



**ALASKA STATE MEDICAL BOARD**

Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business, and Professional Licensing  
 Post Office Box 110806  
 Juneau AK 99811-0806  
 (333 Willoughby Street – Ninth Floor)  
 Phone: (907) 465-2541  
 E-mail: license@alaska.gov

<b>MED</b>	
Receipt No.	Amount

Renew Online at  
<http://www.commerce.state.ak.us/occ/pmed.htm>

**MEDICAL LICENSE (MD / DO / DPM)  
 RENEWAL APPLICATION**

For the Period of January 1, 2009 through December 31, 2010

**INSTRUCTIONS AND GENERAL INFORMATION – Please read carefully.**

Your license to practice medicine in Alaska lapses December 31, 2008. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska or by credit card using the attached credit card authorization form. **THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE.** If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued. Please see additional information on pages 4 and 5.

**TYPE OF RENEWAL:** (Check appropriate box.)

**Active License**  
**\$590**

**Inactive License**  
**\$250**

**Retired License**  
**\$100**

**PERSONAL INFORMATION:** (Please print legibly or type.)

Name (Last, First, Middle)		License No.	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Practice Address (Complete address)		Use as Address of Record <input type="checkbox"/> (Mark Only One as Address of Record)	
Residence Address (Complete address)		Use as Address of Record <input type="checkbox"/>	
Work Telephone ( )	Fax ( )	Email Address:	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REQUIRED INFORMATION:**

Practice Specialty	Subspecialty								
List all other states and/or provinces of Canada or other jurisdictions in which you hold or have ever held a license to practice medicine. (Attach a separate sheet if needed.)									

**PROFESSIONAL CONDUCT:** The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "yes" to any question, attach a detailed explanation including relevant dates and circumstances. Attach copies of any supporting documents that are applicable (court records, board actions, etc.). Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully. Please check the appropriate response to the questions below.

**CONFIDENTIALITY:** 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.

**PUBLIC INFORMATION:** All information in this renewal form will be available to the public unless required to be kept confidential by law.

**Since the date of your last application for a license in Alaska or within the past two years:**

- 1)  No  Yes Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- 2)  No  Yes Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending?
- 3)  No  Yes Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?
- 4)  No  Yes Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending?
- 5)  No  Yes Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending?
- 6)  No  Yes Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- 7)  No  Yes Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- 8)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
- 9)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- 10)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- 11)  No  Yes Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- 12)  No  Yes If you responded 'yes' to question 11, has such settlement already been reported to the board?
- 13)  No  Yes Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

*Please attach a separate sheet and supporting documents explaining any 'yes' responses to the questions in this application.*

## CONTINUING MEDICAL EDUCATION

As provided by regulations 12 AAC 40.200, 210, 220, and 240 (see page 5), your license cannot be renewed unless you have met continuing medical education requirements. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

If your license number is:                      From 01/01/2007 to 12/31/2008, you must have been awarded:

0001 to 5944 . . . . . (licensed prior to 12/31/2006)                      At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

5945 to 6247 . . . . . (licensed during 2007)                      At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

Only those CME hours actually awarded between January 1, 2007 and December 31, 2008 may be used to satisfy the requirements for the licensing period of 2007-08.

### **YOU MAY BE AUDITED!**

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal. You will be **required** to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. **DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.**

### **CME STATEMENT OF COMPLIANCE (Check one) :**

- YES . . . . I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2007 through 12/31/2008.
- NO . . . . . I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Corporations, Business and Professional Licensing for assistance. Refer to 12 AAC 40.200 on page 5 attached.
- NO . . . . . I am renewing my license as a RETIRED LICENSE.

### **STATEMENT**

I hereby certify that I am the person herein named subscribing to this application. 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 medicine in the state of Alaska.



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

WARNING: The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice medicine by fraud, deceit, or misrepresentation. The person may also be subject to criminal charges under AS 11.56.210 and AS 11.56.230.

**General Information You Should Know:**

<b>Renewal Due Date</b>	For renewal prior to December 31, 2008, your completed renewal form and fees must be received in our office no later than December 1, 2008. Processing of a complete renewal takes three to four weeks from the date of receipt in our office – plan accordingly. Your renewal will be rejected if the form is incomplete or insufficient fees are received.
<b>Online Renewals</b>	You may wish to renew your license via the Internet. Please go to <a href="http://www.commerce.state.ak.us/occ/pmed.htm">www.commerce.state.ak.us/occ/pmed.htm</a> and click on the button “Online Renewals”. Complete the application and submit your credit card information for payment of the fees. Your license will be printed and mailed to you from the Juneau office. On-line renewal may not be available under certain circumstances.
<b>Name Changes</b>	If you have had a legal name change since your last license was issued, attach to the renewal form a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.
<b>Social Security Numbers</b>	In accordance with AS 08.01.100(e), the department is not authorized to renew a license unless the licensee’s social security number has been provided to the department. This number is not released to the public.
<b>Lapsed Licenses</b>	If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (see page 5 of this application). Licenses that are expired for more than five years may not be renewed or reinstated.
<b>Inactive Licenses</b>	You may not practice medicine or write prescriptions in Alaska with an inactive license. BEFORE YOU RENEW YOUR LICENSE AS INACTIVE, please carefully review regulation 12 AAC 40.033 (page 5 of this application), regarding reactivation requirements.
<b>Retired Licenses</b>	There is a one-time fee for the remainder of the licensee’s lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. BEFORE YOU RETIRE YOUR LICENSE, please carefully review regulation 12 AAC 40.031 regarding reactivation requirements that are included on page 5 of this application.
<b>Payment of Child Support or Student Loans</b>	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 will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1 800/478-3300. Contact the Post-Secondary Education office at 1 888/441-2961 to resolve payment issues.
<b>Public Information</b>	All information on this renewal form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the Division of Corporations, Business, and Professional Licensing’s website at <a href="http://www.commerce.state.ak.us/occ">www.commerce.state.ak.us/occ</a> under “Professional License Search.”

**BEFORE YOU MAIL THIS RENEWAL APPLICATION, HAVE YOU:**

- ▶ **Completed all questions in the form?**
- ▶ **Attached explanations and supporting documents for any ‘yes’ responses?**
- ▶ **Signed and dated the renewal form?**
- ▶ **Attached your check for fees payable to the State of Alaska?**

**NOTIFICATION OF PROPOSED REGULATIONS CHANGES**

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the “Medical” Interested Parties List to:

REGULATIONS SPECIALIST  
 Dept. of Commerce, Community, and Economic Development  
 Division of Corporations, Business, and Professional Licensing  
 Post Office Box 110806  
 Juneau AK 99811-0806

## SELECTED PERTINENT REGULATIONS

### **12 AAC 40.025. LAPSED PHYSICIAN LICENSES.**

(a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

- (1) submits a completed renewal application on a form provided by the department;
- (2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);
- (3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and
- (4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a) (2), (3), and (4) of this section and

- (1) submits a completed reinstatement application on a form provided by the department;
- (2) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;
- (3) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;
- (4) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and
- (5) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

### **12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE.**

(a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

- (1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with
    - (A) AS 08.64.200 and 08.64.250, if a physician applicant;
    - (B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or
    - (C) AS 08.64.205, if an osteopath applicant;
  - (2) submits evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application;
  - (3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;
  - (4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;
  - (5) submits information from the disciplinary data bank of the Federation of State Medical Boards;
  - (6) is interviewed by a member of the board; and
  - (7) pays the fees established in 12 AAC 02.250.
- (b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

### **12 AAC 40.033. INACTIVE PHYSICIAN LICENSE.**

(a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician may apply for an inactive license at the time of license renewal by

- (1) indicating on the form for license renewal that the physician is requesting an inactive license;
- (2) paying the inactive biennial license fee established in 12 AAC 02.250; and
- (3) submitting proof of meeting the continuing medical education requirements in 12 ACC 40.200 – 12 ACC 40.220.

(c) A physician licensed as inactive may not practice as a physician in the state.

(d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must

- (1) *repealed 12/07/2006*;
- (2) submit a written request for reactivation;
- (3) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board;
- (4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;
- (5) submit proof of meeting the continuing medical education requirements in 12 ACC 40.200 – 12 ACC 40.220;

## SELECTED PERTINENT REGULATIONS CONTINUED

### **12 AAC 40.033. INACTIVE PHYSICIAN LICENSE CONT.**

(6) arrange for verification of licensure to be sent directly to the division from each state other than this state where the applicant is or has been licensed as a physician; and

(7) receive clearance from the federal Drug Enforcement Administration (DEA) and arrange for documentation of the clearance to be sent directly to the division by the DEA.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

### **12 AAC 40.200. GENERAL REQUIREMENTS.**

(a) A physician seeking renewal of a license shall obtain an average of 25 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

### **12 AAC 40.210. CREDIT HOURS.**

(a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining

(1) credit hours in a Category I continuing medical education program accredited by the American Medical Association; or

(2) Category I or II continuing medical education hours accredited by the American Osteopathic Association.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):

(1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or

(2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association or the American Osteopathic Association; or

(3) participation in a residency program during the concluding licensing period.

### **12 AAC 40.220. CERTIFICATION OF COMPLIANCE.**

(a) A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

**12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS.** For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 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: \_\_\_\_\_