

Alaska Informed Consent for Abortion Website Resources List Applicant Request Form

Directions:

1. Please provide your contact information in the spaces below. Please note that, in order for department staff to verify the accuracy of the information you provide, you must include a current telephone number below. (Please type or write legibly.)

	Contact Information
Your name - please specify: <input type="checkbox"/> list my name as contact for organization or facility; <input type="checkbox"/> do not list my name; list organization name only	
Organization/Firm Name	
Work Address #1	
Work Address #2	
City, State, Zip code	
Phone number	
Fax number	
Website and/or email address	

2. Select ONE category (A-H) from the list below under which you would like your agency, services, clinic or facility to be listed on this website (select the category that best describes your facility or services).
3. Under the category you select, please check the box(es) that most accurately describe(s) the services you/your facility provide, where applicable. Check all that apply.
4. Please use selection "H" below to submit telephone hotline numbers and internet resource links for inclusion on this website; please include a brief description of the resource(s) you list.
5. Use the space at the bottom of the application to add any written comments or clarification. Department staff will try to incorporate additional information you provide; however, please note that additional information must be brief and restricted to clarifying the description of services you provide.

A. Hospital, Community Health Center, or Rural Health Clinic

OR

B. Private health care practitioner licensed to practice in the state of Alaska:

MD/DO

Nurse Practitioner/Nurse Midwife

Physician’s Assistant

AND you/your facility provide(s) the following type(s) of service(s) to pregnant women (check all that apply):

clinical OB/GYN services, including prenatal care, designed to assist a woman in carrying her pregnancy to term, provided by an MD, PA, NP or Nurse Midwife licensed to practice in Alaska;

adoption services, designed to assist a woman with a legal adoption after giving birth;

abortion services; clinical services designed to assist a woman who chooses to terminate her pregnancy, provided by a licensed clinician legally authorized to perform this service in Alaska;

pre- and/or post-abortion counseling by:

a licensed or certified social worker or counselor

a trained (unlicensed/ uncertified) counselor, paid or volunteer

clinical family planning services, including counseling for appropriate family planning methods and provision of contraceptives;

referral services designed to assist a pregnant woman seeking further information, counseling or support for any of her pregnancy options, offered by qualified professionals or facilities.

C. Social Worker, licensed to practice in Alaska, who offers pregnancy-related counseling, support, and referral services to pregnant women.

D. Faith-based agency or provider that offers pregnancy-related counseling, support, and referral services to pregnant women by:

a licensed or certified social worker or counselor

a trained (unlicensed/ uncertified) counselor, paid or volunteer

E. Adoption Agency, licensed by the State of Alaska, offering services designed to assist a pregnant woman with the legal adoption process after giving birth.

F. Attorney, licensed to practice in Alaska, who assists pregnant women with child placement/adoption services (i.e., services designed to assist a woman with the legal adoption process after giving birth) as a part of your practice in Family Law.

G. Other Agency, Service, Clinic, or Facility that offers Pregnancy-related counseling, support, and/or Clinical Services but does not fit into categories A – F above.

For “Other”, please describe briefly the services you provide to pregnant women:

H. Telephone Information Lines or Internet Resources Links:

Other comments: _____

The State of Alaska reviews and updates the information on the Informed Consent for Abortion website on an annual basis. Your application will be reviewed by department staff at that time and you will be notified in writing when your request is processed. In order for department staff to verify the accuracy of the information you provide, you must include a current telephone contact number on this application.

Please return this application (3 pages) directly to:

State of Alaska, DHSS,
Division of Public Health
ATTN: Kelly Keeter
3601 C Street, Suite 978
Anchorage, AK 99503

Thank you for your request.