



**Board of Physical Therapy and Occupational Therapy**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

Website: [ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy](http://ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy)

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## Reinstatement of Physical Therapist and Physical Therapist Assistant License Application Instructions

Read the application instructions, statutes, and regulations before completing your application. Retain this information for future reference. **YOU MUST HOLD A TEMPORARY PERMIT OR PERMANENT LICENSE TO PRACTICE PHYSICAL THERAPY IN ALASKA.**

A license that has been lapsed for five years or more is considered permanently lapsed and the former licensee must apply for a new license. **Do not use this application if your license has been lapsed for five years or more.**

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, contact the division. Faxed or emailed applications will not be accepted.

### **PT/PTA LICENSE REINSTATEMENT – APPLICATION PROCEDURES (12 AAC 54.950)**

***The following must be received by the division before your application for Reinstatement of Physical Therapist and Physical Therapist Assistant License can be reviewed:***

#### ***Licenses lapsed less than TWO (2) years:***

##### **1. APPLICATION**

A signed, completed application (#08-4388, pages 1-5).

##### **2. FEES**

Fees made payable to "State of Alaska."

PT License Fee: \$200.00

PTA License Fee: \$130.00

##### **3. CONTINUING COMPETENCY**

Documentation that all continuing competency and continuing education requirements of 12 AAC 54 have been met using form #08-4388b in this application and form #08-4585 found on our website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov). Completion certificates must be submitted if using form #08-4585.

#### ***Licenses lapsed more than TWO (2) years but less than FIVE (5) years:***

##### **1. APPLICATION**

A signed, completed application (#08-4388, pages 1-5).

##### **2. FEES**

Fees made payable to "State of Alaska."

PT License Fee: \$400.00 - \$600.00

PTA License Fee: \$260.00 - \$390.00

##### **3. CONTINUING COMPETENCY**

Evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed using form #08-4585 and form #08-4388b. Completion certificates must be submitted if using form #08-4585. The forms can be found on our website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

##### **4. VERIFICATION OF LICENSE**

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant has held a license to practice physical therapy for the entire period the Alaska license has been lapsed. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

## PT/PTA Information

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### APPLICATION REVIEW:

The application review process is defined by the requirements set forth in state law. The board and its staff must comply with those laws in processing applications.

The application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type. An incomplete application or any unusual circumstances noted in the application may require additional processing time. You may want to keep a copy of your application for your records. You must sign and date the application in front of a notary public. Do not provide mailing envelopes with your requests for verification of licensure, professional reference, verification of work experience, or transcripts.

The board conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The board will not accelerate one application over others, nor will it forego any elements of its screening process.

### LEGAL NAME CHANGE:

If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under a former name, submit marriage license, divorce dissolution and/or court documents that are notarized as a “certified true copy of the original document.”

## General Information

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### APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:

Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which 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, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

### DENIAL OF APPLICATION:

Be aware that the denial of an application for 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 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. 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”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. 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](http://ProfessionalLicense.Alaska.Gov).

### PUBLIC INFORMATION:

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.

**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, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**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.

**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*.



THE STATE  
of **ALASKA**

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

**PHY**

FOR DIVISION USE ONLY

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**Reinstatement License Application**

**Physical Therapist and Physical Therapist Assistant**

**PART I Payment of Fees - Physical Therapist**

# of Renewal Cycles Lapsed: *		X \$200 License Fee = Total Amount Due:	
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**PART II Payment of Fees - Physical Therapist Assistant**

# of Renewal Cycles Lapsed: *		X \$130 License Fee = Total Amount Due:	
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\*A renewal cycle is a two-year period beginning July of an even-numbered year through June of the following even-numbered year (July 1, 2022 – June 30, 2024). Do not use this application if your license has been lapsed for more than 3 renewal cycles.

**PART III Personal Information**

Full Legal Name:		Alaska PT/PTA License Number:	
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p><b>EMAIL AGREEMENT:</b> 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.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 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.</p>			



## PART VI Alaska Employment

Have you secured employment in Alaska?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alaska Business Name:			
Physical Address:	P.O. Box or Street	City	State Zip
Phone Number:		Start Date of Employment:	

## PART VII Continued Competency

You MUST submit proof of continuing competency with your application.

**My Alaska license has been lapsed for less than 2 years and was initially issued on or after July 1<sup>st</sup> of the odd-numbered year. I certify the following requirements were met during the previous renewal cycle:**

- I provided 60 hours of physical therapy services (or allowed alternative).
- AND -
- I successfully completed 12 hours of continuing education.
- OR -
- I passed the National Physical Therapy Examination (NPTE).

**My Alaska license has been lapsed for less than 2 years and was initially issued on or before June 30<sup>th</sup> of the odd-numbered year. I certify the following requirements were met during the previous renewal cycle:**

- I provided 60 hours of physical therapy services (or allowed alternative) during the previous renewal cycle.  
I successfully completed 24 hours of continuing education during the previous renewal cycle.

**My Alaska license has been lapsed for more than 2 years and less than 5 years.**

- I understand I must provide proof of my continuing competency for each renewal cycle my license has been lapsed in Alaska.

**None of these situations described above fits my situation. Provide an explanation below:**

## PART VIII Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.84 and 12 AAC 54).

## PART IX 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. Have you ever been disciplined by any state board or physical therapy association concerning violation of the Physical Therapy Practice Act or unethical conduct?  Yes  No

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2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No

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3. Have you ever been denied the privilege of taking an examination before any state physical therapy board?  Yes  No

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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.  Yes  No

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5. Have you ever been convicted of a violation of any federal or state narcotic laws?  Yes  No

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6. Have you ever had any malpractice settlements or judgments paid on your behalf?  Yes  No

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7. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice physical therapy in a competent, ethical and professional manner?  Yes  No

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8. Do you use drugs or alcohol in any manner that impairs your ability to practice physical therapy competently and safely?  Yes  No

"Yes" Answers

If you answered "yes" to questions 7 or 8 in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice physical therapy. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Signature Page**

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

**PART X Agreement**

I hereby certify I am the person herein named and subscribing to this application. I further certify 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 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, registration, 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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Verification of Work Experience

➔ **Applicant:**

Complete this top part and forward it to your employer, supervisor or human resource manager. It may be returned directly to the division by email or mail (either from their official email or mailing address).

<b>Applicant Name:</b>	
<b>Applicant Signature:</b>	
<b>Phone:</b>	

➔ **Employer:**

The following information must be completed in full and sent directly to the division by the employer, supervisor or human resource manager to meet the requirements. Forms submitted and/or completed by the applicant will not be accepted.

<b>Facility Name:</b>				
<b>Facility Address:</b>	P.O. Box or Street	City	State	Zip
<b>Services Provided:</b>	<input type="checkbox"/> Physical Therapy Services		<input type="checkbox"/> Physical Therapist Assistant Services*	
<b>*Supervisor's Name:</b> (PTA Services Only)				
<b>Missed Renewal Cycle Dates</b> (e.g. Between July 1, 2022 and June 30, 2024)	<b>Employment Service Hours Attestation</b>			
<b>Between July 1: ____ and June 30: ____</b>	<input type="checkbox"/> I attest this applicant has completed a minimum of 60 hours of services as indicated above and within this renewal cycle.			
<b>Between July 1: ____ and June 30: ____</b>	<input type="checkbox"/> I attest this applicant has completed a minimum of 60 hours of services as indicated above and within this renewal cycle.			
<b>Between July 1: ____ and June 30: ____</b>	<input type="checkbox"/> I attest this applicant has completed a minimum of 60 hours of services as indicated above and within this renewal cycle.			
<b>Comments:</b>				

### Signature

<b>Verifier Name:</b>		<b>Title:</b>	
<b>Verifier Signature:</b>		<b>Date:</b>	
<b>Email:</b>		<b>Business Phone:</b>	

## Regulations

**12 AAC 54.400. PHYSICAL THERAPY LICENSE RENEWAL REQUIREMENTS.** An applicant for renewal of a physical therapist or physical therapist assistant license shall

- (1) complete the renewal application on a form prescribed by the board;
- (2) pay the license renewal fee established in 12 AAC 02.320; and
- (3) document continuing competency by submitting proof of having completed
  - (A) the continuing professional practice requirements or an alternative under 12 AAC 54.405; and
  - (B) the continuing education contact hours required under 12 AAC 54.410.

**12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS.** (a) An applicant for renewal of a physical therapist or physical therapist assistant license shall document completion of the jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.84 and this chapter, and shall also document

- (1) having provided physical therapy services for at least 60 hours during the concluding licensing period; or
- (2) successful completion during the concluding licensing period of at least one of the following:
  - (A) the national physical therapy examination sponsored by the Federation of State Boards of Physical Therapy;
  - (B) in addition to the contact hours of continuing education required under 12 AAC 54.410 and 12 AAC 54.420, 40 contact hours of continuing education consistent with the requirements of 12 AAC 54.410 and 12 AAC 54.420;
  - (C) a review course sponsored by a school of physical therapy approved by the American Physical Therapy Association;
  - (D) a physical therapy internship of 150 hours approved by the board.

(b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute physical therapy services under this section, the applicant may request board approval before submitting the application for license renewal.

(c) In this section, "physical therapy services" includes work and volunteer service under a position title other than physical therapist or physical therapist assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

**12 AAC 54.410. PHYSICAL THERAPY CONTINUING EDUCATION REQUIREMENTS.** (a) Except as provided in 12 AAC 54.435, an applicant for renewal of a physical therapist or physical therapy assistant license who has been licensed for 12 months or more of the concluding licensing period shall have completed during that period 24 contact hours of continuing education. An applicant for renewal of a physical therapist or physical therapy assistant license who has been licensed for less than 12 months of the concluding licensing period shall have

- (1) completed during that period 12 contact hours of continuing education; or
- (2) passed the national physical therapy examination within 12 months immediately before the date that the applicant's license is due to lapse.

(b) An applicant shall complete at least one-half of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board under 12 AAC 54.420(a).

(c) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
- (2) one continuing education unit awarded by a professional health care association equals 10 contact hours;
- (3) one academic semester credit hour equals 15 contact hours; and
- (4) one academic quarter credit hour equals 10 contact hours.

(d) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.430. Records must be retained for three years from the date the contact hours were obtained.

(e) The following activities will not be accepted for continuing education contact hours under this section:

- (1) routine staff meetings attended by the applicant;
- (2) rounds conducted by the applicant;
- (3) routine courses required for employment, including courses on cardiopulmonary resuscitation, first aid, and training related to Occupational Safety and Health Administration requirements.

**12 AAC 54.420. APPROVED PHYSICAL THERAPY COURSES AND ACTIVITIES.** (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:

- (1) courses recognized by
  - (A) the Alaska Physical Therapy Association;
  - (B) the American Physical Therapy Association (APTA);
  - (C) the Federation of State Boards of Physical Therapy (FSBPT);
  - (D) other state physical therapy associations; or
  - (E) other state physical therapy licensing boards;

- (2) American Medical Association category one and two continuing education courses that involve physical therapy;

(3) continuing education activities sponsored by a professional organization or university approved by the Alaska Physical Therapy Association or the American Physical Therapy Association.

(b) If an applicant for renewal is uncertain whether a particular continuing education opportunity will meet the standards of this section, the applicant may request board approval before claiming those contact hours.

(c) To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapy assistant and must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy, as that term is defined in AS 08.84.190.

**12 AAC 54.430. AUDIT OF PHYSICAL THERAPY CONTINUING COMPETENCY REQUIREMENTS.** (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 54.400 - 12 AAC 54.430.

(b) A licensee selected for audit shall, within 30 days after the date of notification, submit documentation of completion of contact hours required by 12 AAC 54.410 and physical therapy service hours or an alternative required by 12 AAC 54.405.

(c) Refusal to cooperate with an audit will be considered an admission of an attempt to obtain a license by material misrepresentation under AS 08.84.120(a)(1).

**12 AAC 54.950. REINSTATEMENT OF A LAPSED LICENSE.** (a) A licensee whose license is lapsed for any reason is prohibited from practicing physical therapy or occupational therapy until the license is reinstated by the board.

(b) A license which has been lapsed for less than two years will be reinstated by the board upon submission of

(1) the fees required by 12 AAC 02.105 and 12 AAC 02.320; and

(2) documentation that all continuing competency and continuing education requirements of 12 AAC 54 have been met.

(c) A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits

(1) an application for reinstatement on a form provided by the department;

(2) the fees required by 12 AAC 02.105 and 12 AAC 02.320 for the entire period the license has been lapsed;

(3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;

(4) verification of all physical therapy and occupational therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.

(d) In accordance with AS 08.01.100(d), a license that has been lapsed for five years or more is considered permanently lapsed and the former licensee will be required to apply for a new license under AS 08.84.030 or 08.84.060 and regulations adopted under them.

(e) An applicant for a new license whose original license in this state was lapsed for five years or more and who has not been actively practicing in another state during that time shall satisfactorily complete an internship approved by the board consisting of 150 hours of training.



**Professional Licensing**  
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## 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.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> 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.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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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:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		