


PROFESSIONAL FITNESS

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

Since the date of your last application for an Alaska speech-language pathology license:

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of any criminal offense other than a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, or psychotic disorder, or substance abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you now or have you been addicted to, or excessively or illegally used, alcohol, or a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you currently have a physical disability which may impair or interfere with your ability to practice as a speech-language pathologist? | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the statements in this application are true and correct to the best of my knowledge. I understand that any false information may result in failure to renew my license as a speech-language pathologist in Alaska, or subsequent revocation of my license.

Sign Here 

Signature

Date

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed Speech-Language Pathology regulation changes, please send a written request adding your name to the Speech-Language Pathology Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806



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)

- | | |
|---------------------------------------------------|--------------|
| <input type="checkbox"/> Application fee | Amount _____ |
| <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: _____