



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

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|-------------|--------|
| MED | |
| Receipt No. | Amount |



**PHYSICIAN ASSISTANT LICENSE
 RENEWAL APPLICATION**

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

INSTRUCTIONS AND GENERAL INFORMATION – Please read carefully.

Your license to practice as a physician assistant 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 - \$400**
 Inactive License - \$200
 Prorated License* - \$200
 *Applies to License No. 783 and above.

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"/> | |
| 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:

| | | | | |
|---|--|--|--|--|
| List all other states 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 or employment been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, office, 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 employer or are you currently under investigation by any licensing jurisdiction or employer, 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 allegation remains 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 above, has such settlement already been reported to the board?
- 13) No Yes Have you been investigated or disciplined by the Drug Enforcement Administration, 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 explaining any 'yes' responses to the questions in this application.

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA) CERTIFICATE:

Regulation 12 AAC 40.470 requires that you maintain current certification by the National Commission on Certification of Physician Assistants and have met the continuing medical education and recertification requirements of the NCCPA, including the recertification examination. Any renewal application received without the NCCPA certificate attached will be rejected and returned to the applicant.

✓ **Attach a copy of your current NCCPA certificate to this renewal application. Failure to do so will result in the application being returned to you.**

DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION:

Regulation 12 AAC 40.450 requires that physician assistants who prescribe, order, administer, or dispense controlled substances must hold a current Drug Enforcement Administration registration number. A copy of the current registration must be on file with the department. You must also have on file with the Division the prescribing authority granted by your primary collaborating physicians. If you do NOT hold a DEA registration, your license will be renewed with a notation that you may not prescribe controlled substances.

✓ **Attach a copy of your current DEA registration certificate to this renewal application. Failure to do so will result in the application being returned to you.**

ACTIVE COLLABORATIVE PLAN RENEWAL:

For each existing collaborative plan you wish to maintain active, your primary collaborating physician must sign below to indicate he/she wishes to retain their collaborative relationship with you for the coming license period. **Any plan that is not renewed by the primary physician's signature below will be voided.** If needed, attach a separate sheet of plain paper for additional physicians' signatures or make a copy of this page.

COLLABORATIVE PHYSICIAN STATEMENT:

By my signature below, I affirm that I wish to maintain my active collaborative plan with the physician assistant whose name appears on this renewal application until further notice.

| | | | |
|------------------------------|-----------------------|----------------------|-------------------------|
| _____ Physician Signature | _____ Printed Name | _____ Date Signed | _____ AK License No. |
| _____ Physician Signature | _____ Printed Name | _____ Date Signed | _____ AK License No. |
| _____ Physician Signature | _____ Printed Name | _____ Date Signed | _____ AK License No. |
| _____ Physician Signature | _____ Printed Name | _____ Date Signed | _____ AK License No. |
| _____ Physician Signature | _____ Printed Name | _____ Date Signed | _____ AK License No. |
| _____ Physician Signature | _____ Printed Name | _____ Date Signed | _____ AK License No. |

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:

| | |
|--|---|
| Renewal Due Date | 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. |
| Name Changes | 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. |
| Social Security Numbers | 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. |
| Lapsed Licenses | 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 40.475 (see page 5 of this application). Licenses that are expired for more than five years may not be renewed or reinstated. |
| Inactive Licenses | 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 40.473 (page 5 of this application), regarding reactivation requirements. |
| Payment of Child Support or 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 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 1800/478-3300. Contact the Post-Secondary Education office at 1-888/441-2961 to resolve payment issues. |
| Public Information | 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 www.commerce.state.ak.us/occ under "Professional License Search." |

BEFORE YOU MAIL THIS RENEWAL APPLICATION--HAVE YOU?

- ✓ **Completed all questions in the form?**
- ✓ **Attached your check for fees payable to the State of Alaska?**
- ✓ **Signed and dated the renewal form?**
- ✓ **Attached explanations and supporting documents for any 'yes' responses?**
- ✓ **Obtained necessary signatures?**
- ✓ **Attached required documents?**

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 40.470. RENEWAL OF A PHYSICIAN ASSISTANT LICENSE.

- (a) A physician assistant license must be renewed biennially on the date set by the department.
- (b) An application for renewal must be made on the form provided by the department and must include
 - (1) payment of the renewal fee established in 12 AAC 02.250;
 - (2) documented evidence that the applicant has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination, and is currently certified by NCCPA;
 - (3) verification on a form provided by the department of each authorization to practice issued under 12 AAC 40.408 under which the physician assistant is practicing.

12 AAC 40.473. INACTIVE PHYSICIAN ASSISTANT LICENSE.

- (a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed.
- (b) A physician assistant may apply for an inactive license at the time of license renewal by
 - (1) indicating on the form for license renewal that the physician assistant is requesting an inactive license; and
 - (2) paying the inactive biennial license fee established in 12 AAC 02.250.
- (c) A physician assistant licensed as inactive may not practice as a physician assistant in the state.
- (d) A physician assistant licensed as inactive who wishes to resume active practice as a physician assistant in the state must
 - (1) submit a completed renewal application form indicating request for reactivation.
 - (2) pay the physician assistant biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;
 - (3) submit a copy of a current certificate issued by the National Commission on Certification of Physician Assistants; and
 - (4) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board.
- (e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.475. LAPSED PHYSICIAN ASSISTANT AUTHORIZATION.

- (a) A physician assistant authorization that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits
 - (1) a complete renewal application form;
 - (2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met; and
 - (3) the renewal fees required by 12 AAC 02.250.
- (b) A physician assistant authorization that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits
 - (1) a complete renewal application on a form provided by the department;
 - (2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met for the entire period that the authorization has been lapsed;
 - (3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a physician assistant or other health care professional;
 - (4) clearance from the Federation of State Medical Boards sent directly to the division;
 - (5) clearance from the federal Drug Enforcement Administration (DEA); and
 - (6) the applicable fees required in 12 AAC 02.250.
- (c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.



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 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: _____