



THE STATE
of

ALASKA

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

Alaska State Medical Board

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: MedicalBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Application for License to Practice Medicine or Osteopathy

This packet contains all the documents you will need to apply for a permanent license to practice medicine or osteopathy in Alaska.

Read all instructions and information carefully and complete all documents as requested.

- Average processing time for a temporary permit is from twelve to fourteen weeks. Start the process far enough in advance to allow this process to occur. Applications are reviewed in order of receipt in our office. If there are items in the application about which the board requires additional information, or if there is any adverse or derogatory information that comes to light, the review process may take longer.
- Appropriate fees must accompany applications before initial screening can begin.
- While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure those documents are received by our office.
- 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 Alaska State Medical 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.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version.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, please contact the Division. Application forms will be rejected if not on the current version.
- If you have a current DEA registration, you must register with the prescription drug monitoring program (PDMP) within 30 days of obtaining a permit or license. Application instructions at: commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx

THRESHOLD QUALIFICATIONS FOR LICENSURE - U.S.

- Successful graduation from an AAMC- or AOA-accredited medical school.
- Successful completion of post-graduate training in accredited programs in recognized hospitals.
- If graduated from medical school prior to 01/01/1995 – 1 year of postgraduate training.
- If graduated from medical school on or after 01/01/1995 – 2 years of postgraduate training.
- Successful passage of an acceptable licensing examination as defined by regulation.
- Completion of an acceptable 2-hour education course in pain management and opioid use and addiction.
- Submit a complete application (contents listed below).
- Submit a list of malpractice settlements/claims with an explanation of the basis for each claim or settlement.
- NOT have a license to practice medicine in another state, territory, province or international licensing jurisdiction suspended or revoked or otherwise disciplined.

THRESHOLD QUALIFICATIONS FOR LICENSURE - International Graduates

- Successful graduation from a medical school listed in the World Directory of Medical schools.
- Successful completion of three (3) years of postgraduate training in accredited programs in recognized hospitals in the United States or Canada

THRESHOLD QUALIFICATIONS FOR LICENSURE - International Graduates (Continued)

- Completion of an acceptable 2-hour education course in pain management and opioid use and addiction.
- Submit a complete application
- ECFMG Certificate
- Successful passage of appropriate examinations as defined by regulation
- Submit a list of malpractice settlements/claims with an explanation of the basis for each claim or settlement
- NOT have a license to practice medicine in another state, territory, or province suspended or revoked or otherwise disciplined

The following documents must be on file with our office before the Board will consider your application for license:

1. APPLICATION

A completed, signed application (pages 1-10)

2. FEES

Fees made payable to "State of Alaska"

Nonrefundable Application Fee:	\$400.00
Initial License Fee:	\$425.00
Prescription Drug Monitoring Program (PDMP) Fee (if applicable):	\$ 25.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4105a)

4. EXAM SCORES

Appropriate examination scores as required by 12 AAC 40.020 and 12 AAC 40.021

5. MEDICAL SCHOOL DIPLOMA

A certified true copy of the medical school diploma

6. POST GRADUATE TRAINING PROGRAM CERTIFICATES

Certified true copies of the postgraduate training program certificates

7. OPIOID EDUCATION

If you hold a current DEA registration in any state, proof of receiving at least two hours of education in pain management, opioid use and addiction. Courses must be Category 1 of AMA-approved education, or Category 1 or 2 of AOA-approved education.

8. VERIFICATION OF LICENSURE

Verifications of Licensure from all licensing jurisdictions, both U.S. and International, in which you have ever been licensed (#08-4105b)

9. HOSPITAL PRIVILEGES

A listing of all hospitals where you have held privileges in the five years preceding your application in Alaska (Part XII – Application, page 5 of 10)

10. VERIFICATION OF HOSPITAL PRIVILEGES

A completed verification of hospital privileges from all hospitals in which you have held privileges in the five years preceding your application in Alaska (#08-4105c)

11. VERIFICATION OF MEDICAL SCHOOL EDUCATION

A completed verification of medical school education (#08-4105d)

12. CLEARANCE REPORT – DEA

A completed Clearance Report from the Drug Enforcement Agency (#08-4105e)

13. VERIFICATION OF POSTGRADUATE TRAINING

A completed verification of postgraduate training (#08-4105f)

14. CLEARANCE REPORT – FSMB

A completed Clearance Report from the Federation of State Medical Boards (#08-4105g)

15. AMA/AOA PROFILE

AMA or AOA Physician Profile (required even if not a member)

16. NPDB REPORT

Division staff will obtain a clearance report directly from the National Practitioner Data Bank.

Application for Licensure Checklist

Document:	Provided by:
Application, 10 pages, with recent photo and notarized	<input type="checkbox"/> You Provide
Authorization for Release of Records	<input type="checkbox"/> You Provide
Examination Scores	<input type="checkbox"/> Exam Agency or FCVS
Medical School Diploma, certified true copy	<input type="checkbox"/> You Provide
Verification of Medical School Education	<input type="checkbox"/> Medical School or FCVS
Post-Graduate Training Certificates, certified true copies	<input type="checkbox"/> You Provide
Post-Graduate Verifications of Training	<input type="checkbox"/> PG Programs or FCVS
Certificate of Completion of an acceptable 2-hour education course in pain management and opioid use and addiction	<input type="checkbox"/> You Provide
Verifications of Licensure in Other Jurisdictions	<input type="checkbox"/> Licensing Board or Veridoc
Hospital Privileges List	<input type="checkbox"/> You Provide
Hospital Privileges Verifications	<input type="checkbox"/> Hospitals Provide
DEA Clearance Report	<input type="checkbox"/> DEA Provides
FSMB Board Action Data Bank Report: <i>fsmb.org</i>	<input type="checkbox"/> FSMB Provides
AMA Profile: <i>ama-assn.org</i> AOA Profile: <i>osteopathic.org</i>	<input type="checkbox"/> AMA or AOA Provides
NPDB Report	<input type="checkbox"/> Alaska Board will Obtain
Explanation and documentation of any “yes” responses in application	<input type="checkbox"/> You Provide
Fees Enclosed with Application	<input type="checkbox"/> You Provide
ECFMG, if international medical school graduate	<input type="checkbox"/> ECFMG or FCVS

Each question in the application must be answered. Attach a separate sheet of paper, labeled with your name and signed by you, for each question for which you have provided a “yes” response. Be sure to also include required documentation for each “yes” response.

Failure to answer all questions completely and accurately, or the omission or falsification of information may be cause for denial of your application or disciplinary action by the board. When in doubt, disclose all information and provide an explanation and documentation.

ADDRESS OF RECORD

The first page of the application asks for your preferred address of record. This is the address to which you would like us to send all communications to you including your permit or license. Please do not use third party addresses, telephone numbers, or email addresses as this creates difficulties when we are trying to reach you.

AMA OR AOA PROFILES

All applicants must have a copy of their individual Physician Profile Report sent directly to the Board by the American Medical Association (AMA) or the American Osteopathic Association (AOA), even if you are not a member of these organizations. You must contact the organizations directly to order the profile: AMA Profile: www.ama-assn.org AOA Profile: www.osteopathic.org

APPLICATION FOR LICENSURE BY CREDENTIALS

The Alaska State Medical Board may waive the written examination requirement and license an applicant by credentials if you hold an active license issued after written examination in another state or territory of the United States or province of Canada. Such examination must be equivalent to the USMLE examination series or must include passing the following examinations with at least a minimum passing score as defined by regulation (12 AAC 40.020): the National Board of Medical Examiners (NBME), the Federation Licensing Examination (FLEX), or the National Board of Osteopathic Medical Examiners (NBOME).

APPLICATION FOR LICENSURE BY EXAMINATION

The Alaska State Medical Board requires the USMLE examination series and has contracted with the Federation of State Medical Board for administration of the examination. To request examination information, please contact the Federation at:

United States Medical Licensing Examination (USMLE) Step 3
The Federation of State Medical Boards
400 Fuller Wiser Rd., Suite 300
Euless, TX 76039-3856
817/868-4000 or 817/868-4041

APPLICATION STATUS UPDATES

Our licensing examiner will send you a written status update upon the initial screening of the application.

APPLICATION SUBMITTAL

- Use our convenient online services by registering with MYLICENSE. The online features will help you apply for a new license, renew an existing license, update your email and mailing address, and receive electronic communication about application status, licensure, regulations changes, and other important news. ProfessionalLicense.Alaska.Gov/MYLICENSE
- Use the Uniform Application (UA) for initial licensure offered through the Federation of State Medical Boards (FSMB). This application process may benefit physicians applying for licensure in multiple states. FSMB.org/uniform-application
- Use a traditional paper application. You may still opt-in to receive electronic communication about application status. Visit our website for additional information: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

BOARD REVIEW OF APPLICATIONS

Only the board is authorized to grant licenses. Your application will be presented to the board for review and approval of your license at a regularly-scheduled board meeting. In most cases, you will be notified via a completion status letter from the licensing examiner that your file has been forwarded to the executive administrator for review and when the next scheduled board meeting will occur. In some cases, if there is an issue that requires resolution in your application, your file may be delayed for a period and your file may not be reviewed by the board immediately. If you wish to know when your application will be considered by the board, please contact the office and advise us as early as possible so that we may accommodate your request

COMPLETION OF THE APPLICATION FORMS

Help us do a good job processing your application: type or print legibly all application documents. Please read the instructions and give careful thought before answering the questions in the application - remember - you are certifying that the information is truthful and correct.

Make sure all notary seals are properly affixed on the application and all documentation has been properly certified as required. Provide all documents requested in the application; incomplete applications will delay processing.

Failure to answer all questions completely and accurately, or the omission or falsification of information may be cause for denial of your application or disciplinary action if you are subsequently permitted by the board. WHEN IN DOUBT, DISCLOSE ALL INFORMATION OR CALL OUR OFFICE.

CERTIFIED TRUE COPIES

To obtain a certified true copy, take the original document to a notary public so he/she may compare the original to the photocopy of the document. **The notary must write "I certify this to be a true copy of the original document." on the photocopy and attest to the fact by signing and notarizing the document.**

CONFIDENTIALITY

The contents of licensing files are generally considered public. If you believe the additional information you are attaching to explain a "yes" answer should be held confidential, so state in the attachment. A request for confidentiality may or may not be granted.

CONTINUING MEDICAL EDUCATION REQUIREMENT

Alaska law requires an average of 25 hours of Category I AMA- or AOA-approved continuing education hours for each year of the licensing period (two-year licensing cycle). At the time of renewal, the licensee must attest to compliance with the CME requirements. After renewal is completed, the division will perform a computer-generated random audit of licensees who will be required to provide proof of CME courses. Please see regulations 12 AAC 40.200, 210, and 220.

DEA CLEARANCE REPORT

You are required to request a clearance report from the Drug Enforcement Administration for your DEA Registration. Use the form provided in this packet and send your request to:

Drug Enforcement Administration
300 5th Avenue, Suite 1300
Seattle, WA 98104

DENIAL OF LICENSE

The denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local government agency, or other entity making a relevant inquiry or as may be required by law.

EXAMINATION SCORES

Regardless of your application, whether by credentials or examination, Alaska requires that you must pass each component of your examinations with a minimum two-digit score of 75. If you are applying for licensure by examination and fail any component more than once, you will be required to complete a supervised course of study acceptable to the board before permission to retake the step will be given. You must request exam scores be sent to the board from the appropriate organization.

To request scores, send your full name, the name of your medical school, date of graduation, your birth date, and your social security number to the appropriate organization listed below. Each organization requires a fee of \$65 accompany such requests (money order, personal check, or cashier's check).

For FLEX or USMLE examination scores, send your request to:

The Federation of State Medical Boards
Attn: FLEX/USMLE
Post Office Box 619850
Dallas TX 75261-9850

Telephone: (817) 868-4000
Fax: (817) 868-4099

For National Board of Medical Examiners, send your request to:

National Board of Medical Examiners
P.O. Box 48014
Newark, NJ 07101-4814

Overnight Delivery Service Requests:
c/o Image-Remit, Inc.
210 N. Center Drive, Commerce Center #210
North Brunswick, NJ 08902-4246

For the National Board of Osteopathic Medical Examiners, send your request to:

National Board of Osteopathic Medical Examiners
8765 W. Higgins Road, Suite 200
Chicago, IL 60631-4104

Telephone: (773) 714-0622

FAX DOCUMENTS

Fax copies of documents are **NOT** accepted for documentation or verification in our licensing process.

FEDERATION CREDENTIALS VERIFICATION SERVICE

The Federation of State Medical Boards offers a credentials verification service that is accepted by the Alaska board. This verification process is conducted separately and independently by the FCVS in accordance with established policies and procedures set forth by the board. By participation in the FCVS process, you will establish a permanent, lifetime portfolio of primary-source verified credentials allowing for quick and easy access to your important medical credentials.

To utilize this service, you must first enroll by submitting an application to the FCVS. For more information on this service, go to www.fsmb.org/fcvs.htm or call toll free 1-888-275-3287. When the FCVS receives your information and documentation, a non-interpretive "Physician Information Profile" containing certified photocopies of your credentials is forwarded directly to the board. Please do not contact the Alaska State Medical Board regarding your FCVS application.

FSMB Board Action Databank Report

The Alaska State Medical Board requires all applicants to have a copy of their individual Board Action Databank Report sent directly to the Board by the Federation of State Medical Boards (FSMB). You must contact them directly to order the report: www.fsmb.org

FOREIGN LANGUAGE DOCUMENTS

All foreign language documents must be certified true copies and must be accompanied by a certified translation into English by a recognized translator.

LICENSE APPLICATION PROCESSING STAFF

Please visit our website to find the contact information for your Licensing Examiner:
ProfessionalLicense.Alaska.Gov/StateMedicalBoard or call (907)465-2550

INITIAL LICENSURE IN SECOND YEAR OF TWO-YEAR CYCLE

If you were initially licensed in the second year of the two-year licensure period, within 12 months of the date of expiration (December 31, even-number years), the applicant will pay the entire license fee. Upon renewal, the applicant will receive a renewal form that prorates the licensure fee for the coming licensure period. The applicant will pay one-half of the required license renewal fee at the time of renewal.

If your permanent license was first issued to you after October 1 of the second year of the licensing period, you will pay the initial full license fee; however, your license will be issued showing the expiration date of the next biennial licensing period. (For example, if your initial license was issued October 18, 2002, the expiration date will automatically be entered as December 31, 2004.)

LICENSING PROCESS

Submit your complete application to the board with fees and pertinent documents. The licensing examiner assembles the documents for your file and advises the applicant of the application status. Upon the completion of the application file when all documents have been received from other organizations, the file is forwarded to the board's administrator who reviews the entire file. At the discretion of the administrator, a locum tenens permit may be issued.

Applications will be processed in the order in which they are received in the board's office. Please insure that you apply well in advance of your need for the permit or license. Board staff will not expedite one application before another.

LICENSE RENEWAL

All medical licenses in Alaska are on a two-year cycle, with all licenses expiring December 31 of even-numbered years. Notification for license renewal is mailed out to license holders of record at least 30 days prior to expiration, usually in late October. You are required by law to keep your current address on file with the division (12 AAC 02.900).

Failure to receive a renewal notice is not considered an excuse for nonrenewal. A physician who is not intending to practice medicine in Alaska may renew their license in an inactive status. If you practice in the state occasionally, you must renew your license in active status. An inactive status license prohibits you from practicing; however, if you wish to reactivate your inactive license, contact the licensing examiner for instructions. It is illegal to practice medicine in Alaska with an inactive or lapsed license or permit.

NAME CHANGES

If you have changed your name at any time during your life, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) supporting your name change.

OPIOID EDUCATION

A two-hour education course (equivalent to a continuing medical education program) is required to qualify for a new license in the State of Alaska, unless you do not hold a valid DEA registration. Courses must be Category 1 of AMA-approved education, or Category 1 or 2 of AOA-approved education. For a podiatrist, it may instead be earned in a continuing medical education program from a provider that is approved by the Council on Podiatric Medical education (CPME). To document compliance with the opioid education requirement, the title/description of the program on your Certificate of Completion should specifically reference all three areas of the required subject matter; pain management, opioid use, and addiction

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.

PERSONAL INTERVIEWS

Applicants for medical licensure in Alaska may be required to have a personal interview either with an individual board member or with the full board. Should an interview be required, you will be notified and an interview scheduled. An interview may be required if, during the processing of your application, a question arises for which the board determines it requires additional information from you.

PRACTICING IN ALASKA

For information on practice opportunities, please contact:

Alaska State Medical Association
4107 Laurel Street
Anchorage, AK 99508-5334
(907) 562-0304

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

A licensee may not prescribe or dispense a controlled substance in Alaska or to Alaskan residents until registration with the PMDP is complete. All Alaska-licensed practitioners with a DEA registration must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing a federally scheduled II or III controlled substance. For more information go to: pdmp.alaska.gov

PROCESSING TIME

In general, average processing time for a temporary permit is from twelve to fourteen weeks. Please plan accordingly. Application processing time depends to a large extent on the response time from other organizations. Time required also depends upon our workload and the volume of applications being processed. Because the length of processing time for your application may vary considerably, we urge you to be patient until our processing is complete and the permit is issued.

If there are any "Yes" responses or if adverse information is received, it will typically take longer to gather and evaluate additional data. If the application is referred to the Investigations Unit for investigation of a particular issue, processing time is extended by the time required to complete an investigation. Since investigations must be prioritized, it may take longer to complete the file.

SOCIAL SECURITY REQUIREMENT

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States social security number. Applicants who are foreign citizens and are unable to obtain a social security number must contact the division office for instructions. Social security numbers are required by federal law to be held confidential; we do not release these numbers to the public.

STALE DOCUMENTS

If during the license application process certain documents become older than twelve months from the date the document was received in our office, that document is considered to be stale and must be resubmitted. Affected documents include the application document, verifications of licensure from other licensing jurisdictions, the DEA clearance report and the FSMB Board Action Data Bank report.

STATE BUSINESS LICENSES

Physicians who are employees do not need to obtain an Alaska state business license; physicians who are independent contractors must obtain a state business license. You may obtain a business license by contacting: BusinessLicense.Alaska.Gov or (907) 465-2550

TELEPHONE QUERIES

We have a very small staff and work hard to process applications as quickly as possible. Unnecessary telephone calls to our offices delay processing. If the licensing examiner must spend time answering numerous telephone queries, application processing time is affected. Because of the huge volume of telephone calls regarding the status of applications and because of privacy issues, **we must restrict our telephone responses to the applicant only**. We will not discuss your application with others. If you are concerned about your application being received in our office, mail it "certified – return receipt requested." You will have a verification of delivery returned to you by the post office.

TEMPORARY PERMIT

After your application for a permanent license is complete, it is forwarded to the board's executive administrator. Following her review, she may authorize the issuance of a temporary permit. Since the Board only meets four times each year, the temporary permit is a courtesy to you to allow you to practice until the next board meeting when your file will be considered. The permit will be mailed to you at the address you specify in your application. Should a personal interview be required, the temporary permit may be issued at the conclusion of the interview.

VERIDOC – License Verification Service

You may wish to utilize the services of Veridoc, Inc. for the purpose of expediting your verifications of licensure from other states to the Alaska board for your application. To use this system, log on to their website at www.veridoc.org for more information. The use of Veridoc eliminates the time delay often experienced when relying on post office mail to receive license verifications. We recommend the use of Veridoc to expedite processing.

WITHDRAWAL OF APPLICATIONS

The board permits the withdrawal of an application that it has not yet considered at a board meeting. Should you wish to withdraw your application, please submit a request in writing stating the reason for the withdrawal. Requests must be received before the first time the Board reviews and considers the application. All withdrawals are reported to the Federation of State Medical Boards stating the reason for the withdrawal.

WEBSITE ADDRESS

The Division of Corporations, Business and Professional Licensing maintains a website where you may check to see if your license or permit has been issued. The address is <https://www.commerce.alaska.gov/cbp/main/Search/Professional>.

The medical board's website is ProfessionalLicense.Alaska.Gov/StateMedicalBoard.

“YES” RESPONSES

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any question in the application, additional time will be required for the gathering and assessment of pertinent information. **You can expedite this process by providing with your application complete explanations and documentation for any “Yes” responses.**

HOW CAN YOU HELP?

1. First and foremost: apply far enough in advance to allow for application processing.
2. If you are concerned about your application being received in our office, mail it Certified - Return Receipt.
3. If you wish to expedite processing as much as you can, send all your verification request forms out via overnight mail and include a return overnight mail envelope addressed to the licensing examiner for the organization's use. This will help them to respond quickly.
4. Whenever available use on-line resources to request verification documents such as the AMA Physician Profile.
5. Ensure the application is complete when you submit it; do not skip any sections or questions. Provide any necessary explanation and documentation with the application. Print legibly or type your application.
6. Provide complete explanations for any “Yes” responses; it saves time if we don't have to request such information.
7. Provide a brief description for any malpractice claims describing what the allegation was, the nature of the case, your level of involvement, and the resolution of the case.
8. Use VeriDoc for your license verifications; it speeds the process greatly.
9. We recommend the use of the FCVS; it also speeds the process.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN.

Applicant Name:	
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PART XVII Notarized Signature

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Applicant's Signature:			
Printed Name:		Date:	

Notary Public for State of:			
Subscribed and Sworn to Before me on this Day:		My Commission Expires:	
Notary's Signature:			

<p>Attach a recent photo that is no larger than 3" x 3".</p>	<p>Photograph</p> <div style="border: 1px dashed gray; width: 300px; height: 250px; margin: 0 auto;"></div>	<div style="border: 1px dashed gray; width: 150px; height: 150px; border-radius: 50%; margin: 0 auto;"></div> <p>Notary Stamp</p>
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Alaska State Medical Board
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550
Email: MedicalBoard@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	Street or PO Box	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date:	



Alaska State Medical Board
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550
Email: MedicalBoard@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Verification of Licensure



Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or other countries' licensing jurisdictions where you have ever been licensed as any health care professional. Duplicate this form as needed.

Full Legal Name: (Last, First, Middle)		Birth Date: (mm/dd/yyyy)	
Medical/Osteopathic School Attended:		Year of Graduation:	
Applicant Signature:		Date of Signature:	



Licensing Agency:

Please provide the information requested below for the physician identified in this form and send document directly to the Alaska State Medical Board at the letterhead address

State Board or Licensing Jurisdiction:		License Number:	
Initial License Date:		Expiration Date:	
Basis of Licensure: (FLEX, USMLE, etc.)		Current License Status:	

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction? Yes No
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction? Yes No
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, placed on probation, or in any other manner limited by a licensing or disciplinary authority in your state? Yes No
- Are you aware of any derogatory information regarding this applicant? Yes No
- Is any such investigation or action pending? Yes No

Board Seal	Signature:		Date:	
	Printed Name:		Title:	



Alaska State Medical Board
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550
Email: MedicalBoard@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Verification of Hospital Privileges

→ **Applicant:** Complete this top part and then forward a copy to each hospital where you have held privileges in the immediate past five years. Include privileges held during residency

Full Legal Name: (Last, First, Middle)		Birth Date: (mm/dd/yyyy)	
Applicant Signature:		Date of Signature:	

→ **Hospital:** Complete this bottom part for the physician identified above and return the form directly to the Alaska State Medical Board.

Hospital Name:		Dates of Hospital Privileges:	
Mailing Address:			

— **THE FOLLOWING PART TO BE COMPLETED BY HOSPITAL STAFF ONLY** —

1. Has your hospital ever taken any disciplinary action against this physician? Yes No

2. Have there ever been limitations or restrictions on this physician's privileges? Yes No

3. Are any disciplinary actions pending against this physician? Yes No

4. Is there any derogatory information on file regarding this physician? Yes No

5. Is there any reason you would not readmit this physician to your medical staff? Yes No

Board Seal	Signature:			
	Printed Name:		Date:	
	Title:		Phone:	



Alaska State Medical Board
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550
Email: MedicalBoard@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Verification of Medical or Osteopathic School Education

→ **Applicant:** Complete this top part and then send it to the medical school which awarded your diploma.

Full Legal Name:		Birth Date:	
Applicant's Signature:		Date of Signature:	

→ **Medical School Staff:** Please complete this bottom part for the student identified above and return the form directly to the Alaska State Medical Board.

— **THE FOLLOWING PART TO BE COMPLETED BY MEDICAL STAFF ONLY** —

Exact Date on Diploma:	
Medical School Name:	
Medical School Address:	

During this physician's medical school education, was he/she ever investigated by the school or disciplined by the school for any reason? Disciplinary actions include but are not limited to being placed on probation, issued a letter of reprimand, censured, suspended, restricted, or otherwise disciplined. Yes No

! If you answered "Yes" to this question, please attach a detailed explanation and reason for the action, signed and dated by the person whose signature appears below.

Seal (if applicable)	Signature:			
	Printed Name:			
	Date:		Title:	



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Verification of DEA Registration Status

Complete this top part and then mail it to the Drug Enforcement Administration (DEA) at:



Applicant:

Drug Enforcement Administration
Attn: Diversion Unit
300 5th Avenue, Suite 1300
Seattle, WA 98104

Full Legal Name			
Other Names Used			
Birth Date		DEA Registration Number	
Mailing Address			
Address of DEA Registration			
Applicant's Signature		Date of Signature	



DEA Use Only:

Please search your records and advise if there is any derogatory information on file against this physician. Please return this form directly to the Alaska State Medical Board at the letterhead address.

Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied?

Yes No

Is any such investigation pending?

Yes No

DEA Comments:



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Verification of Post-Graduate Training

➔ **Applicant:** Complete this top part and then send it to the post-graduate training program(s) you attended

Full Legal Name: (Last, First, Middle)		Birth Date: (mm/dd/yyyy)	
Medical/Osteopathic School Name:		Year Graduated:	
School Address:		IMG or ECFMG: (if applicable)	
Name of Post-Graduate Program:		Location of Post-Graduate Program:	
Applicant's Signature:		Date of Signature:	

➔ **Post-Graduate Staff:** Please complete this bottom part for the student identified above and return the form directly to the Alaska State Medical Board.

Verification for Post-Graduate Year Number:	Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/>	Year 4 <input type="checkbox"/>	Year 5 <input type="checkbox"/>	Year 6 <input type="checkbox"/>
Dates of Training:						

- At the time this individual completed training in your program, was the program accredited through?

<input type="checkbox"/> Accreditation Council for Graduate Medical Education	<input type="checkbox"/> American Osteopathic Association
<input type="checkbox"/> Royal College of Physicians and Surgeons of Canada	<input type="checkbox"/> None of these

- During the physician's participation in your program, was he/she ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? Yes No

- Is there anything in this physician's postgraduate training records that would indicate he/she would be unable to practice medicine competently and safely? Yes No

- Was a certificate of completion issued to this physician upon completion of the program? Yes No

Please provide a detailed explanation for any "Yes" answers.

Seal (if applicable)	Signature:			
	Printed Name:			
	Date:		Title:	



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Physician Board Action Data Bank Inquiry

Please complete the information below. Type or print legibly. **MAIL THIS REQUEST FORM TO:**



Applicant:

Federation of State Medical Boards
400 Fuller Wiser Rd., Suite 300
Euless TX 76039-3855

Full Legal Name: (Last, First, Middle)			
Birth Date: (mm/dd/yyyy)		Social Security Number:	
Mailing Address:			
Medical/Osteopathic School Name:		Location:	
Year of Graduation:		If International graduate, ECFMG No.:	



Applicant: Do Not Write Below This Line - Do Not Detach

Instructions to the Data Bank Staff: Please search the data bank for any record of this practitioner. Please forward your report to the medical board at the letterhead address.

FOR FEDERATION USE ONLY



Alaska State Medical Board

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: MedicalBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Authorization to Discuss Application and Share Information

Medical 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 Board staff must have a signed release from the applicant to discuss the application and share information.

If you wish to authorize such communication, please complete this form and file with your application.

Name of Applicant			
Profession	Physician <input type="checkbox"/>	Physician Assistant <input type="checkbox"/>	MICP <input type="checkbox"/>
Applicant's Email		Phone	

Authorized Agency		Phone	
Authorized Agent		Email	

I hereby authorize staff of the Alaska State Medical Board to share and exchange information relating to my licensing application with the above-named authorized agent and agency.

This release applies to status updates and documents and information required to complete my application for licensure in the

Applicant's 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 sent a written status letter 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.*