



APPLICATION FOR ALTERNATE LICENSE REIMBURSEMENT

Provider Name \_\_\_\_\_ Rank/Grade \_\_\_\_\_ DOD ID \_\_\_\_\_
Provider Type \_\_\_\_\_ Specialty \_\_\_\_\_
Assigned MTF \_\_\_\_\_ Place of Duty within the MTF \_\_\_\_\_
Market /Region/SSO \_\_\_\_\_

I am requesting reimbursement of licensure fees to perform the official duties require me to be able to perform the following, in conflict with state restrictions:

I attest that I am solely licensed in a state(s) with regulations and/or statutes that restrict my ability to perform federally authorized clinical functions and that I do not currently hold a license in another state without similar restrictions. I meet the prerequisite requirements of the licensing authority and all licenses I currently hold are in good standing. I affirm that the U.S. Government has not previously paid for an alternate license and that other U.S. Government funds have not been or will not be requested to cover the cost(s). I understand that reimbursement for a license that is required as a prerequisite for employment for Civilians or as a prerequisite for initial appointment for a military provider in the Armed Forces is not authorized.

I have been informed that it is advisable once I receive my new license to voluntarily relinquish my previous license with restrictions in accordance with the rules and regulations of that state. I also understand I am responsible for maintaining the new license in a current, active, valid, and unrestricted status under DHA-PM 6025.13, Volume 4.

Type of License \_\_\_\_\_
Current State(s) of Licensure \_\_\_\_\_
State for which license reimbursement is requested \_\_\_\_\_

I understand this request will be forwarded to the MTF Director for approval or disapproval.

Applicant Signature

Date

Legal Counsel review to assess state law's implications on the provider's federal practice.

Legal Signature

Recommend approval
Do not recommend approval

Comments:

MTF Director Name

Signature

Recommend approval
Do not recommend approval

If the applicant is a volunteer, the MTF Director must include in the comment a determination that the individual made a substantial contribution to clinical care to warrant reimbursement.

Reason for Non-concurrence/C (if applicable):

Director, DHA

Approve
Disapprove