

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN

Applicant Name: _____ ☐ MD ☐ DO ☐ DPM
Specialty: _____
Licensure by: ☐ Credentials (state): _____ ☐ Examination

Date Received:

_____ Fees: \$400 nonrefund. appl. fee, receipt no. _____; \$425 license fee, receipt no. _____

_____ Application, complete w/ photo/notary, malpractice list, and hospital privileges list. _____

_____ Authorization for Release of Records _____

_____ Exam Scores (specify exam type USMLE, FLEX, NBME, COMLEX, NBPME, State, etc.): _____

_____ For State exam: _____ (State) Active License? _____ Passed med/sci subjects? _____

_____ Medical School ☐ Diploma ☐ Transcript Translation: _____ Accredited by: _____
(AAMC, AOA, Calif. List, etc)

_____ Verification from Medical School: _____ Graduation Date: _____

_____ Internship/Residency Certificates: _____ Accredited by: _____

_____ Accredited by: _____

_____ Accredited by: _____

_____ Verification from Internship/Residency Programs: ☐ PGY1 ☐ PGY2 ☐ PGY3

☐ Graduated BEFORE 01/01/1995 – One Year PG Training Required
☐ Graduated AFTER 01/01/1995 – Two Years PG Training Required
☐ International Grad. – ECFMG **Required**, plus one of the following: ECFMG No. _____
 ☐ Three Years accredited PG training **(check all that apply)**
 ☐ Year for Year Substitution as faculty: No. of years claimed _____ (Max. 3)
 ☐ ABMS Board Certification (current): _____ (Board)
 ☐ Current active license in other State for 3 years: _____ (State)

Verification of acceptable education in pain management and opioid use and addiction; Accr. by:

<hr/> Verifications of License: any licenses suspended or revoked?					
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
State_____	Rec'd _____	State_____	Rec'd _____	State_____	Rec'd _____
Licenses not listed on application			Discovered where?		

Hospital privileges verifications (for past 5 years)

[illegible]

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN

_____ DEA Clearance Report
_____ FSMB Report
_____ AMA/AOA Physician Profile
_____ NPDB Report
_____ Irregularities, Malpractice, "Yes" Responses, or Other Adverse Information Noted in Application. Specify:

_____ Examiner's Notes: _____
_____ Status Letter Sent: _____
_____ Application Complete _____ Checklist/File to Exec Admin _____ Lic. Examiner

- ☐ No ☐ Yes Any adverse or derogatory history, including grounds for disciplinary sanctions; malpractice settlements or payments, or "yes" answers on the application. **If any, then temp permit may not be approved by Board-designated licensing staff; refer to Executive Administrator. If any, then full license may not be approved by Executive Administrator; refer to Board.**
- ☐ No ☐ Yes Any adverse or derogatory history, including grounds for disciplinary sanctions; malpractice settlements or payments exceeding \$50,000 individually or \$100,000 aggregate; criminal charges or convictions within 10 years of the application, complaints, investigations or actions regarding the practice medicine in any jurisdiction (unless it was closed with no disciplinary action, caution, reprimand, or letter of advisement), or adverse actions taken by a hospital, health care facility, health care entity, residency program or fellowship program. **If any, then temp permit may not be approved by Executive Administrator; refer to Board member.**

BOARD MEMBER / DESIGNEE REVIEW FOR TEMPORARY PERMIT

☐ APPROVED

☐ HOLD FOR BOARD

☐ INTERVIEW REQUIRED

Comments: _____

Temporary Permit No. _____

Date Issued: _____

VALID FOR 6 MONTHS

Signed: _____ Date _____

FINAL BOARD / DESIGNEE REVIEW AND APPROVAL

☐ APPROVED

☐ DENIED

☐ TABLED (see notes/comments)

Comments: _____

Signed: _____ Date _____

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN

EXPEDITED TEMPORARY PERMIT

Applicant Name: _____ ☐ MD ☐ DO ☐ DPM
Specialty: _____
Licensure by: ☐ Credentials (state): _____ ☐ Examination

Date Received:

_____ Fees: \$400 nonrefund. appl. fee, receipt no. _____; \$425 license fee, receipt no. _____
_____ Application, complete w/ photo/notary, malpractice list, and hospital privileges list. _____
_____ Authorization for Release of Records
_____ Exam Scores (specify exam type USMLE, FLEX, NBME, COMLEX, NBPME, State, etc.): _____
_____ For State exam: _____ (State) Active License? _____ Passed med/sci subjects? _____
_____ Complete FCVS profile including: ☐ Verif from med school _____ Accredited by: _____
_____ ☐ Internship/Residency verifications: PGY1 _____ Accredited by: _____
_____ PGY2 _____ Accredited by: _____
_____ PGY3 _____ Accredited by: _____

_____ DEA Clearance Report

_____ FSMB Report

_____ NPDB Report

_____ Additional qualifications:

_____ Graduated BEFORE 01/01/1995 – One Year PG Training Required

_____ Graduated AFTER 01/01/1995 – Two Years PG Training Required

_____ International Grad. – ECFMG **Required**, plus one of the following: ECFMG No. _____

☐ Three Years accredited PG training (check all that apply)

☐ Year for Year Substitution as faculty: No. of years claimed _____ (Max. 3)

☐ ABMS Board Certification (current): _____ (Board)

☐ Current active license in other State for 3 years: _____ (State)

_____ Verification of acceptable education in pain management and opioid use and addiction; Accr. by: _____

_____ No adverse or derogatory history, including no grounds for disciplinary sanctions; no malpractice settlements or payments exceeding \$50,000 individually or \$100,000 aggregate; no criminal charge or conviction (including guilty or nolo contendere pleas); no complaint, investigation, or action by any other medical jurisdiction; no complaint, investigation, or action by a hospital, health care facility/entity, residency/fellowship

_____ Irregularities, Malpractice, "Yes" Responses, or Other Adverse Information Noted in Application. Specify: _____

_____ Examiner's Notes: _____

_____ Status Letter Sent: _____

_____ Application Complete _____ Checklist/File to Exec Admin _____ Lic. Examiner

BOARD MEMBER / DESIGNEE REVIEW FOR EXPEDITED TEMPORARY PERMIT

☐ TEMP PERMIT APPROVED

☐ EXPEDITED TEMP PERMIT DENIED; must process for regular permit/license

Comments: _____

Temporary Permit No. _____

Date Issued: _____

VALID FOR 6 MONTHS

Signed: _____ Date _____

Additional documents required before final review and approval:

_____ Medical School ☐ Diploma ☐ Transcript Translation: _____ Graduation Date: _____

_____ Internship/Residency Certificates: ☐ PGY1 ☐ PGY2 ☐ PGY3

_____ Verifications of Licensure: any licenses suspended or revoked? _____

_____ Hospital privileges verifications (for past 5 years)

_____ AMA/AOA Physician Profile

FINAL BOARD / DESIGNEE REVIEW AND APPROVAL

☐ APPROVED

☐ DENIED

☐ TABLED (see notes/comments)

Comments: _____

Signed: _____ Date _____

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN

Checklist page 2 for: _____ (Applicant name)

Additional States of Licensure:

[illegible]

Additional Hospital privileges:

[illegible]

**ALASKA STATE MEDICAL BOARD
CHECKLIST - LOCUM TENENS PERMIT**

Applicant Name _____

☐ MD ☐ DO ☐ DPM

Specialty _____

Graduation _____

Duration
at address: _____

Date Received

Start Date: _____

_____ Fee, Nonrefund App (\$150) Receipt No. _____

_____ Fee, Permit (\$150) Receipt No. _____

_____ Application, complete w/ photo/notary, malpractice list

_____ Authorization for Release of Records

_____ Statement of Purpose:

☐ Substitute for AK physician – Name: _____ Lic. No. _____

☐ Temp. employment for evaluation – AK Physician Name: _____ Lic. No. _____

☐ Temp. employment to fill vacancy – Hospital/Clinic: _____ Location _____

_____ Exam Scores (specify exam type USMLE, FLEX, NBME, COMLEX, etc) _____

_____ Medical School Diploma, CTC Accredited by: _____

_____ Internship/Residency Certificates Accredited by: _____

(or letter in lieu w/ explanation) Accredited by: _____

_____ Graduated BEFORE 01/01/1995 – One Year PG Training Required

_____ Graduated AFTER 01/01/1995 – Two Years PG Training Required

_____ International Grad. – Three Years PG Training Required ECFMG No. _____

_____ Verification of acceptable education in pain management and opioid use and addiction; Accredited by: _____

_____ Verifications of Licensure: any licenses suspended or revoked? _____

State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____

State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____

State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____ State _____ Rec'd _____

Licenses not listed on application _____ Discovered where? _____

_____ FSMB Report

_____ NPDB Report

_____ Irregularities, "Yes" Responses, or Other Adverse Information Noted in Application, Specify: _____

Examiner's Notes: _____

Status Letter Sent: _____

_____ Application Complete _____ Checklist/File to Exec Admin _____ Lic. Examiner

BOARD MEMBER / DESIGNEE REVIEW AND RECOMMENDATION

☐ APPROVED

☐ HOLD FOR BOARD

☐ INTERVIEW REQUIRED

Comments: _____

Signed: _____ Date _____

Locum Tenens Permit No. _____ Date Issued _____ Expiration _____

90 days only

**ALASKA STATE MEDICAL BOARD
LOCUM TENENS PERMIT EXTENSION REQUEST**

Applicant Name _____ ☐ MD ☐ DO ☐ DPM
Initial Locum Tenens permit # _____ Issue Date: _____ Expiration date: _____

Date Received

_____ Extension fee (\$150) Receipt No. _____
_____ Request for Extension of Locum Tenens Permit
_____ ☐ Received before expiration date of initial LT permit
_____ New Statement of Purpose:
_____ ☐ Substitute for AK physician – Name: _____ Lic. No. _____
_____ ☐ Temp. employment for evaluation – AK Physician Name: _____ Lic. No. _____
_____ ☐ Temp. employment to fill vacancy – Hospital/Clinic: _____ Location _____
_____ Request for extension of more than 60 days:
_____ ☐ Includes Statement of Purpose Part IV and detailed explanation
_____ ☐ AMA or AOA Profile
_____ ☐ New DEA Clearance
_____ ☐ New FSMB Clearance
_____ New verification from other state showing license is still current and active for practice
_____ Copy of checklist for permanent application, showing the following:
_____ ☐ Application and license fees paid
_____ ☐ Completed application (include copy of first three pages for review)
_____ ☐ Completed Authorization for Release of Records form
_____ ☐ Hospital privileges list received
_____ Copy of first three pages of permanent application
_____ New NPDB Report
_____ Irregularities, "Yes" Responses, or Other Adverse Information Noted in Application, Specify: _____

Examiner's Notes: _____
Status Letter Sent: _____

_____ Application Complete _____ Checklist/File to Exec Admin _____ Lic. Examiner

BOARD MEMBER / DESIGNEE REVIEW AND RECOMMENDATION

☐ APPROVED FOR EXTENSION ☐ HOLD FOR BOARD ☐ EXTENSION DENIED

Comments: _____
Signed: _____ Date _____

Locum Tenens Permit No. _____ Extension Date _____ Expiration _____
60 days only, unless exception granted