly dispense a federally scheduled II - IV controlled substance are required to report the dispensation(s) daily. Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is **NOT** direct dispensing.

Select ONE (1) of the following:

- a. **I send all my controlled substance prescriptions to be filled at or through a pharmacy, including via a PickPoint system.**
- I acknowledge that reporting does not apply to me, however if I begin directly dispensing, I must report daily per AS 17.30.200 and 12 AAC 52.865.
- b. **I send some of my controlled substance prescriptions to a pharmacy and some I directly dispense to the patient myself.**
- I acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- c. **I personally dispense all of my controlled substance prescriptions to my patients myself.**
- I acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- d. **I only administer controlled substances to patients at a healthcare facility or correctional facility.**

PART VII AWARxE

ACCOUNT

Before proceeding with this application, login to your PDMP account at *alaska.pmpaware.net* and indicate the following:

- I have logged into my account.
- I have verified my healthcare specialty is accurately listed and appropriate to my profession.
- I have verified my contact information is correct.
- I have verified my DEA number is accurate.

DELEGATES

Review and verify the delegates listed on your account. Select only ONE (1) of the options below:

- I have verified no delegates exist in my account.

-OR-

- I have verified that all delegates listed on my account are accurate.

List the delegate(s) name and license number(s). Be sure to include alpha-characters, if applicable.

Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	

PART VIII Professional Fitness Questions – Disciplinary History

The following questions must be answered. “Yes” answers may not automatically result in license denial.

For each “yes” response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each “yes” answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

- | | | |
|-----|---|---|
| 1. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. | Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. | Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 8. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 9. | 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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 10. | If you responded "yes" to question 9, has such settlement already been reported to the Board? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A |

PART IX**Professional Fitness Question – Personal History**

The following question must be answered. A **“Yes” response requires an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates of onset, duration, prognosis, treatment.

You must also have your **treating physician** submit a letter directly to the Board; the letter must include the following information:

- Summary of your condition (including explanation, dates of onset and significant events, and frequency of contact with you)
- Medication history
- Impact on your ability to practice safely and competently

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed. The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

For the purposes of the question in this section:

“Medical Condition” includes physiological, mental, or psychological conditions or disorders such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application; rather, “currently” means recently enough so that the event, condition, behavior, impairment, limitation, etc., may have an ongoing impact on the applicant’s ability to practice medicine in a competent manner.

Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

Yes No

"Yes" Answer

If you answered “yes” to the above question, in addition to your personal statement, you must have your treating physician submit a statement indicating your ability to safely practice medicine. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART X**Alaska Law**

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.64 and 12 AAC 40).



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Signature Page

Applicant Name:	
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PART XI Agreement

I hereby certify I am the person herein named and subscribing to this application and 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 agree to inform the Alaska State Medical Board within 30 days of any change in my credentialing or privilege status in any hospital or other health care facility; any disciplinary actions or restrictions, or investigation of a complaint or accusation regarding my practice (except for late medical records); or any criminal charge or conviction.

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

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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General Information

APPLICATION PROCESSING:

The average 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. 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. 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 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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

This program requires continuing education. The division will audit a percentage of license renewals. If selected for audit, you will be sent a letter with instructions for documenting proof of meeting the continuing competency requirements as you stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer chooses. You must save your documents for at least four years so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the 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.

SOCIAL SECURITY NUMBERS:

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional license is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available as a 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.

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.

PRESCRIPTION DRUG MONITORING PROGRAM:

All actively licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing, administering, or dispensing a federally scheduled II or III controlled substance. Providers must also review the patient's history once every 30 days for up to 90 days, and at least once every three months if treatment continues for more than 90 days. For more information, please visit PDMP.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. 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.

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 AAC 40.200 - 12 AAC 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 12/7/2006;
 - (2) submit a written request for reactivation;
 - (3) request a clearance report from the Federation of State Medical Boards's 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 AAC 40.200 - 12 AAC 40.220;
 - (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, osteopath, or podiatrist seeking renewal of a license shall obtain
- (1) an average of 25 credit hours of continuing medical education during each year of the previous license period; and
 - (2) at least two of the total hours required to qualify for renewal must be education in pain management and opioid use and addiction, unless the licensee provides a certification under 12 AAC 40.220 that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.
- (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;
 - (2) Category I or II continuing medical education hours accredited by the American Osteopathic Association; or
 - (3) continuing medical education hours earned from providers that are approved by the Council on Podiatric Medical Education.
- (b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a)(1):
- (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 that 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.



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

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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:		