



**State of Alaska**  
**Department of Health**  
**Background Check**  
**Redetermination Request**

***A DOH background check applicant who believes that the Department's background check determination was made in error; believes there was an error in the information that the department relied on; or has new or additional factual information that could change the department's determination may submit a request for redetermination on accordance with 7 AAC 10.927.***

First Name:

Last Name:

Date of Birth:

Background Check ID:

Mailing Address:

E-mail Address:

Phone:

Fax:

Provider:

Reason for the redetermination request and description of the Departments determination that you wish to have reviewed (attach additional pages as necessary):

Please submit any documents or other information to detail and provide evidence as to why you believe the determination on your background check was made in error.