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

Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Dentist or Dental Hygienist Courtesy License Application Instructions

Except as provided in AS 08.36.238, a person may not practice, or attempt to practice dentistry or dental hygiene without a current license. A courtesy license may only be issued for a limited purpose approved by the board. The board will specify limitations on scope of the approved practice and duration of the courtesy license. A courtesy license does not authorize the licensee to practice dentistry or dental hygiene outside the limited purpose that is specified on the courtesy license.

A limited purpose for a courtesy license is the practice of dentistry or dental hygiene to underserved persons by a dentist or dental hygienist who has entered a written contract with a non-profit organization, charitable organization, or governmental agency. ("Underserved person" means individuals and groups of individuals whose access to dental health care in this state is limited or nonexistent due to geographic or economic factors, including low income and rural residence.) A holder of a courtesy license for dental hygiene may only practice under the general supervision of a dentist licensed in Alaska.

A courtesy license may be issued to a non-resident to practice dentistry or dental hygiene, is nonrenewable and is valid for a period not to exceed either a total of 40 days of practice during a 12-consecutive-month period or the duration of the limited purpose approved under 12 AAC 28.955(d) for the courtesy license holder, whichever is less. A person will not be issued more than one courtesy license in a 12-month period.

A courtesy license may not be used 1) for the purposes of locum tenens coverage; 2) to serve in place of a temporary or other license; 3) for the purposes of employment consideration; or 4) for receipt of remuneration directly or indirectly for practicing dentistry or dental hygiene requiring licensure under AS 08.32 or AS 08.36.

All applications are processed in the order received to ensure fairness to all applicants. Subsequent supporting documents not on file at the time of initial review of the application will also be processed in the order received. General processing times for the dental licensing program is 4-6 weeks from the date received in our office, though those times may lengthen during renewal (January-February of odd-numbered years). Licenses are generally issued 5-7 weeks after a completed application is received.

The following must be received by the division before your application for Dentist or Dental Hygienist Courtesy License can be reviewed:

1. APPLICATION
A completed application, signed and notarized (#08-0005, pages 1-5).

2. FEES
Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	$ 50.00
Courtesy License Fee:	$ 50.00
Prescription Drug Monitoring Program (PDMP):	$ 0.00
Total Fees Due:	$100.00

3. AUTHORIZATION FOR RELEASE OF RECORDS
A completed Authorization for Release of Records form (#08-0005a).

4. VERIFICATION OF LICENSURE
A Verification of Licensure form (#08-0005b) showing evidence of a current license to practice dentistry or dental hygiene in good standing, sent directly from a state or jurisdiction with requirements at least equivalent to those of this state at the time of application and which verifies that the licensee is not under investigation in the state or other jurisdiction in which the applicant is licensed.

5. SCOPE OF PRACTICE
A description of the scope of dentistry or dental hygiene practice required to perform the duties for which the courtesy license is to be issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate to the board's satisfaction that the scope of dentistry or dental hygiene practice is for the limited purpose.

6. DESCRIPTION OF PURPOSE

A description in sufficient detail for the board to evaluate the circumstances under which the applicant will be practicing under any courtesy license issued, including the name and license number of the supervising dentist licensed to practice in this state if the applicant is working in a supervised clinic. (A dental hygienist courtesy license holder may practice only under the general supervision of a dentist licensed in Alaska.)

7. CONTRACT

A copy of the signed, written contract with a non-profit organization, charitable organization, or governmental agency, as referenced in 12 AAC 28.955(b).

8. ADDITIONAL PRACTICE INFORMATION

Courtesy licensees must submit all additional dental or dental hygiene practice information not provided in the original application within the 12-consecutive-month licensing period on form #08-0005c to the Alaska Board of Dental Examiners 30 days prior to subsequent courtesy practice to ensure timely processing.

General Information

APPLICATION PROCESSING:
The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. 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.

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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:
Please be aware that the denial of an application of 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.

RANDOM AUDIT:
If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:
In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. 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 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:
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.

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.

PRESCRIPTION DRUG MONITORING PROGRAM:
All actively licensed practitioners with a DEA registration number valid to use in any state or practice location 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, administering, or dispensing a federally scheduled II or III controlled substance. For more information, please visit *PDMP.Alaska.Gov*

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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

THE STATE of ALASKA

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

DEN

FOR DIVISION USE ONLY

Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Dentist or Dental Hygienist Courtesy License Application

PART I Application Type

Application Type:	☐ Dentist ☐ Dental Hygienist

PART II Payment of Fees

Required Fees:	☐ Nonrefundable Application Fee	**$50.00**
	☐ Courtesy License Fee	**$50.00**
PDMP Fees:	☐ I have an active DEA registration number valid in any state or practice location.	**$ 0.00**
	☐ I do not have an active DEA registration number valid in any state or practice location.	**$ 0.00**

PART III Personal Information

Full Legal Name:			

Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

☐ Not Applicable
☐ Other Names Used: _____

Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:		**Date of Birth:**		

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:		**Select One:**	☐ Send my Correspondence Electronically ☐ Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	

PART IV Current Residency

Are you currently a public health service officer or member of the military stationed in Alaska?	☐ Yes ☐ No
☐ I hereby certify that I am not an Alaska resident.	
State or Country of Residency:	

PART V Professional License(s)

Please list all states, territories, provinces, or foreign countries in which you currently hold or have ever held a license to practice dentistry or dental hygiene. Continue on a separate page, if necessary. Ensure a verification of a current license to practice dentistry or dental hygiene in good standing in another state or jurisdiction is submitted to the division directly by that state's licensing jurisdiction.

State or Jurisdiction	License Number	Issue Date	Expiration Date	License Status (Active, Lapsed)

☐ I verify that I've listed all states or jurisdictions where I've held a license to practice dentistry or dental hygiene (as applicable).

☐ I confirm that I am not under investigation in any state or jurisdiction where I hold or have ever held a dentist or dental hygiene license (as applicable).

PART VI Description of Purpose

Provide a detailed description of the circumstances (non-profit organization, charitable organization, or governmental agency) under which you will be practicing under the courtesy license issued, including the name and license number of the supervising dentist licensed to practice in the state if the applicant is working in a supervised clinic.

Exact Dates License Required: (30 Day Maximum)	**Start Date:**		**End Date:**	
Name of Supervising Dentist: (If Applicable)			**License Number:**	

PART VII Scope of Practice

Provide a description of the scope of practice of dentistry or dental hygiene required to perform the duties for which the courtesy license is to be issued.				
Practice Location:	Street	City	State	Zip
Duration of Practice:				
Patient-Population to be Seen:				

PART VIII DEA Registration and PDMP Acknowledgment

1. **Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?**

☐ **a.** **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will refer to all applicable authorizing statutes, regulations, and comply with mandatory use. (Skip to Part IX)

☐ **b.** **YES**, I have an active DEA registration number valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days of receiving this license, as required by the board, and will comply with mandatory use as required by AS 17.30.200, 12 AAC 28.953, and 12 AAC 40.967.

☐ I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		**Issue Date:**		**Expiration Date:**	

2. **Providers who directly dispense a federally scheduled II - IV controlled substance are required to report daily. Do you plan to directly dispense?** Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

Reporting does not apply to you if you directly dispense a 3-day supply or less, or in practice locations exempt under AS 17.30.200(t). Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, inpatient pharmacies, and emergency departments.

Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.

☐ **a.** **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.

☐ **b.** **NO**, I do not plan to directly dispense and acknowledge that if I begin directly dispensing, I must report daily. (If you are not directly dispensing, the reporting criteria do not apply to you.)

PART IX Attestations

By my signature below, I attest that I have not:

- ☐ Had a dental or dental hygiene license suspended or revoked in any jurisdiction;
- ☐ Been convicted by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the three years immediately before the date of application for a courtesy license;
- ☐ Had two or more convictions, by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the five years immediately before the date of application for a courtesy license, unless I also successfully completed a treatment program related to abuse of alcohol or a controlled substance since the date of the most recent conviction.

THE STATE of ALASKA

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

DEN

FOR DIVISION USE ONLY

Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Notary Signature Page

PART X 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 understand that my courtesy license will be limited to the scope of practice and duration approved by the board; and that I cannot practice outside the limited purpose that is specified on my courtesy license. I understand this license is nonrenewable and is valid for a period not to exceed either a total of 40 days during a 12-month consecutive period or the duration of the limited purposed approved by the board (whichever is less). I understand I won't be issued more than one courtesy license in a 12-month period.

I understand that while practicing under a courtesy license, I'm obligated to uphold the standards of practice as identified in AS 08.32, AS 08.36, and 12 AAC 28; and that I'm subject to disciplinary provisions of this board for actions taken or omitted while practicing under the courtesy license.

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).

Notary Stamp				
	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		**Subscribed and Sworn to Before me on this Day:**	
	Notary Signature:		**My Commission Expires:**	

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

Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and 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.

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 is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a dentist or dental hygienist courtesy license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

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

Name:	First Middle Last		
Full Address:	P.O. Box or Street City State Zip		
Phone:		**Date of Birth:**	
Email:			
Signature:		**Date Signed:**	

THE STATE of ALASKA

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

Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Verification of Licensure

→ Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

Applicant Name:		**Date of Birth:**	
Mailing Address:	P.O. Box or Street City State Zip		
Applicant Signature:		**Date Signed:**	

→ Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Dental Examiners at the letterhead email or address.

Licensee Name: (As Shown in Your Records)		**State or Jurisdiction:**	
License Number:		**License Type:**	
Issued By:	☐ National Exam ☐ State Exam ☐ Other (Please Specify): _____		
License Status:	☐ Current ☐ Inactive ☐ Other (Please Specify): _____		
Original Issue Date:		**Expiration Date:**	

1. Is the above-named applicant in good standing with this board? ☐ Yes ☐ No
2. Is this applicant currently under investigation? ☐ Yes ☐ No
3. Has the applicant's license ever been suspended, revoked, or subject to any disciplinary actions? ☐ Yes ☐ No
4. Please provide any information you believe relevant to the applicant's qualifications to practice as a dentist or dental hygienist: _____

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	**Signature:**		**Date Signed:**	
	Printed Name:		**Title:**	
	Email:		**Phone:**	

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

Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfDentalExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers*

Additional Courtesy License Practice for Dentistry or Dental Hygiene

PART I Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes. ☐ Not Applicable ☐ Other Names Used: _____			
Mailing Address:	P.O. Box or Street City State Zip		
Courtesy License Number:		**Date of Birth:**	
Email Address:		**Phone Number:**	

PART II Additional Practice Information

Provide a detailed description of the circumstances (non-profit organization, charitable organization, or governmental agency) under which you will be practicing under the courtesy license issued, including the name and license number of the supervising dentist licensed to practice in the state if the applicant is working in a supervised clinic.

Exact Dates of Additional Practice: (40-day max. during 12-consecutive-month period)	**Start Date:**		**End Date:**	
Name of Supervising Dentist: (If Applicable)			**License Number:**	

PART III Scope of Practice

Provide a description of the scope of practice of dentistry or dental hygiene required to perform the duties for which the courtesy license is to be issued.

Practice Location:	Street City State Zip
Duration of Practice:	
Patient-Population to be Seen:	

PART IV Attestations

By my signature below, I attest that I have not:

- ☐ Had a dental or dental hygiene license suspended or revoked in any jurisdiction;
- ☐ Been convicted by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the three years immediately before the date of application for a courtesy license;
- ☐ Had two or more convictions, by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the five years immediately before the date of application for a courtesy license, unless I also successfully completed a treatment program related to abuse of alcohol or a controlled substance since the date of the most recent conviction.

PART V 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).

Notary Stamp	**Applicant Printed Name:**			
	Applicant Signature:			
	Notary Public for State of:		**Subscribed and Sworn to Before me on this Day:**	
	Notary Signature:		**My Commission Expires:**	

12 AAC 28.955. Courtesy License

(a) The board will issue a courtesy license to practice dentistry or dental hygiene for only a limited purpose that is approved by the board under (b) of this section to an applicant who meets the requirements of this section. The board will specify the limitations on scope of the approved practice and duration of the courtesy license. A courtesy license does not authorize the licensee to practice dentistry or dental hygiene outside the limited purpose that is specified on the courtesy license.

(b) The board will consider a limited purpose for a courtesy license to be the practice of dentistry or dental hygiene to underserved persons by a dentist or dental hygienist who has entered a written contract with a non-profit organization, charitable organization, or governmental agency.

(c) An applicant for a courtesy license under this section shall submit to the department a completed, notarized application on a form provided by the department. An application must include

(1) the applicable application and license fees established in 12 AAC 02.190;

(2) a description of the scope of practice of dentistry or dental hygiene required to perform the duties for which the courtesy license is to be issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate to the board's satisfaction that the scope of practice of dentistry or dental hygiene is for a limited purpose set out in this section;

(3) a verification of a current license to practice dentistry or dental hygiene in good standing in another state or other jurisdiction with requirements at least equivalent to those of this state at the time of application under this section and that the licensee is not under investigation in the state or other jurisdiction in which the applicant is licensed; and

(4) a description in sufficient detail for the board to evaluate the circumstances under which the applicant will be practicing under any courtesy license issued, including the name and license number of the supervising dentist licensed to practice in this state if the applicant is working in a supervised clinic.

(d) A courtesy license issued under this section is nonrenewable and is valid for a period not to exceed either a total of 40 days of practice during a 12-consecutive-month period or the duration of the limited purpose approved under this section for the courtesy license holder, whichever is less. A person will not be issued more than one courtesy license under this section in a 12-month period.

(e) A courtesy license holder may not use a courtesy license

(1) for the purposes of locum tenens coverage;

(2) to serve in place of a temporary or other license under AS 08.32 or AS 08.36;

(3) for the purposes of employment consideration, if licensure is required under AS 08.32 or AS 08.36; or

(4) for receipt of remuneration directly or indirectly for practicing dentistry or dental hygiene requiring licensure under this chapter.

(f) A holder of a courtesy license for dental hygiene may practice only under this section and under the general supervision of a dentist licensed in Alaska.

(g) While practicing under a courtesy license issued under this section, the holder of the courtesy license is obligated to uphold the standards of practice identified in AS 08.32, AS 08.36, and in this title for the relevant provisions, and is subject to the relevant disciplinary provisions in AS 08.32, AS 08.36 and this title for actions taken or omitted while practicing under the courtesy license.

(h) The board may refuse to issue a courtesy license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.32.160, 08.32.165, and AS 08.36.315.

(i) In this section,

(1) "remuneration" does not include reimbursement for actual reasonable expenses incurred for travel, food, and lodging;

(2) "underserved persons" means individuals and groups of individuals whose access to dental health care in this state is limited or nonexistent due to geographic or economic factors, including low income and rural residence.

AS 01.10.055 Residency

a) A person establishes residency in the state by being physically present in the state with the intent to remain in the state indefinitely and to make a home in the state.

(b) A person demonstrates the intent required under (a) of this section

(1) by maintaining a principal place of abode in the state for at least 30 days or for a longer period if a longer period is required by law or regulation; and

(2) by providing other proof of intent as may be required by law or regulation, which may include proof that the person is not claiming residency outside the state or obtaining benefits under a claim of residency outside the state.

(c) A person who establishes residency in the state remains a resident during an absence from the state unless during the absence the person establishes or claims residency in another state, territory, or country, or performs other acts or is absent under circumstances that are inconsistent with the intent required under (a) of this section to remain a resident of this state.

THE STATE of ALASKA
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 public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.

☐ ⇦ **Write the professional fitness question number you are answering "Yes" to in the box.**

Location of Incident:		**Date of Incident:**	
Explanation of Incident:			
When in doubt, disclose and explain. **Make copies as necessary.**			

Did you attach all applicable documents associated with this incident?

☐ Court orders ☐ Consent agreements ☐ Disciplinary actions ☐ Charging documents
☐ Court records ☐ Fitness to practice ☐ All other documentation related to this 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:		**PL Code:**	
Signature:		**Date:**	

You must submit one form for each "Yes" answer. Make copies of this form as necessary.

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

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email 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 for the following *(check all that apply)*: **AMOUNT**

- ☐ Application Fee: _____ _____
- ☐ License or Renewal Fee: _____ _____
- ☐ Other *(fine, exam, etc.)*: _____ _____

1. _____ _____
2. _____ _____

TOTAL: _____

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: X _____

08-4438 Rev 12/06/2022 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -
2. Expiration Date: -
3. Security Code: -

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.