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

Alaska State Medical Board
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Email: *MedicalBoard@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

Sponsor Physician Recommendation

This recommendation must be signed by existing sponsors for paramedics to be eligible for renewal. This recommendation may not be used to add additional paramedics (#08-4004g).

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. Please contact the Division office for the proper change of sponsor form.

Provide the name(s) and license number(s) for the paramedics you wish to remain the sponsoring physician of.

Name of Mobile Intensive Care Paramedic	License Number of MICP

Make copies and attach additional pages as necessary.

☐ **Select this box if additional pages are attached.** *Please note, you are only required to sign the first page.*

Attestation:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic(s) listed above. I recommend each person listed 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). See attached.

Sponsor Physician Full Name:		**Sponsor Physician License Number:**	
Sponsor Physician Signature:		**Date:**	