



Alaska Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

BIENNIAL NUTRITIONIST LICENSE RENEWAL

January 1, 2010 – December 31, 2011

READ THE FOLLOWING FOR IMPORTANT RENEWAL DEADLINE INFORMATION

Your authority to practice as a nutritionist in the State of Alaska expires on December 31, 2009. It is illegal for you to practice if your license has expired. There is no grace period. For prompt processing, submit this renewal application on or before December 1, 2009. Renewal processing takes three to four weeks after receipt of a completed renewal application. Plan accordingly and submit your renewal application timely.

Make checks or money orders payable to the State of Alaska

Active License Fee: \$50.00

Name: Last First Middle

Daytime Telephone Number: E-mail Address:

Social Security Number: Date of Birth:

CORRECTED MAILING ADDRESS (complete only if your address is different than the address label shown above).

Street or P.O. Box City State ZIP Code

PROFESSIONAL FITNESS – The following questions must be answered. "Yes" answers may not automatically result in license denial.

Since the date of your last application for an Alaska nutritionist license:

- 1. Have you had your license denied, revoked, suspended, surrendered, placed on probation, or been subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?
2. Have you been convicted of any criminal offense other than a minor traffic violation (convictions include suspended imposition of sentence)?
3. Are you now, or have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice your profession?
4. Are you now, or have you been addicted to or excessively or illegally used alcohol or a controlled substance?
5. Have you experienced a physical disability which may impair or interfere with your ability to practice your profession?

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

WARNING: The Division of Corporations, Business and Professional Licensing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification (AS 11.56.210 and AS 11.56.230).

I certify that the information in this application is true and correct. License No.

SIGN HERE [Arrow]

Applicant's Signature:

Date:

GENERAL INFORMATION

RENEWAL DUE DATE	For prompt processing, submit this renewal application on or before December 1, 2009. Renewal processing takes three to four weeks after the completed renewal application is received. Plan accordingly and submit your renewal application timely.
NAME CHANGE	If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change or download the Change of Name form from the division's website at www.commerce.state.ak.us/occ and submit the completed form along with a <u>copy</u> of the legal document verifying the change of name.
EXPIRED LICENSES/ INACTIVE LICENSES	There is no "inactive" license status. If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements in AS 08.01.100. Licenses which have expired more than five years cannot be renewed.
PAYMENT OF CHILD SUPPORT AND STUDENT LOANS	If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.
PUBLIC INFORMATION	Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law. Licensee information, including mailing addresses, is available on the division's website at www.commerce.state.ak.us/occ under "License Search."
BUSINESS LICENSES	Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550.
REGULATION INFORMATION	If you would like to receive notice of all proposed Nutritionist regulation changes, please send a written request adding your name to the Nutritionist Interested Parties List to: Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806.
OBTAIN LIST OF LICENSEES	Individuals may search for licensees or download lists of licensees from the division's website at www.commerce.state.ak.us/occ – look under "License Search."



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 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

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"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type *(check one)*: VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____