



THE STATE  
of  
**ALASKA**

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

**State Medical Board**

PO Box 110806, Juneau, AK 99811

(907) 465-2550

Email: [MedicalBoard@Alaska.Gov](mailto:MedicalBoard@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/StateMedicalBoard](http://ProfessionalLicense.Alaska.Gov/StateMedicalBoard)

**MED**

FOR DIVISION USE ONLY

## Mobile Intensive Care Paramedic Renewal

**April 2, 2021 – December 31, 2022**

- Your license lapses after April 1, 2021. There is no grace period - it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

### PART I Payment of Fees

**Renewal Fee:**

- |   |                |
|---|----------------|
| <input type="checkbox"/> Biennial License Renewal<br>(for licenses first issued on or before December 31, 2019) | <b>\$75.00</b> |
| <hr style="border-top: 1px dashed black;"/>   |                |
| <input type="checkbox"/> Prorated License Renewal<br>(for licenses first issued on or after January 1, 2020)    | <b>\$37.50</b> |

### PART II Personal Information

**Alaska Mobile Intensive Care  
Paramedic License Number:**

**Full Legal Name:**

Name change: ☐

If you have had a legal name change since your last license was issued, you must complete a Change of Name form.

**Mailing Address:**

Address change: ☐

**Birthdate:**

**Contact Phone:**

**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:**

- ☐ Send my Correspondence by Email  
☐ Send my Correspondence by US Mail

**SOCIAL SECURITY NUMBER:** AS 08.01.100 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 III Sponsoring Physician

List the name(s) and license number(s) of the sponsoring physicians, in accordance with 12 AAC 40.430.

Sponsoring Physician Name:	Sponsoring Physician License Number:

### PART IV CME Statement of Compliance

As provided by Professional Regulation 12 AAC 40.350 (attached), your license cannot be renewed unless you have met continuing medical education requirements. The Board will conduct an audit of a percentage of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be required to submit copies of documentation that proves you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits.

**Only those CME hours actually awarded between January 1, 2019 and April 1, 2021, may be used to satisfy the requirements for this license renewal.**

*In accordance with Senate Bill 241 (SB241) the State Medical Board reduced the continuing medical education requirements for all licensees regulated by the board by fifty percent, unless otherwise mandated by a national governing body.*

**I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in regulation 12 AAC 40.350 as follows:**

☐

**Renewal for a license issued on or before December 31, 2018.**

I have completed and been awarded credit for at least 60 hours of Board-approved didactic or clinical education between January 1, 2019 and April 1, 2021. At least six of these hours were specific to pediatrics emergency education.

☐

**Renewal for a license issued between January 1, 2019, and December 31, 2019.**

I have completed and been awarded credit for at least 30 hours of Board-approved didactic or clinical education between January 1, 2019 and April 1, 2021. At least 3 of these hours were specific to pediatrics emergency education.

☐

**Renewal for a license issued on or after January 1, 2020.**

I am not required to document CME for this renewal.

☐

**I have not met the requirements of law for continuing medical education.**

I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact the Medical Board licensing staff of the Division of Corporations, Business and Professional Licensing for assistance. (Refer to attached 12 AAC 40.350)

## 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 explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed and dated by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or license actions, judgements, 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.

### When in doubt, disclose and explain.

*Since the date your last license was issued or renewed:*

- |       |   |   |
|-------|---|---|
| 1.    | Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |   |   |
| 2.    | Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |   |   |
| 3.    | Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |   |   |
| 4.    | Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |   |   |
| 5.    | Have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |   |   |
| 6.    | Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |   |   |
| 7.    | Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

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<b>8.</b>	Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?	<input type="checkbox"/> <b>Yes *</b> <input type="checkbox"/> <b>No</b>
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<b>9.</b>	Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?	<input type="checkbox"/> <b>Yes *</b> <input type="checkbox"/> <b>No</b>
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<b>10.</b>	Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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	If you responded "Yes" to question 10, has such settlement already been reported to the Board?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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<b>11.</b>	Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state-controlled substance registration for any reason or is any such action pending?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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**\* "Yes" Answers**

If you answered "Yes" to any of the above questions, you must attach a detailed explanation and supporting documents. If you answered "Yes" to questions 8 or 9, in addition to your detailed explanation, you must also have your treating physician submit a letter directly to the Board regarding your ability to practice safely and competently.

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## Signature Page

Applicant Name:

### PART VI

### Agreement

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, certificate, 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.

Applicant's Signature:

Date:



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## Sponsor Physician Recommendation

This recommendation must be signed by existing sponsors for paramedics to be eligible for renewal. This recommendation may not be used to add additional paramedics (#08-4004g).

Regulation 12 AAC 40.315 (see attached) requires a paramedic to immediately report to the Board any change of sponsorship and suspend practice until the new sponsor is approved. Please contact the Division office for the proper change of sponsor form.

Provide the name(s) and license number(s) for the paramedics you wish to remain the sponsoring physician of.

Name of Mobile Intensive Care Paramedic	License Number of MICP

Make copies and attach additional pages as necessary.

☐ Select this box if additional pages are attached. Please note, you are only required to sign the first page.

**Attestation:**

*By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic(s) listed above. I recommend each person listed is fit to practice as a mobile intensive care paramedic and I verify his/her skills in performing those authorized activities defined in 12 AAC 40.370(a). See attached.*

Sponsor Physician Full Name:		Sponsor Physician License Number:	
Sponsor Physician Signature:		Date:	



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## 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. 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.



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## 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. Do not assume that the division has documentation that you have already provided. Submit all relevant documentation with this form.

- **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, 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).
- **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.



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"/> License 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:	



# APPLICATION INFORMATION

## MED Information

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### LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. 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 are issued to the next biennial expiration date. One renewal notice will be mailed at least 60 days before license expiration to the last known address of record.

## General Information

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### APPLICATION PROCESSING:

The average time to process an application is 4-6 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. If the application is not approved for certification, a status letter will be 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.

### 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.

### 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.

### 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 located at [ProfessionalLicense.Alaska.gov](http://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](http://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.

**LAPSED LICENSES**

If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (attached). Licenses that are expired for more than five years may not be renewed or reinstated.

**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.

**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 contact: (907) 465-2550 or *BusinessLicense.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 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](mailto:RegulationsAndPublicComment@Alaska.Gov)

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806

# Regulations

## 12 AAC 40.315. SPONSORSHIP.

(a) A person licensed as a mobile intensive care paramedic shall immediately report to the board, in writing, any change of sponsorship.

(b) When a sponsor withdraws sponsorship of a mobile intensive care paramedic, the paramedic is not authorized to practice until a new physician sponsor is approved by the board.

## 12 AAC 40.350. RENEWAL OF LICENSE. (a) An applicant for renewal of a mobile intensive care paramedic license shall submit

(1) a completed license renewal application form provided by the department;

(2) satisfactory evidence of completion of continuing medical education consisting of not less than 60 classroom or clinical hours, or combination of classroom and clinical hours, for each complete 12-month period the applicant has held a mobile intensive care paramedic license during the concluding license period; not more than one-quarter of the total hours of continuing medical education required under this paragraph may be awarded for completion of a formal correspondence or other individual study program; at least six hours of the total hours of continuing medical education required under this paragraph must be specific to pediatrics emergency education;

(3) evidence of current successful completion of a course as either a provider or instructor in advanced cardiac life support from the American Heart Association or the American Safety and Health Institute; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (2) of this subsection;

(4) evidence of current successful completion of a course in basic life support, including adult, child, and infant CPR and airway obstruction maneuvers from a program approved by the board; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (a)(2) of this section; programs approved by the board include the following:

(A) Basic Life Support for Healthcare Providers – American Heart Association;

(B) CPR for the Professional Rescuer – American Red Cross;

(C) CPR component of Medic First Aid, Advanced – Medic First Aid International, Inc.;

(D) Basic Life Support for Professionals – EMP America;

(E) CPR for the Professional Rescuer – American Safety and Health Institute;

(F) Respond Systems AED/CPR;

(G) Emergency Care and Safety Institute's Professional Rescuer CPR;

(5) a written recommendation as to the applicant's fitness to practice as a mobile intensive care paramedic, made by the applicant's sponsor physician; the recommendation must include verification of skills performance in those authorized activities set out in 12 AAC 40.370(a); and

(6) the license renewal fee established by 12 AAC 02.250.

(b) If an applicant for renewal cannot meet the requirements for renewal under (a) of this section, the applicant must apply and meet the requirements for initial licensure under 12 AAC 40.300 — 12 AAC 40.310.

(c) The board will, in its discretion, exempt a mobile intensive care paramedic from the requirements of (a)(2) of this section upon application giving evidence satisfactory to the board that the applicant is unable to comply with the requirements because of extenuating circumstances. The board will not exempt a person from more than 60 hours of continuing medical education in a four-year period.

## 12 AAC 40.352. LAPSED MOBILE INTENSIVE PARAMEDIC LICENSES. (a) A mobile intensive care paramedic license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) documentation that the continuing medical education requirements of 12 AAC 40.350 have been met; and

(2) the renewal fees required by 12 AAC 02.250.

(b) A mobile intensive care paramedic license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

(1) a complete renewal application on a form provided by the department;

(2) documentation that the continuing medical education requirements of 12 AAC 40.350(a)(2) have been met for the entire period during which the license has been lapsed;

(3) verification of licensure from each state, territory, or province where the applicant holds or has ever held a mobile intensive paramedic license or other health care professional license;

(4) the applicable fees required by 12 AAC 02.250.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a mobile intensive paramedic license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

## 12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES.

(a) A licensed mobile intensive care paramedic, when under the supervision of a sponsor physician, may perform the activities listed in this subsection. The direct supervision of an activity may be delegated to another physician when the mobile intensive care paramedic is caring for a patient in a hospital, at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained, or when under the specific written standing order of a physician. The activities are

(1) electrocardiographic monitoring and defibrillation;

(2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;

(3) performing endotracheal intubation and pulmonary ventilation by approved methods;

(4) performing gastric suction by intubation;

(5) obtaining blood for laboratory analysis;

(6) administering parenterally, orally, or topically any approved agents or solutions;

(7) use of pneumatic antishock devices; and

(8) performing other emergency procedures authorized by a sponsoring physician.

(b) A person enrolled in a mobile intensive care paramedic training program may perform the activities set out in (a) of this section insofar as:

(1) the activities are required as part of the training program;

(2) the activities that take place in a hospital are supervised by a physician, physician assistant, or nurse; and

(3) the activities that take place outside a hospital are supervised by a licensed mobile intensive care paramedic, or a physician sponsor, or the physician sponsor's designee.

(c) While functioning as an intern in Alaska, a person may not perform the activities listed in (a) of this section for more than 480 hours, or for more than six calendar months, without becoming licensed as a mobile intensive care paramedic by the board.

(d) The scope of authorized activities for a mobile intensive care paramedic does not include primary patient care, such as dispensing nonemergency medications, performing physical examinations for nonemergency purposes, and treatment of nonemergency medical conditions included in the scope of practice for a physician, physician assistant, or nurse, unless specifically authorized by the board.