



THE STATE
of **ALASKA**

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

NUR

FOR DIVISION USE ONLY

Board of Nursing

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/BoardofNursing

Registered Nurse License Renewal

December 1, 2024 – November 30, 2026

- Your license lapses after November 30, 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 Payment of Fees

| | | |
|----------------------|--|-----------------|
| Renewal Fees: | <input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before November 30, 2023)</i> | \$200.00 |
| | <input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after December 1, 2023)</i> | \$100.00 |

PART II Personal Information

| | | | | |
|--|--------------------|------|--|---|
| Full Legal Name: Name change: <input type="checkbox"/> | | | Alaska Registered Nurse License Number: | |
| <i>If you have had a legal name change since your last certification was issued, you must complete a Change of Name form.</i> | | | | |
| Mailing Address: Address change: <input type="checkbox"/> | P.O. Box or Street | City | State | Zip |
| 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 |
| Note: If both boxes are selected above, you will receive correspondence electronically. | | | | |
| 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 III Statement of Compliance

Choose one of the five categories below:

Category 1 – Select TWO of the three activities you have completed:

- 320 hours of compensated nursing employment performed between December 1, 2022, and November 30, 2024.
- 30 contact hours of continuing education in nursing earned between December 1, 2022, and November 30, 2024.
- 30 hours of professional nursing activities performed between December 1, 2022, and November 30, 2024.

- OR -

Category 2

I completed a nursing refresher course approved by the board between December 1, 2022 and November 30, 2024.

- OR -

Category 3

I attained a degree or certificate in nursing, or made progress towards one, beyond the education requirement for my original license by successfully completing at least six academic credits required for the degree or certificate between December 1, 2022 and November 30, 2024.

- OR -

Category 4

I successfully passed the National Council Licensing Examination (NCLEX) between December 1, 2022 and November 30, 2024.

- OR -

Category 5

My RN license was issued on or after December 1, 2023. I am not required to complete continuing competency activities for this renewal only. For my next renewal, I will be required to satisfy the continuing competency requirements in 12 AAC 44.600 - .660.

Random Audit

A percentage of license renewal applications will be randomly selected for audit. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continuing education requirements as you have stated on this application. You are required to 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.**

Continuing Competency

Your license cannot be renewed unless you have successfully completed the continuing competency requirements in regulation 12 AAC 44.600 -.660 (regulations attached).

If your RN license was issued on or after December 1, 2023, you are not required to complete continuing competency activities for this renewal only. For your next renewal, you will be required to satisfy the continuing competency requirements.

PART IV Professional Fitness Questions

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.

- 1. Since the date your last Alaska license was issued or renewed:** Has **ANY** professional license held by you been fined, placed on probation, reprimanded, disciplined, or entered into a settlement (consent agreement) with a licensing authority, in any jurisdiction or state including Alaska, and including that of any military authorities or is any such action pending?

Yes
 No
- 2. Since the date your last Alaska license was issued or renewed:** Have you been or are you currently under investigation for any nursing or health care related issue in any state/territory?

Yes
 No
- 3. Since the date your last Alaska license was issued or renewed:** Have you been convicted of a crime? For purposes of this question "Crime" includes a misdemeanor, felony, or military offense. "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
- 4.** Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a nurse in a competent, ethical and professional manner?

Yes
 No
- 5.** Are you currently participating in an alcohol and/or drug treatment program or been diagnosed with a substance use disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

Yes
 No

"Yes" Answers

If you answered "yes" to questions 4 or 5, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a nurse. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART V Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.68 and 12 AAC 44).



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Signature Page

| | |
|-------------------------------|--|
| Applicant Name: | |
| Alaska License Number: | |

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.

| | | | |
|-----------------------------|--|---------------------|--|
| Applicant Signature: | | Date Signed: | |
|-----------------------------|--|---------------------|--|



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

Board of Nursing

PO Box 110806, Juneau, AK 99811

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfNursing

Authorization to Discuss and Share Information

Nursing Board staff is authorized to communicate only with the applicant. If the applicant is using a credentialing agency, or is accepting assistance from a staffing or employment agency, then the Board staff must have a signed release from the applicant to discuss the application and share information.

To authorize communication, please complete this form and file with your application.

| PART I Applicant/Agency Information | | | |
|--|-----------------------------|------------------------------|---|
| Name of Applicant: | | | |
| Profession: | <input type="checkbox"/> RN | <input type="checkbox"/> LPN | <input type="checkbox"/> APRN (ANP, CNM, CRNA) <input type="checkbox"/> CNA |
| Applicant Email: | | Applicant Phone: | |
| Authorized Agency: | | Agency Phone: | |
| Authorized Individual: | | Email Address: | |

| PART II Signature | | | |
|---|--|--------------|--|
| <p>I hereby authorize staff of the Alaska Board of Nursing to share and exchange information relating to my licensing application with the above-named authorized individual and agency.</p> <p>This release applies to status updates, documents and information required to complete my application for licensure in the State of Alaska. This authorization expires one year from the date of signature.</p> | | | |
| Applicant Signature: | | Date: | |

Information for credentialing, staffing or employment agencies:

- Licensing staff will respond to one inquiry from agencies each week. Staff will respond as quickly as possible, though it may not be possible to respond the same day as the inquiry is received. More than one inquiry per week will not be accepted.
- Applicants are emailed with a status update and may contact staff to query application status at any time.
- The board will not accept applications that list an agency address as the practice address, and will likewise not accept the telephone numbers or email addresses for such agencies as the applicant's own. The board may only accept those addresses, phone numbers, and email addresses if the applicant is actually practicing in that office. Alaska law requires the applicant to provide their information, not the agency information.



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Name Change and/or Address Change

If you have multiple professional license numbers, only the ones you list will be updated. You can view your updated professional license record online at: ProfessionalLicense.Alaska.Gov

1. I want to change my address:

\$0.00

Physical Address **Mailing Address**

- To change a business license address, browse to: BusinessLicense.Alaska.Gov
- To change an entity address, browse to: Corporations.Alaska.Gov

| | | | | |
|-----------------------|--------------------|---------------------|---------------------|-----|
| Full Name: | | | | |
| New Address: | P.O. Box or Street | City | State | Zip |
| License Number | | License Type | | |
| | | | | |
| | | | | |
| | | | | |
| Signature: | | | Date Signed: | |

2. I want to change my name:

\$0.00

| | | | |
|--|-------|---------------------|---------------------|
| Previous Name: | First | Middle | Last |
| New Name: | First | Middle | Last |
| You must attach a copy of the court order or marriage certificate showing your former and current name. | | | |
| License Number | | License Type | |
| | | | |
| | | | |
| | | | |
| Signature: | | | Date Signed: |

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. 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 "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on November 30 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 60 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.

DENIAL OF APPLICATION:

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.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

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.

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 Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

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.

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 contact: (907) 465-2550 or 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 specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

12 AAC 44.315. LICENSE RENEWAL. (a) A practical nurse license must be renewed biennially on or before September 30 of even-numbered years. A registered nurse license and advanced practice registered nurse license must be renewed biennially on or before November 30 of even-numbered years. A renewal reminder document will be mailed to each currently licensed nurse at least 60 days before the renewal date.

(b) A license not renewed on or before the last day of the biennial licensing period lapses on the first day of the new licensing period. An applicant whose license has lapsed must meet the requirements under 12 AAC 44.317.

ARTICLE 6. CONTINUING COMPETENCY.

Section

600. Purpose of continuing competency requirements

610. Continuing education requirements

620. Professional activities requirement

630. Nursing employment requirement

640. Alternative methods for continuing competency requirements

650. Requirements for new licensees

660. Audit and documentation

12 AAC 44.600. PURPOSE OF CONTINUING COMPETENCY REQUIREMENTS. The purpose of continuing competency requirements is to ensure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles, and concepts in the practice of registered or practical nursing as defined in AS 08.68.850. Before a license can be renewed each biennial period, a registered nurse or a licensed practical nurse must document either

- (1) compliance with 12 AAC 44.640; or
- (2) completion of two of the following three methods for maintaining continuing competency:
 - (A) continuing education as prescribed under 12 AAC 44.610;
 - (B) professional activities as prescribed under 12 AAC 44.620; and
 - (C) nursing employment as prescribed under 12 AAC 44.630.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.610 CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in (d) of this section, the board will accept continuing education toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 contact hours of continuing education for renewal of a license or current certification by a national nursing certification body, during the two years before the licensing period for which the applicant seeks renewal; the applicant shall earn at least 20 of the contact hours in a continuing education program provided

- (A) under the accreditation standards established or followed by one of the following organizations:
 - (i) American Nurses Credentialing Center (ANCC);
 - (ii) Accreditation Council for Continuing Medical Education (ACCME);
 - (iii) Accreditation Council for Pharmacy Education (ACPE) – courses with a “P” designation or identification

number;

- (iv) a nurse practitioner certifying body;
- (v) a nurse anesthetist certifying body; or

(B) by a sponsor for which an applicant or the executive administrator obtains board approval; the board will approve only those sponsors who offer continuing education as defined in (c)(2) of this section;

(2) that no more than 10 of the contact hours required under (1) of this subsection were earned through in- service nursing education offered by a licensed health care facility that does not meet the qualifications required under (1) of this subsection; and

(3) that the contact hours required under (1) of this subsection were earned in at least one of the following subject areas:

- (A) nursing practice areas and special health care problems;
- (B) biological, physical, or behavioral sciences;
- (C) legal or ethical aspects of health care;
- (D) management or administration of health care personnel and patient care;
- (E) subjects approved by the board that are required as part of a formal nursing program but that are more advanced than those completed for original licensure.

(b) The board will accept continuing education contact hours that are part of a mediated learning system such as educational television, audio or video cassettes, the Internet, or printed media, or that are part of an independent study program, if the system or program is accredited by an agency that is approved by a national certifying body.

(c) In this section,

(1) "contact hour" means a minimum of 50 minutes of actual organized instruction; academic credit will be converted to contact hours as follows:

- (A) one quarter academic credit equals 10 contact hours;
- (B) one semester academic credit equals 15 contact hours;

(2) "continuing education" means a systematic educational experience that grants academic credit or contact hours beyond the basic nursing program preparation.

(d) The board will not accept continuing education contact hours or in-service hours for the completion of courses in cardiopulmonary resuscitation (CPR) or basic life support (BLS). The board will accept continuing education for renewals of licenses of advanced cardiac life support (ACLS), pediatric advanced life support (PALS), and other advanced courses for registered nurses.

Authority: AS 08.68.100 AS 08.68.276 AS 08.68.330

12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT. (a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

- (1) repealed 8/19/2022;
- (2) repealed 8/19/2022;

(3) for a practical nurse license, on or before September 30, 2020, completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;

(4) for a registered nurse license, on or before November 30, 2020, completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;

(5) for a practical nurse license, on or after October 1, 2020, completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;

(6) for a registered nurse license, on or after December 1, 2020, completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and

(7) that the hours of participation in professional activities were earned in at least one of the following ways:

- (A) work with a professional nursing or health-related organization;
- (B) authoring or contributing to an article, book, or publication related to health care;
- (C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
- (D) the design and conduct of a research study relating to nursing and health care;
- (E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of "professional activities" in (b) of this section.

(b) In this section "professional activities" means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.

(c) Providing nursing care to the nurse's immediate family members does not qualify to meet professional activities requirements. In this subsection, "immediate family member" means a parent, sibling, spouse, child, parent-in-law, sibling in-law, stepchild, or same-sex or opposite-sex domestic partner.

Authority: AS 08.68.100 AS 08.68.276 AS 08.68.330

12 AAC 44.630. NURSING EMPLOYMENT REQUIREMENT. The board will accept nursing employment toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents at least 320 hours of practice of practical nursing or registered nursing, as defined in AS 08.68.850, during the two years before the licensing period for which the applicant seeks renewal. The applicant shall document those hours on a form provided by the board and shall include the name of the nurse's employer.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.640. ALTERNATIVE METHODS FOR CONTINUING COMPETENCY REQUIREMENTS.

A nurse may meet continuing competency requirements without meeting the requirements of 12 AAC 44.610 – 12 AAC 44.630 by documenting that after the last renewal date, the nurse has

- (1) completed a nursing refresher course approved by the board; or
- (2) attained a degree or certificate in nursing, or made progress toward one, beyond the education requirements for the nurse's original license by successfully completing at least six academic credits in courses required for the degree or certificate; or
- (3) successfully completed the National Council Licensing Examination.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.650. REQUIREMENTS FOR NEW LICENSEES. (a) A licensee who receives his or her original license in the first year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.640 before the first license renewal.

(b) A licensee who receives his or her original license in the second year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600—12 AAC 44.640 before the second license renewal.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.660. AUDIT AND DOCUMENTATION. (a) A licensee must comply with all applicable requirements of 12 AAC 02.960 – 12 AAC 02.965. If selected for an audit of continued competency activities, the licensee must cooperate with the department and must submit all requested verifications of continued competency activities claimed by the licensee.

(b) Repealed 5/16/2018.

Authority: AS 08.68.100 AS 08.68.276



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: | |



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ADM

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State of Alaska
PO Box 110806, Juneau, AK 99811
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: | | | |
| 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: | | <p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p> |
| 2. Expiration Date: | | |
| 3. Security Code: | | |