



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 99811-0806

(907) 465-2550

Email: [MedicalBoard@Alaska.Gov](mailto:MedicalBoard@Alaska.Gov)

[ProfessionalLicense.Alaska.Gov/StateMedicalBoard](http://ProfessionalLicense.Alaska.Gov/StateMedicalBoard)

## Request for Extension

### Mobile Intensive Care Paramedic Emergency Courtesy License

**Instructions:** In the event that the State Medical Board determines an urgent situation, State law provides for the initial issuance of an Emergency Courtesy License for six months with one extension of six months. Extensions must be requested in advance and processed prior to the expiration of the original courtesy license. Please complete all sections on pages 1 and 2. **You must include the Extension fee of \$50 with this request. Type or print legibly. Faxed documents are not accepted.**

#### **PART I** Payment of Fees

Required Fees:	<input type="checkbox"/> Extension Fee	\$50.00
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#### **PART II** Applicant Information

MICP Name:		Emergency Courtesy License Number:	
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#### **PART III** Purpose/Scope of Practice

Briefly describe how your current work and continued practice in Alaska under an Emergency Courtesy License is necessary to address the urgent situation/health crisis requiring the increased availability of health care providers as a result of the COVID-19 health emergency pandemic.


#### **PART IV** Location of Practice

Name of Facility/Employer:			
Please provide contact information for the Administrator or Director of the Facility where employed:			
Name:			
Telephone:		Email:	



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## Signature Page

<b>Applicant Name:</b>	
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### **PART V** Attestations

- ☐ Yes, I understand Division staff will obtain an updated clearance NPDP report directly from the National Practitioner Data Bank
- ☐ Yes, I understand that the Medical Board may determine at any time that the "urgent situation" no longer exists and my Emergency Courtesy Licenses will be terminated. If I wish to continue to practice in Alaska, I must obtain a permanent license.

### **PART VI** Agreement

I hereby certify that I am the person herein named and subscribing to this application and that 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, certificate, or permit to practice in the state of Alaska.

I further 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.

<b>MICP's Signature:</b>		<b>Date:</b>	
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Phone: (907) 465-2550

## 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: \_\_\_\_\_

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

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

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): \_\_\_\_\_

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

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

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

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

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

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

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

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Security Code: \_\_\_\_\_

All 3 fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.