



THE STATE
of **ALASKA**

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

MFT

FOR DIVISION USE ONLY

Board of Marital and Family Therapy

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Marital and Family Therapy Renewal

January 1, 2025 – December 31, 2026

- Your license lapses after December 31, 2024. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- 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.
- Once the renewal is processed, your license will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Full-Term Biennial License Renewal \$750.00 <i>(For licenses first issued on or before December 31, 2023)</i>
	<input type="checkbox"/> Prorated License Renewal \$375.00 <i>(For licenses first issued on or after January 1, 2024)</i>

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>			AK License Number:	
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u>.</i>				
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
EMAIL AGREEMENT: Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you have already registered with MY LICENSE, no action is needed. If you did not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.				
Email Address:				
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 Attestations

<input type="checkbox"/> I certify I am in compliance with the requirement to furnish clients with a disclosure statement that meets the requirements of AS 08.63.230.
<input type="checkbox"/> I understand if I have a designation for teletherapy services on my license, I must complete two hours of teletherapy continuing education prior to each renewal. I further understand if I do not complete the required teletherapy education or wish to discontinue providing teletherapy services, I will be required to notify the division in writing and my teletherapy designation will be removed.

PART IV Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of Article 3 of 12 AAC 19. You may not claim hours for education not yet successfully completed as of the date of submitting this application. Per 12 AAC 02.960(j) successfully completed means C.E. credit has been awarded.

Check ONE (1) of the following:

Licenses initially issued on or before June 30, 2023.

I certify I have successfully completed the required 45 contact hours during the concluding licensing period of January 1, 2023, through December 31, 2024. The total hours included two (2) contact hours in each of the following categories: professional ethics, addictions, cross-cultural education, domestic violence, and teletherapy including teletherapy ethics (if I participate in teletherapy).

I understand completion of a formal correspondence program, asynchronous video or streaming; or another individual study program, may not exceed one-half of the total contact hours of continuing education required for license renewal in accordance with 12 AAC 19.320(e).

Licenses initially issued between July 1, 2023 and December 31, 2023.

I certify I have successfully completed the required 30 contact hours during the concluding licensing period of January 1, 2023, through December 31, 2024. The total hours included two (2) contact hours in each of the following categories: professional ethics, addictions, cross-cultural education, domestic violence, and teletherapy including teletherapy ethics (if I participate in teletherapy).

I understand completion of a formal correspondence program, asynchronous video or streaming; or another individual study program, may not exceed one-half of the total contact hours of continuing education required for license renewal in accordance with 12 AAC 19.320(e).

Licenses initially issued on or after January 1, 2024.

I certify I have successfully completed the required 23 contact hours during the concluding licensing period of January 1, 2023, through December 31, 2024. The total hours included two (2) contact hours in each of the following categories: professional ethics, addictions, cross-cultural education, domestic violence, and teletherapy including teletherapy ethics (if I participate in teletherapy).

I understand completion of a formal correspondence program, asynchronous video or streaming; or another individual study program, may not exceed one-half of the total contact hours of continuing education required for license renewal in accordance with 12 AAC 19.320(e).

Late Renewal Applicants

Check ONE (1) of the following if your renewal application is postmarked on or after January 1, 2025:

I have checked the appropriate box above to certify the method in which I successfully meet the continuing education requirements.

- OR -

I certify I have successfully completed some or all of my hours of continuing education after December 31, 2024. These hours were earned in accordance with Article 3 of 12 AAC 19.

I understand completion of a formal correspondence program, asynchronous video or streaming; or another individual study program, may not exceed one-half of the total contact hours of continuing education required for license renewal in accordance with 12 AAC 19.320(e).

I have attached copies of certificates documenting completion of continuing education. Per 12 AAC 02.965, I understand the hours I earned after December 31, 2022, may not be used for the subsequent renewal period (January 1, 2025 – December 31, 2026).

Random Audit

The division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit documentation and proof you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least three years to respond to any audits.

PART V Continuing Education Information

Your license cannot be renewed unless you have met the continuing education requirements in Article 3 of 12 AAC 19. You may not claim hours for education not yet successfully completed as of the date of submitting this application. Per 12 AAC 02.960(j), "successful completion" means the date that credit for the continuing competency activity is awarded by the instructor, sponsor, or other verifier for completion of the activity.

Supervisors must obtain two contact hours of continuing education related to the practice of supervising a marital and family therapist. You may include the two hours in the total continuing education hours required for renewal.

List out the hours you selected in the statement of compliance section.

In the table below, the categories for hours are broken down as follows: G – General; P – Professional Ethics; A – Addictions; CC – Cross-Cultural Education; D – Domestic Violence; T – Teletherapy Practice; S – Supervision

Dates of Attendance	Course/Seminar, Presentation/Publication or Workshop Title/Brief Description	Location (City and State, Website)	Principal Instructor	Sponsoring Organization	G	P	A	CC	D	T	S	Synchronous
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
Subtotal Hours for Each Category:												
Total Hours of Continuing Education:												

I certify I have listed all the continuing education hours I have completed as stated in the continuing competency section. I also certify I have verified the number of hours listed for each course add up to the total number of CE hours claimed.

PART V

Continuing Education Information *(continued)*

List out the hours you selected in the statement of compliance section.

In the table below, the categories for hours are broken down as follows: G – General; P – Professional Ethics; A – Addictions; CC – Cross-Cultural Education; D – Domestic Violence; T – Teletherapy Practice; S – Supervision

Dates of Attendance	Course/Seminar, Presentation/Publication or Workshop Title/Brief Description	Location (City and State, Website)	Principal Instructor	Sponsoring Organization	G	P	A	CC	D	T	S	Synchronous
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
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												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
												<input type="checkbox"/> Yes <input type="checkbox"/> No
Subtotal Hours for Each Category:												
Total Hours of Continuing Education:												

I certify I have listed all the continuing education hours I have completed as stated in the continuing competency section. I also certify I have verified the number of hours listed for each course add up to the total number of CE hours claimed.

PART VI Marital and Family Therapy Supervisor

I have been approved as a marital and family therapy supervisor in accordance with 12 AAC 19.210.

Supervisors must obtain two contact hours of continuing education related to the practice of supervising a marital and family therapist. You may include the two hours in the total continuing education hours required for renewal.

Supervisor
Certification Number:

PART VII 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.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

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

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No
2. Have you been convicted of a crime or are you currently charged with committing a crime? For the purpose 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. Yes No
3. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice marital and family therapy in a competent, ethical and professional manner? Yes No
4. Do you use drugs or alcohol in any manner that impairs your ability to practice marital and family therapy competently and safely? Yes No

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice marital and family therapy. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART VIII Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.63 and 12 AAC 19).



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Signature Page

Applicant Name:	
Alaska License Number:	

PART IX Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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.

LICENSE TERM:

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 which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

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, you will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licenses 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. (12 AAC 02.960)

CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:

It is the licensee’s responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division’s website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

SOCIAL SECURITY NUMBERS:

A U.S. Social Security Number must be on file with the division before a professional license is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.100)

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

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 email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

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*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division’s website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.

ARTICLE 3. LICENSE RENEWAL AND CONTINUING EDUCATION.

Section

- 300. License renewal
- 310. Continuing education requirements
- 320. Approved continuing education activities
- 330. Audit of continuing education requirements
- 340. Failure to meet continuing education requirements and license reinstatement
- 350. Application for continuing education course approval

12 AAC 19.300. LICENSE RENEWAL. (a) A license to practice marital and family therapy expires on December 31 of even-numbered years.

(b) A marital and family therapist applying for license renewal shall

- (1) complete a renewal application on a form provided by the department;
- (2) pay the license renewal fee established in 12 AAC 02.242; and
- (3) submit a statement of the continuing education contact hours completed during the concluding license period; the statement must include the following information, when applicable, for each course, seminar, or workshop:
 - (A) the name of the sponsoring organization;
 - (B) the location of the course, seminar, or workshop;
 - (C) the title and a brief description of the course, seminar, or workshop;
 - (D) the principal instructor;
 - (E) the dates of attendance;
 - (F) the titles, issues, and dates of publications or presentations; and
 - (G) the number of continuing education contact hours claimed.

(c) An applicant renewing a license who participates in teletherapy must complete two hours of continuing education that relates to teletherapy practice and that includes teletherapy ethics.

12 AAC 19.310. CONTINUING EDUCATION REQUIREMENTS. (a) An applicant for renewal of a marital and family therapy license who has been licensed 18 months or more of the concluding license period shall document completion of 45 contact hours of continuing education acceptable to the board that was earned during the concluding license period including at least

- (1) two contact hours in professional ethics;
- (2) two contact hours in addictions;
- (3) two contact hours in cross cultural education; and
- (4) two contact hours related to issues of domestic violence.

(b) An applicant for renewal of a marital and family therapy license who has been licensed at least 12 months but less than 18 months of the concluding license period shall document completion of 30 contact hours of continuing education acceptable to the board that was earned during the concluding license period including at least

- (1) two contact hours in professional ethics;
- (2) two contact hours in addictions;
- (3) two contact hours in cross cultural education; and
- (4) two contact hours related to issues of domestic violence.

(c) An applicant for renewal of a marital and family therapy license who has been licensed less than 12 months of the concluding license period shall document completion of 23 contact hours of continuing education acceptable to the board that was earned during the concluding license period including at least

- (1) two contact hours in professional ethics;
- (2) two contact hours in addictions;
- (3) two contact hours in cross cultural education; and
- (4) two contact hours related to issues of domestic violence.

(d) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;
- (2) one academic semester credit equals 15 contact hours; and
- (3) one academic quarter credit equals 10 contact hours.

(e) Only hours of actual attendance during which instruction was given will be accepted as continuing education contact hours earned from an academic course that is audited by the licensee, and the total number of contact hours earned may not exceed the academic credit hours offered for that course.

12 AAC 19.320. APPROVED CONTINUING EDUCATION ACTIVITIES. (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a marital and family therapist and must be directly related to the skills and knowledge required to implement marital and family therapy principles and methods.

(b) The following continuing education activities are acceptable if they are related to marital and family therapy in accordance with (a) of this section:

- (1) postgraduate course work given by a regionally accredited academic institution, either audited or for credit;
- (2) seminars, workshops, or mini-courses offered by professional organizations;
- (3) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, ethics, or other disciplines;
- (4) courses, seminars, or workshops in substance abuse, domestic violence, cross-cultural issues, gender issues, or child abuse;
- (5) other courses not covered under (1) - (4) of this subsection that are specifically preapproved by the board, up to a maximum of 15 contact hours;
- (6) first-time preparation and presentation of a marital and family therapy course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved; and
- (7) first-time presentation or publication of an article or book chapter related to the practice of marital and family therapy that was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved.

(c) Hours spent in job orientation will not be accepted as continuing education contact hours.

(d) To be accepted by the board, an instructor presenting information concerning counseling or the treatment of clients must hold a master's degree or higher in a mental health field unless specifically preapproved by the board under this section.

(e) Continuing education contact hours may be received either synchronously or through individual study.

- (1) may not exceed more than one-half of the requirements for renewal;
- (2) may be conducted through completion of
 - (A) a formal correspondence program;
 - (B) asynchronous video or streaming; or
 - (C) another individual study program; and
- (3) will only be accepted if
 - (A) the program requires registration and provides evidence of successful completion; or
 - (B) the licensee submits a signed statement verifying that the licensee has successfully completed the program from a licensee who is a supervisor approved under 12 AAC 19.210 and has supervised the licensee's study program under this subsection.

12 AAC 19.330. AUDIT OF CONTINUING EDUCATION REQUIREMENTS. (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.

(b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 12 AAC 19.300.

(c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.

12 AAC 19.340. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS AND LICENSE REINSTATEMENT. (a) The board will reinstate a license that was not renewed because of the licensee's failure to meet the continuing education requirements in 12 AAC 19.300 - 12 AAC 19.330 if the licensee submits to the board proof of completion of all required continuing education credit hours and meets all other requirements for license renewal.

(b) A licensee who is unable to obtain the continuing education hours required for license renewal due to reasonable cause or excusable neglect may submit a written request to the board for an exemption. The request for an exemption must include an explanation of the reasonable cause or excusable neglect that resulted in the licensee's failure to meet the continuing education requirements. If the board grants the exemption, the board will, in its discretion, prescribe an alternative method of compliance with the continuing education requirements as the board considers appropriate to the individual situation.



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 generally considered public records, unless required to be kept confidential by state or federal 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. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 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:		Program:	
Signature:		Date Signed:	



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State of Alaska
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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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		