



THE STATE
of

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

Guardians and Conservators Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: GuardiansAndConservators@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/GuardiansConservators

Private Professional Full or Partial Guardian License Application Instructions

AS 08.26.010 states: "Except as provided by (b) of this section or AS 08.26.180, a person may not engage in the business of providing services as a private professional guardian or conservator unless the person has a license issued under this chapter. (b) An individual may be appointed and provide services as a private professional guardian or conservator without a license issued under this chapter and receive compensation approved by a court as long as the individual does not act as a guardian or conservator for more than one person or two people who are related to each other up to and including the fourth degree of consanguinity, whether of the whole or half blood or by adoption, computed under the rules of civil law."

- A private professional full guardian license allows an individual to provide both guardian and conservator duties.
- A private professional partial guardian license allows an individual to provide guardian duties only.

FULL GUARDIAN LICENSE

The following must be received by the division before your application for Private Professional Full Guardian License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4218, pages 1-4). The applicant must be at least 21 years of age and have obtained a high school diploma, or a general education development diploma or its equivalent.

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$125.00
Guardian License Fee:	\$725.00
Fingerprint Processing Fee:	\$ 59.00
<hr/>	
Total Fees Due:	\$909.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4218a).

4. FINGERPRINTING & BACKGROUND REPORTS

Submit Fingerprinting & Background Reports - One original 8" x 8" card (FD-258). An incorrect card will be automatically rejected. The fingerprint card submitted as part of this application packet will be sent to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 12.62.400).

Please note that the fingerprint card will be rejected for the following reasons (28 CFR 50.12(b)):

- Incorrect type of card,
- Incomplete personal information or signatures, or
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at www.FBI.gov (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

Challenges may be given no later than 30 days after you have been notified by the department of an adverse report.

5. VERIFICATION OF EDUCATION or EXPERIENCE

If using education to qualify under this section, an official transcript must be sent directly from the school attended verifying required degree.

- A. Verification of Work Experience:** A completed Verification of Work Experience for Private Professional Full or Partial Guardian License form (#08-4218b) verifying two or more years of professional client casework experience **OR**

an associate degree in human services, social work, psychology, sociology, gerontology, special education, or a closely related field. (Client casework should be in areas listed above.)

AND

- B. Verification of Additional Work Experience:** A completed Verification of Additional Work Experience for Private Professional Full Guardian License form (#08-4218c) verifying six months employment experience in a position involving financial management OR an associate degree in accounting or a closely related field.

6. CERTIFICATION

A copy of current certification by the National Guardianship Association.

7. VERIFICATION OF GUARDIAN LICENSE

A completed Verification of Guardian License form (#08-4218d) from each state, territory, or country in which the applicant holds or has held a license to practice as a professional guardian. Make additional copies, if necessary.

PARTIAL GUARDIAN LICENSE

The following must be received by the division before your application for Private Professional Partial Guardian License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4218, pages 1-4). The applicant must be at least 21 years of age.

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$125.00

Guardian License Fee: \$725.00

Fingerprint Processing Fee: \$ 59.00

Total Fees Due: \$909.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4218a).

4. FINGERPRINTING & BACKGROUND REPORTS

Submit Fingerprinting & Background Reports - One original 8" x 8" card (FD-258). An incorrect card will be automatically rejected. The fingerprint card submitted as part of this application packet will be sent to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 08.24.120).

Please note that the fingerprint card will be rejected for the following reasons (28 CFR 50.12(b)):

- Incorrect type of card,
- Incomplete personal information or signatures, or
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at www.FBI.gov (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may directed to the Division of Statewide Services, Department of Public Safety at

<https://dps.alaska.gov/Statewide/R-I/Background/Home>.

Challenges may be given no later than 30 days after you have been notified by the department of an adverse report.

5. VERIFICATION OF EDUCATION or EXPERIENCE

If using education to qualify under this section, an official transcript must be sent directly from the school attended verifying required degree.

- A.** A completed Verification of Work Experience for Private Professional Full or Partial Guardian License form (#08-4218b) verifying two or more years of professional client casework experience.

OR

- B.** An associate degree in human services, social work, psychology, sociology, gerontology, special education, or a closely related field. (Client casework should be in areas listed above.)

6. CERTIFICATION

A copy of current certification by the National Guardianship Association.

7. VERIFICATION OF GUARDIAN LICENSE

A completed Verification of Guardian License form (#08-4218d) from each state, territory, or country in which the applicant holds or has held a license to practice as a professional guardian. Make additional copies, if necessary.

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. 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 copy. 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.

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*



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Private Professional Full or Partial Guardian License Application

PART I Application Type

Application Type:

- ☐ Private Professional Full Guardian License (Guardian and Conservator Duties)
☐ Private Professional Partial Guardian License (Guardian Duties Only)

PART II Payment of Fees

Required Fees:

- ☐ Nonrefundable Application Fee **\$125.00**
☐ Guardian License Fee **\$725.00**
☐ Fingerprint Processing Fee **\$ 59.00**

PART III Personal Information

Doing Business
As (DBA):

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 Education

Please complete the section below. State the name of the high school attended or GED information and provide associate degree information. *If you have a degree as shown below, have an official transcript sent directly to the division.*

Name of School	Location (City, State)	Degree Awarded	Date Awarded
High School			
College or University			
College or University			
Do you have an associate degree in human services, social work, psychology, sociology, gerontology, special education, or a closely related field?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an associate degree in accounting or a closely related field?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART V Work Experience

Applicants who do not have an associate degree in a field such as human services, social work, psychology, sociology, gerontology, special education or a closely related field and, if seeking a “full” guardian license, an associate degree in accounting or a closely related field, may qualify for licensure based on documented work experience. *If you are applying by work experience, have the original Verification of Work Experience form (#08-4218b) completed and sent directly to the division.*

Do you have two or more years of professional client casework experience in human services, social work, psychology, sociology, gerontology, special education or a closely related field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If seeking “full” guardian licensure, do you also have six months of employment experience in a position involving financial management?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART VI Professional License(s)

Please list all states, territories, provinces, or foreign countries in which you currently hold or have ever held a guardian license.

☐ Check here if none.

State or Jurisdiction	License Number	Initial Issue Date	Status (Active, Lapsed)	Issued By
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity

PART VII National Certification

Do you hold a current certification from the National Guardianship Association? (If yes, submit a copy of your current certification.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART VIII 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 explanation and documentation. 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.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered 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.

When in doubt, disclose and explain.

1. Within the past 10 years, have you been convicted of a felony or of a misdemeanor offense in the state or in any other jurisdiction involving fraud, misrepresentation, material omission, misappropriation, theft, conversion, or any other crime that would affect the individual's ability to provide the services of a guardian competently and safely for the protected person? "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

"Yes" Answers

If you answered "yes" to the above question, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART IX Temporary License

A nonrenewable temporary license, valid for one year, may be issued to an applicant who:

- (1) is not certified by a nationally recognized organization in the field of guardianships at the time of the application but is likely to become certified within one year from the date of the license, and otherwise satisfies the licensing requirements of AS 08.26.020, **and**
- (2) satisfies the requirements of AS 08.26.060.

An applicant who has been issued a temporary license may receive a permanent license, without requiring a new application, within one year from the date of issuance of the temporary license if the applicant submits proof of certification by a nationally recognized organization in the field of guardianships.

Do you need a temporary license?

☐ Yes ☐ No

PART X Fingerprints and Background Reports

☐ I hereby certify that I have read and understand that my fingerprint card will be sent to the Department of Public Safety (DPS) with the State of Alaska, and to the Federal Bureau of Investigations (FBI) to perform a criminal history background report (AS 12.62.400). **You must check this box for this application to be accepted.**

I may also decide to challenge an adverse report on my criminal history background report by contacting either the FBI at [www.FBI.gov](https://www.fbi.gov) or the Alaska Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.



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Notary Signature Page

PART XI 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).

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



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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.

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 Private Professional Full or Partial Guardian 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:	



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Verification of Work Experience For Private Professional Full or Partial Guardian License

→ **Applicant:**

If you are applying based on professional client casework (see AS 08.26.020(2)), complete only the top portion of this form and have your present or former employer complete the lower half of this form. If you are the sole owner of your own company, have the form completed by an individual who has direct personal knowledge of your work experience while you were self-employed. (An applicant cannot complete this form on their own behalf.)

Applicant Name:			
Applicant Signature:		Date Signed:	

→ **Employer:**

The information below must be completed by a former or present employer or other individual who can verify the applicant's work history. Please complete this bottom part for the applicant identified above and return the form directly to the Guardians and Conservators Program at the letterhead address.

Name of Company:			Phone Number:	
Mailing Address:	P.O. Box or Street	City	State	Zip
Employment Begin Date:		Employment End Date:		
Job Title:				
Job Duties and Responsibilities:				

1. How are you associated with the applicant?

Please explain: _____

2. Does the applicant have two years or more of professional client casework experience in human services, social work, psychology, sociology, gerontology, special education, or a closely related field?

☐ Yes ☐ No

By my signature below, I certify that the above information is true and correct to the best of my knowledge.

Printed Name:		Title:	
Signature:		Date Signed:	



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Verification of Additional Work Experience For Private Professional Full Guardian License

→ Applicant:

If you are applying for a “full” guardian license and do not have an associate degree in accounting or a closely related field, you must document six months employment experience in a position involving financial management. Complete only the top portion of this form and have your present or former employer complete the lower half of this form. If you are the sole owner of your own company, have the form completed by an individual who has direct personal knowledge of your work experience while you were self-employed. (An applicant cannot complete this form on their own behalf.)

Applicant Name:			
Applicant Signature:		Date Signed:	

→ Employer:

The information below must be completed by a former or present employer or other individual who can verify the applicant’s work history. Please complete this bottom part for the applicant identified above and return the form directly to the Guardians and Conservators Program at the letterhead address.

Name of Company:			Phone Number:	
Mailing Address:	P.O. Box or Street	City	State	Zip
Employment Begin Date:		Employment End Date:		
Job Title:				
Job Duties and Responsibilities:				

1. How are you associated with the applicant?

Please explain: _____

2. Does the applicant have six months employment experience in a position involving financial management?

☐

Yes

☐

No

By my signature below, I certify that the above information is true and correct to the best of my knowledge.

Printed Name:		Title:	
Signature:		Date Signed:	



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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 Guardians and Conservators Program at the letterhead address.

Licensee Name: (As Shown in Your Records)		State or Jurisdiction:	
License Number:		License Status:	
Issued By:	<input type="checkbox"/> Exam <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Please Specify): _____		
Exam Source: (If Applicable)		Exam Date: (If Applicable)	
Original Issue Date:		Expiration Date:	

- Does your state require certification by a nationally recognized organization in the field of guardianships as a prerequisite of licensure? ☐ Yes ☐ No
- Has there been any final disciplinary action taken against this licensee?
(If yes, please provide a copy of the disciplinary action document.) ☐ Yes ☐ No
- Are you aware of any derogatory information regarding this applicant? ☐ Yes ☐ No

"Yes" Answers

If you answered "yes" to questions 2 or 3 above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	Board or Agency Name:			
	Printed Name:		Title:	
	Signature:		Date Signed:	

Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI [28 CFR 50.12(b)]. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprints submitted must be on the standard FBI Form *FD-258*. These forms can be found for purchase online or often at local law enforcement or other authorized agencies that offer fingerprinting. Take the card, the instructions, and your photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Please follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected by DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

NAME: Applicant's last name (comma), first name, then middle name (if any); suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name. *Be sure to write your name in clear handwriting. Unclear handwriting may result in misspellings on the required background report and/or may require new fingerprint cards to be submitted.*

SIGNATURE OF PERSON FINGERPRINTED: Must be signed by the applicant.

RESIDENCE OF PERSON FINGERPRINTED: Enter the applicant's physical residence address.

DATE: Date fingerprinting was done.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the person who rolled the fingerprints.

EMPLOYER AND ADDRESS AND REASON FINGERPRINTED: These blocks to be completed by the State of Alaska.

ALIASES/AKA: List other names used by the applicant that are different than that entered in NAME block; also, list maiden names and all previous married names of females. Enter client number 5097 at bottom of block.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States; otherwise, enter the correct country abbreviation.

YOUR NO./OCA: Leave this space blank (Originating Agency Case Number).

FBI NO./FBI: Enter the applicant's assigned FBI number, if known.

ARMED FORCES NO./MNU: Leave this space blank.

SOCIAL SECURITY NO./SOC: List the applicant's Social Security Number.

MISC. NO./MNU: If Alaska resident, enter the applicant's Alaska driver's license or state ID# (if applicable).

ORIGINATING AGENCY IDENTIFIER (ORI): Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

SEX: F (Female) or M (Male). Note: Indicate if applicant is a transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the ALIASES/AKA block.

RACE: Race must be indicated by one of the following one-character alphabetic codes:

A = Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese

B = Black

I = American Indian, Alaskan Native, Eskimo

W = White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures

U = Unknown

HEIGHT: Must be shown in feet and inches, fractions rounded off to nearest inches (i.e., 5'11" entered as 511).

WEIGHT: Must be expressed in pounds, fractions rounded off to nearest pound.

EYES: Indicate eye color by one of the following three-character codes:

BLK = Black

GRY = Gray

MAR = Maroon

BLU = Blue

GRN = Green

PNK = Pink

BRO = Brown

HAZ = Hazel

UNK = Unknown

HAIR: Indicate hair color by one of the following three-character codes:

BAL = Bald

BRO = Brown

SDY = Sandy

BLK = Black

GRY = Gray

WHI = White

BLN = Blonde

RED = Red

XXX = Unknown

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county names as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of persons 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

FINGERPRINT IMPRESSION BLOCKS: (Individual and Simultaneous) It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink, nor too much nor too little pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch, or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the cards is essential. Please double check your work before sending the card. Illegible, incomplete, or incorrect cards will be rejected and returned unprocessed.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associate personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history records check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34).

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety at <https://DPS.Alaska.Gov/Statewide/R-I/background/Home> to request to correct criminal justice information.

¹ Written notification includes electronic notification but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b) and Alaska Regulation AAC 13.68.300.

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 Fingerprint Card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



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?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Court orders | <input type="checkbox"/> Consent agreements | <input type="checkbox"/> Disciplinary actions | <input type="checkbox"/> Charging documents |
| <input type="checkbox"/> Court records | <input type="checkbox"/> Fitness to practice | <input type="checkbox"/> All other documentation related to this incident | |
| <input type="checkbox"/> 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: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

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

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.