



Board of Physical Therapy and Occupational Therapy

PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550

Email: PhysicalAndOccupationalTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy

Physical Therapist and Physical Therapist Assistant Limited Permit Application

A person may apply for a limited permit to practice physical therapy in the State of Alaska under the provisions of AS 08.84. **If you are seeking permanent licensure, do not complete this application.**

IT IS ILLEGAL TO PRACTICE PHYSICAL THERAPY IN ALASKA WITHOUT A VALID LICENSE.

Qualifications for a Limited Permit:

The board may issue a limited permit to a person to practice physical therapy in the state as a visiting, nonresident physical therapist or physical therapist assistant, per AS 08.84.075(b).

A Limited Permit is valid for a period not exceeding 120 consecutive days in a calendar year. A person may not have been denied licensure in this state, may only receive one permit in a 12-month period, and may not receive more than three Limited Permits to practice physical therapy during the person's lifetime.

The following must be received by the division before your application for a Limited Permit can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4885, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$150.00

Limited Permit Fee: \$ 65.00

Total Fees Due: \$215.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4885a).

4. LIMITED PERMIT 120-DAY STATEMENT

A completed Limited Permit 120-Day Statement form (#08-4885b).

5. VERIFICATION OF LICENSE

Verification of licensure mailed directly to this office from a state where you hold a current license to practice physical therapy or occupational therapy (#08-4885c).

If you hold an active license in Colorado or Maine, or any other jurisdiction that no longer issues verifications, we will retrieve the verification(s) for you.

6. JURISPRUDENCE QUESTIONNAIRE

A completed jurisprudence form (#08-4883).

An incomplete application or any unusual circumstances noted in the application may require additional processing time. While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure required documents are submitted to our office.

The application review process is defined by the requirements set forth in state law. The Division must comply with those laws in processing applications. The Division conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Division will not accelerate one application over another, nor will it forego any elements of its screening process.

General Information

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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application for 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.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

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 (#08-4372) located at *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* 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.

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 about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

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*

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 specific 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



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

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Limited Permit Application – Physical Therapy

PART I Application Type

Applying For:	<input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physical Therapist Assistant
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PART II Limited Permit History

Have you previously held a limited permit(s) in Alaska?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of permits held:	
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PART III Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee		\$150.00
	<input type="checkbox"/> Limited Permit Fee		\$ 65.00

PART IV Personal Information

Full Legal Name:	First	Middle	Last
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			Date of Birth:
<p>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.</p>			
Email Address:			Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 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.</p>			

PART V Education

Professional Degree Type:	<input type="checkbox"/> PT	<input type="checkbox"/> PTA		
Conferred Degree:	<input type="checkbox"/> AA	<input type="checkbox"/> BS	<input type="checkbox"/> MS	<input type="checkbox"/> DPT
Name of Physical Therapy School:				
Complete Address of School:				
Name When Degree Awarded:			Date Degree Awarded:	
Was your doctorate degree under a transitional program?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, provide the information for your first degree below.				
Professional Degree Type:	<input type="checkbox"/> PT	<input type="checkbox"/> PTA		
Conferred Degree:	<input type="checkbox"/> BS	<input type="checkbox"/> MS		
Name of Physical Therapy School:				
Complete Address of School:				
Name When Degree Awarded:			Date Degree Awarded:	

PART VI Examinations

Have you taken the national physical therapy examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, list all states and dates where you took the national examination below.			
State	Administered By	Date Administered	Result
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

PART IX Alaska Employment

Have you secured employment in Alaska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alaska Employer Name:		
Physical Address:		
Phone Number:	Start Date of Employment:	

PART X 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. 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.

When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving 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
2. 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
3. Have you ever been disciplined by any state board or Physical/Occupational Therapy Association concerning violation of the Physical/Occupational Therapy Practice Act or unethical conduct? Yes No
4. Have you ever been denied the privilege of taking an examination before any state Physical/Occupational Therapy Board? Yes No
5. Have you ever been convicted of a violation of any federal or state narcotic laws? Yes No
6. Have you ever had any malpractice settlements or judgments paid on your behalf? Yes No
7. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice physical therapy in a competent, ethical and professional manner? Yes No

"Yes" Answers

If you answered "yes" to question 7, in addition to your personal statement, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

PART XI Notarized Signature

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a license to practice Physical or Occupational Therapy.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Limited Permit 120-Day Statement

Applicant Name:	
Applying For:	<input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physical Therapist Assistant

Alaska Employer Name:			
Facility Address:			
Start Date of Employment:		End Date of Employment:	

I am a visiting, nonresident therapist. I certify I understand the following statements:			
<input type="checkbox"/>	I will not work in the State of Alaska for more than 120 consecutive days in this calendar year.		
<input type="checkbox"/>	I can only have three limited permits in my lifetime.		
<input type="checkbox"/>	I can only have one limited permit in a calendar year or a 12-month period.		
<input type="checkbox"/>	If this permit is issued after September 3, the permit ends at 11:59 p.m. on December 31st.		
Applicant Signature:		Date Signed:	

Note: If you have not yet secured employment you may submit this form to our office at a later date. This will allow the application process to proceed to the point where this is the final required document you need to obtain the limited permit.



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Verification of Licensure

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

→ **Applicant:**

If you hold an active license in Colorado or Maine, or any other jurisdiction that no longer issues verifications, we will retrieve the verification(s) for you.

Applicant Name:		Email:	
Applicant Signature:		Date Signed:	

→ **Licensing Agency or State Board:**

Electronic verifications are accepted if they are received directly from the jurisdiction to our office. Any verification of license certificates generated by the State/Jurisdiction must include the information below.

State/Jurisdiction:		License Number:	
Initial License Date:		Expiration Date:	
Periods of Lapse:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Licensed By:	<input type="checkbox"/> Credentials <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Examination - What examination did the licensee pass? _____		

- Has the license ever been revoked, suspended, placed on probation, or restricted in any way? If yes, please enclose an explanation or documentation. Yes No
- Is the licensee the subject of a pending disciplinary proceeding? Yes No
- Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? Yes No

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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Jurisprudence Questionnaire – Physical Therapist or Physical Therapist Assistant

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The answers to the questions will be found by reviewing the statute and regulation booklets published online. Use the statutes and regulations to determine the correct answers.

- *Principles of Practice*
- *Physical Therapy and Occupational Therapy Statutes and Regulations AS 08.84 and 12 AAC 54*
- *Centralized Licensing Statutes AS 08.01*
- *Centralized Licensing Regulations 12 AAC 02*

Step 1: Select the correct answer.

Step 2: Cite the statute or regulation where the answer was found.

1. The Board may take the following actions singularly or in combination:

- Refuse renewal
- Revoke
- Suspend
- All of the above

→ **Cite Statute AS 08.84.** _____

2. According to the Centralized Statutes 08.01.075, disciplinary powers of the Board may include:

- Impose a civil fine not to exceed \$1,000
- Impose a civil fine not to exceed \$3,000
- Impose a civil fine not to exceed \$5,000
- Impose a civil fine not to exceed \$10,000

→ **Cite Centralized Statute 08.01.075.** _____

3. The Board may refuse to license an applicant, may refuse to renew the license of a person, and may suspend or revoke the license of a person who:

- has attempted to obtain a license by material misrepresentation.
- has continued to practice physical therapy after becoming unfit due to physical or mental disability.
- has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person
- uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy safely.
- All of the above.

→ **Cite Statute 08.84.** _____

4. An individual who practices without the appropriate license (including practicing with a lapsed license) is guilty of a:

- class A misdemeanor
- class B misdemeanor
- class C misdemeanor
- felony

→ Cite Statute AS 08.84. _____

5. A physical therapist or physical therapist assistant applicant by examination who holds a temporary permit must practice under the supervision of a licensed physical therapist.

- False
- True

→ Cite Regulation 12 AAC 54. _____

6. A physical therapist or physical therapist assistant who has been licensed 12 months or more of the concluding licensing period shall have completed during that period ___ contact hours of continuing education.

- 16
- 20
- 24
- 28

→ Cite Regulation 12 AAC 54. _____

7. A physical therapist may concurrently supervise a maximum of how many physical therapist assistants, physical therapy aides, foreign-educated candidates, students, permittees, or any combination thereof?

- 3
- 4
- 6
- 8

→ Cite Regulation 12 AAC 54. _____

8. An applicant for renewal of a physical therapist or physical therapist assistant license shall document having provided physical therapy services for at least ___ hours during the concluding licensing period.

- 30
- 60
- 120
- 150

→ Cite Regulation 12 AAC 54. _____

9. Records of continuing education must be retained from the date of completion for:

- 2 years.
- 3 years.
- 5 years.
- 7 years.

→ Cite Regulation 12 AAC 54. _____

10. It is the responsibility of the _____ to notify the Division of Corporations, Business and Professional Licensing when a name or address change occurs for a licensee.

- employer
- direct supervisor
- licensee
- All of the above.

→ Cite Regulation 12 AAC 54. _____

11. A licensee selected for audit of continuing competency requirements shall submit substantiating documentation within _____ days after the date of notification by the Division.

- 30 days
- 60 days
- 90 days
- 120 days

→ Cite Regulation 12 AAC 54. _____

12. Per the Alaska Board of Physical Therapy and Occupational Therapy Principles of Practice, a physical therapist and physical therapist assistant must adhere to the National Professional Core Values and Ethical Standards.

- False
- True

→ Cite Regulation 12 AAC 54. _____

13. For continuing education activities to meet the standards of renewal, at least one half must be recognized by:

- American Physical Therapy Association (APTA)
- Other state physical therapy associations or other physical therapy licensing boards
- Federation of State Boards of Physical Therapy (FSBPT)
- Any of the above.

→ Cite Regulation 12 AAC 54. _____

14. Continual onsite supervision means that the physical therapist or physical therapist assistant:

- is immediately available.
- is present in the department or facility where services are being provided.
- maintains continual oversight of patient-related duties.
- All of the above.

→ Cite Regulation 12 AAC 54. _____

15. The license or permit or a copy of the license or permit must be:

- kept in the personnel file of the licensee or permit holder.
- kept with the practicing therapist at all times.
- posted in a conspicuous location in the licensee's primary place of business.
- posted somewhere in the place of business.

→ Cite Regulation 12 AAC 54. _____

16. A physical therapist applicant who has been issued a temporary permit prior to taking the national examination may continue to practice under that temporary permit even if the physical therapist applicant fails the test, or fails to take the examination.

- False
- True

→ Cite Statute AS 08.84. _____

17. If the licensed physical therapist agrees to supervise a physical therapist assistant, the supervising physical therapist shall:

- fully document the supervision provided.
- include a record of all consultations provided in each patient's file.
- maintain records of supervision at the physical therapist assistant's place of employment.
- countersign the patient treatment record each time the supervising physical therapist is physically present and directly supervises the treatment of a patient by the physical therapist assistant being supervised.
- All of the above.

→ Cite Regulation 12 AAC 54. _____

18. Documentation to verify completion of continuing competency must include a valid copy of a certificate or similar verification of satisfactory completion which must include:

- a description of the continuing competency activity and the dates of actual participation or successful completion.
- the name and internet address or physical mailing address of course provider, instructor, sponsor or other entity the department may contact, as needed, to verify attendance.
- the name of the licensee and the number of continuing competency credits awarded.
- All of the above.

→ Cite Centralized Regulation 12 AAC 02. _____

19. To be accepted by the Board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapist assistant AND must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy.

- False
- True

→ Cite Regulation 12 AAC 54. _____

20. A business which provides telemedicine services must register with the state telemedicine business registry.

- False
- True

→ Cite Centralized Regulation 12 AAC 02. _____

21. The scope of authorized practice for a physical therapist or physical therapist assistant includes the practice of medicine, osteopathy, chiropractic, or other methods of healing.

- False
- True

→ Cite Statute AS 08.84. _____



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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. 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 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 according to state 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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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

Application Fee: _____

License or Renewal Fee: _____

Other (fine, 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 12/06/2022

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: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	