

Alaska Physicians & Surgeons, Inc.

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Dear APS Applicant:

Enclosed you will find an application form (section 4) which must be completed in it's entirety, and a release of information and liability form to be signed. In addition, we require a copy of your state medical license, DEA certificate, board certification, (if applicable), current curriculum vitae, location where you completed residency, and evidence of medical malpractice coverage. Also please include in your application the list of doctors you share call with. Processing your application cannot begin until all Information is received.

If you have any questions or require assistance in completing your application, please contact Michael Haugen, APS' Executive Director or me at 561-7705.

Thank you,

Phyllis Finley
Executive Assistant