



THE STATE  
of

**ALASKA**

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

**Alaska State Medical Board**

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

## CHANGE or ADDITION of Paramedic Physician Sponsor

**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.

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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**→ 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.

<b>Paramedic Name:</b>		<b>License Number:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>Employer Name:</b>		<b>Employer Phone:</b>	
<b>Work Address:</b>			
<b>Scope of Duties:</b>			
<b>Paramedic Signature:</b>		<b>Date of Signature:</b>	

**→ Physician Sponsor:**

Please complete the lower portion of this form and return it directly to the Alaska State Medical Board at the letterhead address above.

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.

<b>Printed Name:</b>		<b>License Number:</b>	
<b>Mailing Address:</b>		<b>Phone:</b>	
<b>Physician Sponsor's Signature:</b>		<b>Date of Signature:</b>	