

**Alaska WWAMI Eligibility Form for the E2020 Alaska WWAMI Class**  
**WWAMI School of Medical Education**

**GENERAL INSTRUCTIONS**

Deadline for Submission: **November 15**

Eligibility for the WWAMI program in Alaska has been defined by the University of Alaska Board of Regents as guided by *Alaska Administrative Code (AAC)*. WWAMI eligibility is not synonymous with Alaska residency or eligibility for a Permanent Fund Dividend.

**20 AAC 19.030. Eligibility requirement.** (a) A participant in the WWAMI program must maintain at all times the intent to return to Alaska upon completion of the program, and:

- (1) have physically resided in the State of Alaska for at least two consecutive years ending with September 1 of the year *before* the participant begins class in the WWAMI program; or
- (2) if not physically present in this state for the time period required under (1) of this section,
  - (A) have been absent due to the applicant's, or the applicant's spouse's status as a full-time student outside of this state and have physically resided in this state for at least two consecutive years immediately before the absence;
  - (B) have been absent due to full-time service in the United States armed forces and have physically resided in this state;
  - (C) have been absent due to full-time volunteer service in the Peace Corps and have physically resided in this state for at least two consecutive years immediately before the absence; or
  - (D) have been absent due to full-time engagement or employment in an experiential learning position that the Alaska WWAMI Admissions Committee determines to be directly relevant to the field of medicine and have physically resided in this state for at least two consecutive years immediately before the absence.

See Alaska WWAMI website for details: <https://www.uaa.alaska.edu/academics/college-of-health/departments/wwami/ak-wwami-eligibility.cshtml>

- (b) For purposes of whether absences are allowable as described in this section, a participant may not have taken any action to establish residence in another state. (Eff. 10/23/99, Register 152; am 7/12/2008, Register 187)

**To be eligible under exceptions (A), (B), (C), or (D), the applicant must have physically resided in Alaska for at least two consecutive years immediately before the absence.**

The Alaska WWAMI Eligibility Committee will consider the evidence submitted with the application and will determine whether the Alaska WWAMI eligibility requirements have been met. The *applicant bears the burden* of proving that the eligibility requirements have been met.

**Eligibility Documentation Required:**

**Applicants to Alaska WWAMI must provide adequate documentation for certification of eligibility.** Examples of documents that can help substantiate Alaska WWAMI eligibility are listed below. Provide copies of as many of the following items as possible with your completed Alaska WWAMI Eligibility Form.

1. Notification of eligibility to receive the Alaska Permanent Fund Dividend (PFD)
  - ◆ Form 1099-MISC from your PFD, or
  - ◆ Printout of PFD web page verifying your eligibility
2. Academic records (recent)
  - ◆ Transcript (official or unofficial)
  - ◆ If you attended a **public** college or university outside of Alaska, please provide documentation which shows your residency status for tuition purposes.
3. Employment records
4. Alaska driver's license
5. Home rental or lease agreement

The above items are listed in order of their importance. It is the responsibility of the applicant to provide sufficient supporting documentation in a timely fashion. Requests for additional documentation can delay certification.

**IMPORTANT: Submit form & documentation to the**  
**UAA WWAMI School of Medical Education Office no later than November 15.**

ALASKA WWAMI ELIGIBILITY FORM – E2020

Alaska WWAMI Class  
WWAMI School of Medical Education

**Complete All Information and Attach All Documents Requested:** (Type or Print Clearly)

1. Name: \_\_\_\_\_ 2. AMCAS ID#: \_\_\_\_\_  
*Last First M.I.*

3. Current **Mailing** Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Current **Home** Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. **Permanent** Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. How Long at the **Address in #6?** (List dates) From: \_\_\_\_\_ To: \_\_\_\_\_

8. List all of your **residence addresses** for the past three years, listing the current address first:

From (Mo/Yr)	To (Mo/Yr)	Street Address	City	State	Zip

(Attach separate sheet if you need more space)

9. Date of Birth: \_\_\_\_\_

10. Place of Birth: \_\_\_\_\_

**NOTE: If you were born outside the United States of America, provide documentation of citizenship or visa status. Foreign nationals without permanent visas cannot be certified as eligible for the Alaska WWAMI Program.**

11. High School Graduation (List Date, School, City, State) \_\_\_\_\_

\_\_\_\_\_

12. College Graduation (List Date, School, City, State) \_\_\_\_\_

\_\_\_\_\_

**Alaska WWAMI Eligibility Determination Statements:**

I have **LIVED IN** Alaska from \_\_\_\_\_ (month, year) to \_\_\_\_\_ (month, year).

Please fill in the blanks for the first statement and answer “Yes” or “No” (please circle) to the following statements:

(Circle One)

- Yes No Have or will you have *physically resided* in Alaska from September 1, 2017 through August 31, 2019? **If you answer “No” to this question**, please explain absences over 90 days on a separate page.
- Yes No Have you claimed residency in any other state, or have you obtained a benefit as a result of a claim of residency in any other state in the preceding twelve months? (Examples of such benefits are student loans, in-state tuition, or unemployment benefits.) **If you answer “Yes” to this question**, please explain on a separate page.
- Yes No Are you eligible to receive the most recent Alaska Permanent Fund Dividend? **If you answer “Yes” to this question**, provide official documentation or explanation. **If you answer “No” to this question**, provide an explanation.

**All interviews for the Alaska WWAMI Entering Class of 2020 will be held in Anchorage.**

**I certify that the information I have provided is true and accurate.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Submit your completed form with legible copies of required documentation by November 15 to:**

ATTN: Alaska WWAMI Eligibility  
WWAMI School of Medical Education  
University of Alaska Anchorage  
3211 Providence Drive, HSB 301  
Anchorage, AK 99508

Phone: (907) 786-4789  
FAX: (907) 786-4700  
E-mail: [uaa\\_wwami@alaska.edu](mailto:uaa_wwami@alaska.edu)  
Website: <http://www.uaa.alaska.edu/wwami>