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

Telemedicine Business Registry
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: *license@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry*

Telemedicine Business Registry License Application Instructions

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.

- **Initial Application:** To be included on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the Division a complete registration on a form provided by the Division; the registration must include the business's name, address, and contact information.

- A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.

- **Business Registry Changes:** If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the Division, not later than 30 days after the change or termination, a Business Registry Change Form (08-4722). A business that fails to comply timely may not perform telemedicine services in this state and must submit a new application before resuming telemedicine services to a recipient located in this state.

- If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. The business must submit a new application before resuming the provision of telemedicine services to a recipient located in this state using form 08-4727.

- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order made payable to the State of Alaska or by credit card. To pay by credit card, use the attached credit card payment form.

- 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.

- 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, email your request to *RegulationsAndPublicComment@Alaska.Gov* with your name, preferred contact method (mail or email), and the program you want to be updated on.

IT IS ILLEGAL TO DELIVER TELEMEDICINE SERVICES IN ALASKA WITHOUT A VALID BUSINESS LICENSE AND REGISTRATION

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Telemedicine Business Registry

Required Fee:	☐ Registration Fee	**$50.00**

Enter the three-letter program code of the primary health care profession delivered by telemedicine. Enter only one of the codes listed below: ☐-☐-☐

ACU · Acupuncture
ATH · Athletic Training
AUD · Audiology and Speech
BEV · Behavioral Analysis
CHI · Chiropractic
CSW · Social Work
DEN · Dental
DTN · Dietetics and Nutrition
MED · Medical
MFT · Marital and Family Therapy
MID · Midwifery
NAT · Naturopathy
NHA · Nursing Home Administrators
NUR · Nursing
OPT · Optometry
PCO · Professional Counseling
PHA · Pharmacy
PHY · Physical and Occupational Therapy
PSY · Psychology
VET · Veterinary

List your business name exactly as it appears on your current Alaska business license.

Business Name: ______________________________ **Business License #:** ______________

Complete Mailing Address:	
Representative's Phone:	( ) —

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:		☐ Send my Correspondence by Email ☐ Send my Correspondence by US Mail

Representative's Name: ______________________________ **Title:** ____________________

Representative's Signature: ___________________________ **Date:** ____________________

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CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or 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)*: _________________

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: ______________________ Email *(optional)*: ______________________________________

Credit Card Type: ☐ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** ____

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VISA or Mastercard Number: ___________________________ **Expiration Date:** ______________

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

Confidential