



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
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501-3567
Phone: (907) 269-8160 • Fax: (907) 269-8156
Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov

Request for Expedited Review of Health Care Professional Application

Facility executives may request expedited screening of license applications when a lack of licensed personnel will result in a termination of service to patients. This request is a public document and may be shared with other agencies or used in published division performance reports. Please read the additional instructions below.

Information About Applicant for Licensure

Name of Applicant		Date Application Postmarked	
Profession	<input type="checkbox"/> Medical	<input type="checkbox"/> Nursing	<input type="checkbox"/> Other _____

Information About Impact on Facility

Applications for licensure are screened and reviewed in date order. Please ensure the applicant has submitted an application before making your request. It is the responsibility of the applicant to ensure that all verifications of licensure, transcripts, hospital privileges, and other documentation required in statute or regulation is submitted. The Division cannot expedite applications that are incomplete. To maintain fairness to applicants awaiting review, only executives of the affected facility may submit this form.

Name of Facility Representative Making Request		Title	
Name of Facility			
Type of Facility	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Surgical <input type="checkbox"/> Other _____
Phone		Email	
Date of service shutdown due to lack of personnel			
Please provide additional details about the situation			
I certify that the information submitted herein is true and accurate to the best of my knowledge:			
Signature:		Date:	