

Part VI Sponsor Physician Recommendation

This recommendation must be signed by existing sponsors and may not be used to add new sponsors. Professional 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. You may not use this license renewal form to add a new sponsor physician. Please contact the Division office for the proper change of sponsor form.

Name of Paramedic:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person 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).

Physician Signature:

Date Signed:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person 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).

Physician Signature:

Date Signed:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person 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).

Physician Signature:

Date Signed:

Name of Sponsor Physician:

AK Medical License Number:

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person 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).

Physician Signature:

Date Signed: