

Email: BoardOfChiropracticExaminers@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers

# **Chiropractic License Reinstatement Application Instructions**

Read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and examination deadlines, and to provide all necessary documentation. The board will not consider your application until your application file is complete.

In accordance with AS 08.20.100(a), a person may not practice chiropractic or use chiropractic core methodology in the state without a license. A person holding an inactive or retired status license may not practice in the state.

## To reactivate an inactive status license:

Do not use this application. You must submit a completed renewal application (form #08-0094) with the required fees. The form is available on the website in the letterhead address.

## To reactivate a license that has been in retired status for less than two (2) years:

Do not use this application. You must submit a completed renewal application (form #08-0094), the required fees and documentation that all continuing education requirements of 12 AAC 16.290 through 12 AAC 16.370 have been met. The form is available on the website in the letterhead address.

A person may not reinstate a license that has been lapsed or in retired status for five years or more. The licensee must apply for a new license and meet the current licensing requirements.

## **APPLICATION PROCEDURES**

To reactivate a license that has been lapsed or in retired status for <u>at least</u> two (2) years, but <u>less than</u> five (5) years the following must be received by the division before your application can be reviewed:

## **1.** APPLICATION

A signed, completed application (#08-4170, pages 1-4)

## 2. FEES

Fees made payable to "State of Alaska." License Fee: \$ 1,000.00

## **3.** CONTINUING EDUCATION

Documentation all continuing education requirements of 12 AAC 16.290 - 12 AAC 16.370 have been met for the entire period the license has been lapsed or in retired status. The Continuing Education Activity Log (form #08-4170a) must be completed.

## **EXAMINATION INFORMATION:**

Be advised that passing an exam in another state does not qualify an applicant for an Alaska license. Applicants are required to pass the Alaska State Chiropractic Examination, and all requirements under Alaska Statutes and Regulations must be met.

The Alaska State Chiropractic Examination consists of a written examination, administered by the board or the board's agent, covering AS 08.01 – AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, 7 AAC 18 and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20. A score of 75 percent or above is required to receive a passing grade on the state chiropractic examination. The exam is now offered in an open book and on demand format. The exam will be provided by the board or the board's agent upon receipt of application and application fee.

An applicant who has failed the state chiropractic examination may submit a written request for reexamination to the board not sooner than seven (7) days after the date the applicant failed the examination.

# **General Information**

## **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 December 31 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 showing final disposition of charge(s) (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.* 

## **PUBLIC INFORMATION:**

All information on the application will be available as 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

## **Board of Chiropractic Examiners**

PO Box 110806, Juneau, AK 99811 Website: *ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers* 

# **Chiropractic License Reinstatement Application**

PART I Pa	yment of Fees						
Required Fees:	License Fee			\$ 1,000.00			
PART II Personal Information							
Full Legal Name:		AK License Number:					
	hames used (maiden, nicknames, aliases). If a true copy of the documentation showing proof	-	-	name, you must			
Not Appli							
Other Nar	mes Used:						
Mailing Address:	P.O. Box or Street C	ity	State	Zip			
Contact Phone:		Date of Birt	:h:				
and Professional Licensin	choosing to receive correspondence on any matter affecting choosing to receive correspondence on any matter affecting or a gree to maintain an accurate email address through th s in good standing may result in an inability to receive crucia	e MY LICENSE web page. I und	derstand that failure to check	my email account or			
Email Address:		Select One:	Send my Correspond				
	Note: If both boxes are selected above, you	vill receive correspondenc	e electronically.				
States Social Security Nu	<b>BER:</b> AS 08.01.060 requires you to provide your United mber. It is considered confidential information and will ; it may be used to verify inter-state licensure.						
PART III Co	ntinuing Education Attestations						
I certify I have complied with the continuing education requirements of 12 AAC 16.280 through 12 AAC 16.390 for the entire period that my license has been lapsed or in retired status.							
I understand I can claim two (2) hours of credit for completing the jurisprudence review covering the Board of Chiropractic Examiners statutes and regulations.							
I understand I can claim up to four (4) hours of credit for cardiopulmonary resuscitation training (CPR), automated external defibrillator training (AED), or basic life support training (BLS).							
PART IV Alaska Law							
I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.20 and 12 AAC 16).							

FOR DIVISION USE ONLY

# PART V 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** <u>explanation</u> and <u>documentation</u>. 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 been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving 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
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
3.	Have you secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation?	Yes	No
4.	Have you engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?	Yes	No
5.	Have you advertised professional services in a false or misleading manner?	Yes	No
6.	Have you experienced a physical disability, impairment, or an infectious or contagious disease that may interfere with your ability to safely practice as a chiropractic physician?	Yes	No
7.	Have you been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs?	Yes	No
8.	Have you intentionally or negligently engaged in or permitted the performance of patient care by persons under your supervision that does not conform to minimum professional standards (regardless of whether actual injury to the patient occurred)?	Yes	No
9.	Have you failed to comply with a board order?	Yes	No
10.	Have you continued or attempted to practice after becoming unfit due to professional incompetence?	Yes	No
11.	Have you engaged in lewd or immoral conduct in connection with the delivery of professional services to patients?	Yes	No
12.	Have you failed to satisfy board-adopted continuing education requirements?	Yes	No
13.	Have you had any malpractice settlements or judgments paid on your behalf?	Yes	No

# PART V Professional Fitness Questions (continued)

14.	14. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice chiropractic care in a competent, ethical and professional manner?				No
15.	Do you use drugs or alcohol in any manner that impairs your ability to practice chiropractic care competently and safely?		Yes		No
	If you answered "yes" to questions 14 or 15, in addition to your pers			-	

"Yes" Answers

**If you answered "yes" to questions 14 or 15,** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.





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

## **Board of Chiropractic Examiners**

PO Box 110806, Juneau, AK 99811 Website: *ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers* 

# **Signature Page**

**Applicant Name:** 

## PART VI 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.

Applicant Signature:		Date Signed:	
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## Regulations

**12 AAC 16.280. STATEMENT OF PURPOSE OF CONTINUING EDUCATION.** The purpose of continuing chiropractic education is to insure that the renewal of licenses is contingent upon proof of continued competency and to assure the consumer of an optimum quality of chiropractic health care by requiring licensed chiropractors to pursue education designed to advance their professional skills and knowledge.

Authority: AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.290. HOURS OF CONTINUING EDUCATION REQUIRED.** (a) An applicant for renewal of a chiropractic license who has been licensed at least two years must complete 32 credit hours of approved continuing education that was earned during the concluding licensing period including at least

- (1) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;
- (2) two hours in coding and documentation;
- (3) two hours in ethics and boundaries; and
- (4) two hours in cardiopulmonary resuscitation (CPR) training.

(b) An applicant for renewal of a chiropractic license who has been licensed at least one year but less than two years of the concluding license period must complete 16 credit hours of approved continuing education that was earned during the concluding licensing period including at least

(1) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;

- (2) two hours in coding and documentation;
- (3) two hours in ethics and boundaries; and
- (4) two hours in cardiopulmonary resuscitation (CPR) training.

(c) Two of the hours required under (a) of this section will be credited to each applicant for renewal for completing the jurisprudence review prepared by the board, covering the provisions of AS 08.20 and this chapter. An applicant for renewal must verify, in an affidavit, that the applicant has complied with this subsection before the applicant's license renewal will be processed.

(d) An applicant for renewal of a license to practice chiropractic must submit, on a form provided by the department, a sworn statement of the continuing education that the applicant completed during the concluding licensing period.

(e) An applicant for renewal of a chiropractic license may receive up to four hours of the credit required under (a) of this section from one or more of the following subject areas:

- (1) cardiopulmonary resuscitation (CPR) training;
- (2) automated external defibrillator (AED) training;
- (3) basic life support (BLS) training.

(f) Not more than 16 credit hours of the credit hours required under (a) of this section for a renewal of a chiropractic license may be obtained over the Internet or by distance learning.

(g) An applicant applying for renewal who has been licensed more than 90 days but less than one year of the concluding biennial license period is not required to submit proof of completion of continuing education.

## Authority: AS 08.20.055 AS 08.20.170

**12 AAC 16.300. COMPUTATION OF NONACADEMIC CONTINUING EDUCATION HOURS.** (a) For the purposes of 12 AAC 16.280 - 12 AAC 16.390, 50 minutes of instruction constitutes one hour.

(b) Credit is given only for class hours and not for hours devoted to class preparation.

Authority: AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.310. COMPUTATION OF ACADEMIC CREDIT CONTINUING EDUCATION HOURS.** (a) One quarter hour academic credit from a college or university constitutes 10 hours of continuing education.

(b) One semester hour academic credit from a college or university constitutes 15 hours of continuing education.

(c) Challenged courses are not acceptable for continuing education credit.

## Authority: AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.320. APPROVED SUBJECTS.** To be approved by the board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice, including the following:

- (1) treatment and adjustment technique, including physiotherapy, nutrition and dietetics;
- (2) examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;
- (3) radiographic technique and interpretation involving all phases of roentgenology as permitted by law;
- (4) study of the methods employed in the prevention of excessive radiation and safety precautions to the patient; and
- (5) diagnostic imaging.

## Authority: AS 08.20.055 AS 08.20.170

# 12 AAC 16.330. NONACADEMIC PROGRAM CRITERIA. (a) Nonacademic continuing education programs requiring class attendance are approved by the board if

approved by the board if

- (1) the program is at least one hour in length;
- (2) the program is conducted by a qualified instructor;
- (3) a record of registration or attendance is maintained; and

(4) an examination or other method of assuring satisfactory completion of program by participant is incorporated.

(b) A qualified instructor or discussion leader is anyone whose background, training, education or experience makes it appropriate for the person to lead a discussion on the subject matter of the particular program.

## Authority: AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.340.** APPROVED NONACADEMIC CONTINUING EDUCATION PROGRAMS. (a) The following programs are approved by the board:

- (1) educational meetings of the following associations, if the documentation required by 12 AAC 16.290 demonstrates that the meeting in question meets the requirements of 12 AAC 16.320 and 12 AAC 16.330.
  - (A) American Chiropractic Association;
  - (B) International Chiropractors Association;
  - (C) Canadian Chiropractic Association;
- (2) educational classes, if
  - (A) they are conducted by any chiropractic college that is accredited by or has accreditation status with the Council on Chiropractic Education; and
  - (B) the program sponsor or the applicant for renewal of a chiropractic license
    - (i) requests board approval; and
    - (ii) demonstrates to the board's satisfaction that the educational classes meet the requirements of 12 AAC 16.320 and 12 AAC 16.330
- (3) continuing education programs that are certified by the Providers of Approved Continuing Education through the Federation of Chiropractic Licensing Boards.
- (b) The board may approve other continuing education programs under 12 AAC 16.345.
- (c) Repealed 1/29/2009.

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.170

**12 AAC 16.345. APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL.** (a) Except as provided in 12 AAC 16.340(a), to be approved by the board to meet the continuing education requirements of 12 AAC 16.290, 12 AAC 16.320, and 12 AAC 16.330, an applicant for continuing education course approval shall submit to the board, not less than 90 days before the date of the proposed program presentation date,

- (1) a completed application on a form provided by the department;
- (2) the continuing education course approval fee specified in 12 AAC 02.150;
- (3) the name of the course provider;
- (4) a complete course description, including the course title and a description of the learning objectives;
- (5) a course syllabus; and
- (6) an outline of the major topics covered by the course and the number of classroom hours allowed for each topic.

(b) Approval of a continuing education course under this section is valid until December 31 of the next evennumbered year.

(c) A sponsor who has a change in a condition required under (a)(3) – (6) of this section during the approval period described in (b) of this section must

- (1) reapply to the board for continuing education credit approval; and
- (2) submit the continuing education course change approval fee specified in 12 AAC 02.150.

(d) Notwithstanding the provisions of (a) of this section, the board may award continuing education credit for attendance at a course or seminar that has not previously been approved by the board if course or seminar meets the requirements of 12 AAC 16.320 and 12 AAC 16.330 and if the applicant submits supporting documentation to the board with the application for credit. The amount of credit awarded, if any, will be determined by the board on an individual basis.

(e) Falsification of any written evidence submitted to the board under this section is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.

Authority: AS 08.20.055 AS 08.20.170

**12 AAC 16.350. INDIVIDUAL STUDY.** The number of hours of continuing education credit awarded for completion of a formal correspondence or other individual study program that requires registration and provides evidence of satisfactory completion will be determined by the board on an individual basis. A request for board approval for credit of hours of continuing education for an individual study program must be made to the board in writing before the applicant begins the individual study program.

Authority: AS 08.20.055 AS 08.20.170

**12 AAC 16.360. INSTRUCTOR OR DISCUSSION LEADER.** (a) One hour of continuing education credit is awarded for each hour completed in preparation for instruction or discussion as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 – 12 AAC 16.390. The number of hours of credit so awarded may not exceed twice the number of hours awarded under (b) of this section.

(b) One hour of continuing education credit is awarded for each hour completed as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280 – 12 AAC 16.390. Credit is awarded only for the initial course of instruction of the subject matter unless there have been substantial new developments in the subject since the prior presentation.

(c) The total credit awarded under this section may not exceed one-third of the total hours of continuing education reported in any licensing period.

Authority: AS 08.20.055 AS 08.20.170(d)

**12 AAC 16.370. PUBLICATIONS.** Continuing education credit may be awarded for publication of articles or books. The amount of credit so awarded will be determined by the board on an individual basis.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.380. REPORT OF CONTINUING EDUCATION. Repealed 1/29/2009.

**12 AAC 16.390. RENEWAL AND REINSTATEMENT OF LICENSE.** (a) The department will renew a license that has been lapsed or in retired status for less than two years if the applicant submits

- (1) a completed application for renewal, on a form provided by the department;
- (2) the following fees established in 12 AAC 02.150:
  - (A) biennial license renewal fee;
  - (B) delayed renewal penalty fee, if the license has been lapsed for more than 60 days, but less than two years; and met.
- (3) documentation that all continuing education requirements of 12 AAC 16.290 12 AAC 16.370 have been

(b) Unless the board finds that reinstatement of a license is contrary to AS 08.20.170, the board will reinstate a license that has been lapsed or in retired status for at least two years, but less than five years if the applicant

- (1) submits an application for reinstatement on a form provided by the department;
- (2) submits the applicable fees established in 12 AAC 02.150;
- (3) submits documentation of completion of all continuing education requirements in 12 AAC 16.290 12 AAC 16.370 that would have been required to maintain a current license for the entire period that the license has been lapsed or in retired status; and
- (4) passes the state chiropractic examination under 12 AAC 16.130.

(c) A person may not reinstate a license that has been lapsed or in retired status for five years or more at the time of application for reinstatement, and the former licensee must apply for a new license under AS 08.20 and this chapter.

(d) A licensee unable to obtain the required continuing education hours for renewal or reinstatement of a license due to reasonable cause or excusable neglect may submit a request for an exemption in writing to the board, accompanied by a statement explaining the reasonable cause or excusable neglect. If an exemption is granted, the board may prescribe an alternative method of compliance to the continuing education requirements as determined appropriate by the board for the individual situation.

(e) In this section, "reasonable cause or excusable neglect" includes

- (1) chronic illness;
- (2) retirement; or
- (3) a hardship, as individually determined by the board.

Authority: AS 08.01.100 AS 08.20.055

Department of Commerce, Community and Economic Development Division of Corporations, Business and Professional Licensing Board of Chiropractic Examiners PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: BoardOfChiropracticExaminers@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers

# **Continuing Education Activity Log**

Print additional pages as needed.

Full Legal Name:			AK License Number:			
Dates of Attendance	Course/Program Title	Course Pro	vider	AK Course Number	Online (Y/N)	Hours Earned
Total Hours of Continuing Education:						

THE STATE



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

Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: License@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov

# 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.							
Location of Inc	ident:				Date of Incider	ıt:	
When in doub and explain.	Explanation of Incident:         When in doubt, disclose and explain.         Make copies as necessary.						
Did you attach	all applicable of	documents associated with	this in	cident?			
Court Ord	lers 🗌	Consent Agreements		Disciplinary Actions	Chargin	g Documents	
Court Rec	ords	Fitness to Practice		All Other Documentat	ion Related to Th	nis 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.							
Full Name:					Program:		
Signature:					Date Signed:		





Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing FOR DIVISION USE ONLY

State of Alaska PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

# **Credit Card Payment Form**

All major credit cards are accepted. For security purposes, <u>do not email</u> 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		I for the following (check all that apply):			AMOUNT
Application Fee:					
Lice	nse or Renewal Fee:				
Other (fine, exam, etc.):					
1.					
2.					
			то	TAL:	
Name (as shown on credit card):					

Name (as shown on credit card):		
Mailing Address:		
Phone Number:	Email (Optional):	
Signature of Credit Card Holder:		

08-4438 (Rev. 11/21/2024)

Credit Card Payment Form (all major cards accepted)

Page 1 of 1

# CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed. 1. Credit Card Number: All 3 fields MUST be completed. 2. Expiration Date: All 3 fields MUST be completed. 3. Security Code: This section will be destroyed after the payment is processed.