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 Information Change Instructions

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

- **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. If a business gives notification under this subsection, the business must submit a new application before resuming the provision of telemedicine services to a recipient located in this state.

- 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

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

TBR

FOR DIVISION USE ONLY

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*
ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry

CHANGE: Telemedicine Business Registry

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

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

Business Name: ______________________________ **Business License #:** ________________

CURRENT Contact Person:		**Email:**	
CURRENT Mailing Address:			
CURRENT Contact Phone:	( ) —		

NEW INFORMATION TO BE REFLECTED ON THE REGISTRY

NEW Contact Person:	
NEW Mailing Address:	
NEW Contact Phone:	( ) —

NEW CONTACT PERSON 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:** ______________________

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

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. 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:** ____________________

VISA or Mastercard Number: ____________________ **Expiration Date:** ____________________

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

Confidential