Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Medical Board
P.O. Box 110806, Juneau, Alaska 99811-0806
Phone: (907) 465-2541 ★ E-mail: medicalboard@alaska.gov
Website: www.commerce.state.ak.us/occ/pmed.htm

MOBILE INTENSIVE CARE PARAMEDIC LICENSE RENEWAL APPLICATION

For the Period of January 1, 2011 through December 31, 2012

INSTRUCTIONS AND GENERAL INFORMATION – Please read carefully.

Your license to practice as a mobile intensive care paramedic in Alaska lapses December 31, 2010. 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 use the attached credit card payment form. Faxed or emailed applications will **not** be accepted. 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**
$50

☐ **Prorated License***
$25
***Applies to License No. 763 and above.**

PERSONAL INFORMATION: (Please print legibly or type.)

Name (Last, First, Middle)	**License No.**	**Gender** ☐ F ☐ M
Practice Address (Complete address)		**Use as Address of Record** ☐ **(Mark Only One Address as of Record)**
Residence Address (Complete address)		**Use as Address of Record** ☐
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? ☐ Yes ☐ No

REQUIRED INFORMATION:

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. Please allow additional time for processing if you answer "yes" to any of the professional fitness questions. 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. **Plan accordingly and submit your form by December 1, 2010, to ensure processing by the expiration date of December 31, 2010.**

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 **within the past two years**?

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.

SPONSOR PHYSICIAN RECOMMENDATION:

This recommendation must be signed by existing sponsors and may not be used to add new sponsors. Contact the Division of Corporations, Business, and Professional Licensing, or check our website (www.dced.state.ak.us/occ/pmed.htm), before changing sponsors.

By my signature below, I acknowledge that I am and wish to remain the sponsor physician of the paramedic whose name appears on this renewal application. I recommend this person is fit to practice as a mobile intensive care paramedic and I verify his/her skills in performing those authorized activities defined in 12 AAC 40.370 (a).

Sponsor Physician's Signature	Printed Name	Date	AK License No.
Sponsor Physician's Signature	Printed Name	Date	AK License No.
Sponsor Physician's Signature	Printed Name	Date	AK License No.

CONTINUING MEDICAL EDUCATION:

As provided by regulation 12 AAC 40.350 (see page 5), your license cannot be renewed unless you have met those continuing medical education requirements. CME hours must include current ACLS and BLS. The board will conduct an audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be **required** to submit copies of documentation that proves 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.

EXCEPT FOR ACLS AND BLS DOCUMENTS AS NOTED BELOW, DO NOT SUBMIT OTHER CME DOCUMENTS WITH THIS APPLICATION.

YOU MAY BE AUDITED!

If your license number is:	You must have obtained:
001 to 724	. . . . . at least 120 hours of didactic or clinical hours as provided by regulation
725 to 762	. . . . . at least 60 hours of didactic or clinical hours as provided by regulation
763 and above	. . . . . You are not required to document CME for this renewal.

You MUST attach the following documents to this renewal application (ACLS & BLS):

- Evidence of successful course completion for the advanced cardiac life support provider or advanced cardiac life support instructor courses; and
- Evidence of successful course completion for the basic life support course from an approved organization listed in 12 AAC 40.350.

CME STATEMENT OF COMPLIANCE

I certify that I have successfully completed the continuing medical education requirements set forth in regulation 12 AAC 40.350 during the license period of January 1, 2009 through December 31, 2010.

☐ YES ☐ NO*

*If you check "NO", attach a detailed explanation of the reason for your inability to obtain the required hours of CME. Failure to obtain the required CME hours will result in your license not being renewed. Please contact a representative of the Division of Corporations, Business, and Professional Licensing who will assist you.

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, 2010, your completed renewal form and fees must be received in our office no later than December 1, 2010. 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 40.352 (see page 5 of this application). Licenses that are expired for more than five years may not be renewed or reinstated.
Sponsor Physician Change	Regulation 12 AAC 40.315 (see page 5) requires a paramedic to IMMEDIATELY report to the board any change of sponsorship and suspended practice until the new sponsor is approved. You may not use this license renewal form to add a new sponsor physician. Please contact the division office for the proper change of sponsor form.
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 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	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 "License Search."

BEFORE YOU MAIL THIS RENEWAL APPLICATION -- HAVE YOU?

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

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

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 40.315. SPONSORSHIP.

(a) A person licensed as a mobile intensive care paramedic shall immediately report to the board, in writing, any change of sponsorship.

(b) When a sponsor withdraws sponsorship of a mobile intensive care paramedic, the paramedic is not authorized to practice until a new physician sponsor is approved by the board.

12 AAC 40.350. RENEWAL OF LICENSE.

(a) An applicant for renewal of a mobile intensive care paramedic license shall submit

(1) a completed license renewal application form provided by the board;

(2) satisfactory evidence of completion of continuing medical education consisting of not less than 60 classroom or clinical hours, or combination of classroom and clinical hours, for each complete 12-month period the applicant has held a mobile intensive care paramedic license during the concluding license period; at least six hours of continuing medical education required by this paragraph must be specific to pediatrics emergency education;

(3) evidence of current successful completion of a course as either a provider or instructor in advanced cardiac life support from the American Heart Association or the American Safety and Health Institute; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (a)(2) of this subsection;

(4) evidence of current successful completion of a course in basic life support, including adult, child, and infant CPR and airway obstruction maneuvers from a program approved by the board; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (a)(2) of this section; programs approved by the board include the following:

(A) Basic Life Support for Health Care Providers – American Heart Association;
(B) CPR for the Professional Rescuer – American Red Cross;
(C) CPR component of Medic First Aid, Advanced – Medic First Aid International, Inc.;
(D) Basic Life Support for Professionals – EMP America;
(E) CPR for the Professional Rescuer – American Safety and Health Institute;
(F) Respond Systems AED/CPR;
(G) Emergency Care and Safety Institute's Professional Rescuer CPR:

(5) a written recommendation as to the applicant's fitness to practice as a mobile intensive care paramedic, made by the applicant's sponsor physician; the recommendation must include verification of skills performance in those authorized activities set out in 12 AAC 40.370(a); and

(6) the license renewal fee established by 12 AAC 02.250.

(b) If an applicant for renewal cannot meet the requirements for renewal under (a) of this section, the applicant must apply and meet the requirements for initial licensure under 12 AAC 40.300 — 12 AAC 40.310.

(c) The board will, in its discretion, exempt a mobile intensive care paramedic from the requirements of (a)(2) of this section upon application giving evidence satisfactory to the board that the applicant is unable to comply with the requirements because of extenuating circumstances. The board will not exempt a person from more than 60 hours of continuing medical education in a four-year period.

12 AAC 40.352. LAPSED MOBILE INTENSIVE PARAMEDIC LICENSES.

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

(1) documentation that the continuing medical education requirements of 12 AAC 40.350 have been met; and

(2) the renewal fees required by 12 AAC 02.250.

(b) A mobile intensive care paramedic license 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 40.350(a)(2) have been met for the entire period during which the license has been lapsed;

(3) verification of licensure from each state, territory, or province where the applicant holds or has ever held a mobile intensive paramedic license or other health care professional license;

(4) the applicable fees required by 12 AAC 02.250.

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

12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES.

(a) A licensed mobile intensive care paramedic, when under the supervision of a sponsor physician, may perform the activities listed in this subsection. The direct supervision of an activity may be delegated to another physician when the mobile intensive care paramedic is caring for a patient in a hospital, at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained, or when under the specific written standing order of a physician. The activities are

(1) electrocardiographic monitoring and defibrillation;
(2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;
(3) performing endotracheal intubation and pulmonary ventilation by approved methods;
(4) performing gastric suction by intubation;
(5) obtaining blood for laboratory analysis;
(6) administering parenterally, orally, or topically any approved agents or solutions;
(7) use of pneumatic antishock devices; and
(8) performing other emergency procedures authorized by a sponsoring physician.

(b) A person enrolled in a mobile intensive care paramedic training program may perform the activities set out in (a) of this section insofar as:

(1) the activities are required as part of the training program;
(2) the activities that take place in a hospital are supervised by a physician, physician assistant, or nurse; and
(3) the activities that take place outside a hospital are supervised by a licensed mobile intensive care paramedic, or a physician sponsor, or the physician sponsor's designee.

(c) While functioning as an intern in Alaska, a person may not perform the activities listed in (a) of this section for more than 480 hours, or for more than six calendar months, without becoming licensed as a mobile intensive care paramedic by the board.

(d) The scope of authorized activities for a mobile intensive care paramedic does not include primary patient care, such as dispensing nonemergency medications, performing physical examinations for nonemergency purposes, and treatment of nonemergency medical conditions included in the scope of practice for a physician, physician assistant, or nurse, unless specifically authorized by the board.

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

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal 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
☐ Application fee	_____
☐ License (or renewal) fee	_____
☐ Fine	_____
☐ 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: _____

Confidential