



ALASKA STATE MEDICAL BOARD

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

For Office Use Only

CHANGE or ADDITION OF PARAMEDIC PHYSICIAN SPONSOR

- Change of Sponsor Physician
- Addition of Sponsor Physician

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.

Paramedic: Please type or print legibly. Please complete the upper portion of this form and forward to the new physician sponsor who is assuming the role of sponsorship for you.

Paramedic Name

Employer Name

Address

Work Address

City, State, Zip

City, State, Zip

Daytime Phone

License No.

Employer's Telephone

Scope of Duties: _____

✓ Paramedic Signature _____

Date _____

PHYSICIAN SPONSOR: As indicated by my signature below, I acknowledge and confirm that I am assuming responsibility as physician sponsor for the paramedic identified above in accordance with 12 AAC 40.315.

✓ _____
Signature, Supervising Physician

NOTARY:

Printed Name

SUBSCRIBED AND SWORN before me, a Notary

License Number

Public, in and for the state of _____

Mailing Address :

this _____ day of _____, 20____.

Street/PO Box

Notary Public

My commission expires: _____

City State Zip

(Notary Seal)

Daytime Telephone