January 10, 2024

VIA EMAIL

State of Alaska

Department of Health & Social Services

C/O Health Facilities Licensing & Certification

4601 Business Park Boulevard, Building K

Anchorage, Alaska 99503

**Re: Variance Request Application**

**Applicant: Insert Name (A/k/a Insert Name)   
 DOB:**

**Forms:**

**• Background Check Variance Request Application Form**

* **Personal Statement of Insert Name**

Dear Adjudicator:

This letter is submitted in support of my application for a Variance from the State of Alaska, Department of Health and Social Services. Please find attached the following supporting documentation pursuant to my application:

**Professional Records:**

**Exhibit 1: Copy of [Applicant’s Name] Résumé**

**Exhibit 2: Copy of [Applicant’s Name] Licensing**

**Exhibit 3: Copy of State of Alaska Fingerprint Record Report requested by [Applicant’s Name] previous employer, [Employer Name] dated [Date]**

**Exhibit 4: Copy of State of Alaska, Department of Public Safety Criminal History Record requested by [Applicant’s Name] previous employer, [Employer Name] dated [Date]**

**Information on the Employment Sought:**

**Exhibit 5: Job Description, Hire Letter [Detail based on the particular position of employment sought.]**

**Certificates:**

**Exhibit 6: Certificate of Completion – Rational Recovery  
ASAM Level 0.5 Alcohol and Drug Information School (ADIS)   
[Sample]**

**Exhibit 7: Certificate of Attendance for Strengthening Families Workshop  
[Sample]**

**Court Records:**

**Exhibit 8: Copy of Criminal Record for [Case Number] (Offense Name and Date) to include:**

* + - * **Order of Discharge After Suspended Imposition of Sentence [Samples]**
      * **Judgement**
      * **SIS Notification**
      * **Notice Prior to Expiration of Suspended Imposition of Sentence**
      * **Receipts**
      * **Offer for Pretrial Disposition**
      * **Summons**

**Exhibit 9: Screenshot from Alaska CourtView summarizing [Applicant’s Name] criminal history for ease of reference.**

**Letters of Recommendation:**

**Exhibit 10: Letters of Recommendation from [Insert Details for Letters of Recommendation.]**

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert Name

Enclosures