



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Medical Board
PO Box 110806, Juneau AK 99811-0806
(907) 465-2550 • Email: license@alaska.gov
ProfessionalLicense.Alaska.Gov/StateMedicalBoard

MED

FOR DIVISION USE ONLY

Now Available!
Renew Online:
• Fast
• Easy

Mobile Intensive Care Paramedic License Renewal

January 1, 2017 — December 31, 2018

- Online renewal is available at: ProfessionalLicense.Alaska.Gov/StateMedicalBoard
- Your mobile intensive care paramedic biennial license lapses after December 31, 2016.
- There is no grace period — it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a three- to four-week processing time for correct and complete renewal applications.
- To confirm the Board has received your application, send it by certified mail and request a return receipt.

PART I Renewal Information

Fees Due:	<input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before December 31, 2015)</i>	\$50.00
	<input type="checkbox"/> Prorated Biennial License Renewal <i>(for licenses issued between January 1, 2016 and September 30, 2016)</i>	\$25.00
Alaska Mobile Intensive Care Paramedic License Number:		

PART II Licensee Information

Full Legal Name:		Birthdate:	
Phone:	() —	Gender:	
Mailing Address: This is an address change: <input type="checkbox"/>			

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
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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.

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List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine: (make copies as necessary)								

PART III Professional Conduct

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. Provide your explanation on a separate sheet of paper labeled with your name, and signed and dated by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or license actions, judgements, etc. 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.

1. 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? Yes No

2. 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? Yes No

3. 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? Yes No

4. 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? Yes No

5. 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. Yes No

6. 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? Yes No
-
7. 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? Yes No
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8. 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? Yes No
-
9. 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? Yes No
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10. 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? Yes No
-
11. 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? Yes No
- If you responded 'Yes' to question 11, has such settlement already been reported to the Board? Yes No
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12. 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? Yes No

* If you answered "Yes" to any of the above questions, you must attach a detailed explanation and supporting documents. If you answered "Yes" to questions 8, 9, or 10, in addition to your detailed explanation, you must also have your treating physician submit a letter directly to the Board regarding your ability to practice safely and competently.

Before you mail this renewal application, have you...

- ✓ Completed all questions in the form?
- ✓ Attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ Signed and dated the renewal form?
- ✓ Attached explanations and supporting documents for any "Yes" responses?
- ✓ Obtained necessary signatures?
- ✓ Attached required documents?

Part IV Statement of Compliance

As provided by Professional Regulation 12 AAC 40.350 (attached), your license cannot be renewed unless you have met continuing medical education requirements. CME hours must include current ACLS and BLS. The Board will conduct an audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be required to submit copies of documentation that proves 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.

I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in regulation 12 AAC 40.350 as follows:

- Renewal for a license issued on or before December 31, 2014.**
I have completed and been awarded credit for at least 120 hours of Board-approved didactic or clinical education between January 1, 2015, and December 31, 2016.
-
- Renewal for a license issued between January 1, 2015, and January 1, 2016.**
I have completed and been awarded credit for at least 60 hours of Board-approved didactic or clinical education between January 1, 2015, and December 31, 2016.
-
- Renewal for a license issued after January 1, 2016.**
I am not required to document CME for this renewal.
-
- 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 will not be renewed at this time due to this failure to obtain the CME. I will contact the Medical Board licensing staff of the Division of Corporations, Business and Professional Licensing for assistance. (Refer to attached 12 AAC 40.350)

! Only those CME hours actually awarded between January 1, 2015 and December 31, 2016, may be used to satisfy the requirements for this license renewal.

PART V Signature

- I have attached evidence of successful course completion for the advanced cardiac life support provider or advanced cardiac life support instructor courses.
- I have attached evidence of successful course completion for the basic life support course from an approved organization listed in 12 AAC 40.350.

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. It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application.

Applicant's Signature: _____

Date: _____

Part VI Sponsor Physician Recommendation

This recommendation must be signed by existing sponsors and may not be used to add new sponsors. Professional Regulation 12 AAC 40.315 (see attached) requires a paramedic to immediately report to the Board any change of sponsorship and suspend practice until the new sponsor is approved. You may not use this license renewal form to add a new sponsor physician. Please contact the Division office for the proper change of sponsor form.

Name of Paramedic:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person is fit to practice as a mobile intensive care paramedic and I verify his/her skills in performing those authorized activities defined in 12 AAC 40.370 (a).

Physician Signature:

Date Signed:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person is fit to practice as a mobile intensive care paramedic and I verify his/her skills in performing those authorized activities defined in 12 AAC 40.370 (a).

Physician Signature:

Date Signed:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person is fit to practice as a mobile intensive care paramedic and I verify his/her skills in performing those authorized activities defined in 12 AAC 40.370 (a).

Physician Signature:

Date Signed:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person is fit to practice as a mobile intensive care paramedic and I verify his/her skills in performing those authorized activities defined in 12 AAC 40.370 (a).

Physician Signature:

Date Signed:

! General Information

APPLICATION PROCESSING:

The average time to process an application is 3-4 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. 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 grace period. If you choose not to renew your license, it will lapse. It is illegal for you to practice if your license is lapsed. 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.

“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 questions in the application, be sure to submit a signed and dated explanation, and the required documentation or letter from your treating physician.

DENIAL OF APPLICATION:

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. 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.

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.

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”.

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 Exception from Social Security Number Requirement form located at 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 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.

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 (attached) regarding reactivation requirements.

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 (attached). Licenses that are expired for more than five years may not be renewed or reinstated.

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

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

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
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

SELECTED PERTINENT REGULATIONS

12 AAC 40.315. SPONSORSHIP.

(a) A person licensed as a mobile intensive care paramedic shall immediately report to the board, in writing, any change of sponsorship.

(b) When a sponsor withdraws sponsorship of a mobile intensive care paramedic, the paramedic is not authorized to practice until a new physician sponsor is approved by the board.

12 AAC 40.350. RENEWAL OF LICENSE. (a) An applicant for renewal of a mobile intensive care paramedic license shall submit

(1) a completed license renewal application form provided by the department;

(2) satisfactory evidence of completion of continuing medical education consisting of not less than 60 classroom or clinical hours, or combination of classroom and clinical hours, for each complete 12-month period the applicant has held a mobile intensive care paramedic license during the concluding license period; not more than one-quarter of the total hours of continuing medical education required under this paragraph may be awarded for completion of a formal correspondence or other individual study program; at least six hours of the total hours of continuing medical education required under this paragraph must be specific to pediatrics emergency education;

(3) evidence of current successful completion of a course as either a provider or instructor in advanced cardiac life support from the American Heart Association or the American Safety and Health Institute; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (2) of this subsection;

(4) evidence of current successful completion of a course in basic life support, including adult, child, and infant CPR and airway obstruction maneuvers from a program approved by the board; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (a)(2) of this section; programs approved by the board include the following:

(A) Basic Life Support for Healthcare Providers – American Heart Association;

(B) CPR for the Professional Rescuer – American Red Cross;

(C) CPR component of Medic First Aid, Advanced – Medic First Aid International, Inc.;

(D) Basic Life Support for Professionals – EMP America;

(E) CPR for the Professional Rescuer – American Safety and Health Institute;

(F) Respond Systems AED/CPR;

(G) Emergency Care and Safety Institute's Professional Rescuer CPR;

(5) a written recommendation as to the applicant's fitness to practice as a mobile intensive care paramedic, made by the applicant's sponsor physician; the recommendation must include verification of skills performance in those authorized activities set out in 12 AAC 40.370(a); and

(6) the license renewal fee established by 12 AAC 02.250.

(b) If an applicant for renewal cannot meet the requirements for renewal under (a) of this section, the applicant must apply and meet the requirements for initial licensure under 12 AAC 40.300 — 12 AAC 40.310.

(c) The board will, in its discretion, exempt a mobile intensive care paramedic from the requirements of (a)(2) of this section upon application giving evidence satisfactory to the board that the applicant is unable to comply with the requirements because of extenuating circumstances. The board will not exempt a person from more than 60 hours of continuing medical education in a four-year period.

12 AAC 40.352. LAPSED MOBILE INTENSIVE PARAMEDIC LICENSES. (a) A mobile intensive care paramedic license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) documentation that the continuing medical education requirements of 12 AAC 40.350 have been met; and

(2) the renewal fees required by 12 AAC 02.250.

(b) A mobile intensive care paramedic license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

(1) a complete renewal application on a form provided by the department;

(2) documentation that the continuing medical education requirements of 12 AAC 40.350(a)(2) have been met for the entire period during which the license has been lapsed;

(3) verification of licensure from each state, territory, or province where the applicant holds or has ever held a mobile intensive paramedic license or other health care professional license;

(4) the applicable fees required by 12 AAC 02.250.

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

12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES.

(a) A licensed mobile intensive care paramedic, when under the supervision of a sponsor physician, may perform the activities listed in this subsection. The direct supervision of an activity may be delegated to another physician when the mobile intensive care paramedic is caring for a patient in a hospital, at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained, or when under the specific written standing order of a physician. The activities are

(1) electrocardiographic monitoring and defibrillation;

(2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;

(3) performing endotracheal intubation and pulmonary ventilation by approved methods;

(4) performing gastric suction by intubation;

(5) obtaining blood for laboratory analysis;

(6) administering parenterally, orally, or topically any approved agents or solutions;

(7) use of pneumatic antishock devices; and

(8) performing other emergency procedures authorized by a sponsoring physician.

(b) A person enrolled in a mobile intensive care paramedic training program may perform the activities set out in (a) of this section insofar as:

(1) the activities are required as part of the training program;

(2) the activities that take place in a hospital are supervised by a physician, physician assistant, or nurse; and

(3) the activities that take place outside a hospital are supervised by a licensed mobile intensive care paramedic, or a physician sponsor, or the physician sponsor's designee.

(c) While functioning as an intern in Alaska, a person may not perform the activities listed in (a) of this section for more than 480 hours, or for more than six calendar months, without becoming licensed as a mobile intensive care paramedic by the board.

(d) The scope of authorized activities for a mobile intensive care paramedic does not include primary patient care, such as dispensing nonemergency medications, performing physical examinations for nonemergency purposes, and treatment of nonemergency medical conditions included in the scope of practice for a physician, physician assistant, or nurse, unless specifically authorized by the board.



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333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes please do not email credit card information. 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: _____

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

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, Other (name change, wall certificate, fine, duplicate license, exam, etc.), and Total.

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

.....

VISA or Mastercard Number: _____ Expiration Date: _____

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