



Online Instructions

Initial Application for Advanced Practice Registered Nurse License

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A PERMANENT RN LICENSE AND APRN LICENSE TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE IN ALASKA.**

The following must be received by the division before your application for APRN license can be reviewed:

1. A COMPLETED ONLINE APPLICATION, INCLUDING PAYMENT OF FEES.

Nonrefundable Application Fee: \$100.00

APRN License Fee: \$100.00

Prescriptive Authority Fee – Legend Drugs ONLY: \$100.00

Prescriptive Authority Fee – Controlled Substances and Legend Drugs: \$200.00

Note: You may only pay with a credit card when submitting an online application. The online application is not complete until you have completed the credit card payment online.

2. NOTARY SIGNATURE PAGE

The notary page including signatures and notary seal may be uploaded to your MY LICENSE account. Otherwise, the original must be mailed to the division.

3. OFFICIAL TRANSCRIPTS

Official transcripts must be received directly from your program of study evidencing successful completion of a course of study in accordance with 12 AAC 44.400 (a)(1)(A). We do not accept copies from the applicant.

The transcript must indicate distinct graduate level course offerings in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment.

4. NATIONAL CERTIFICATION

Proof of current national certification in your role and population focus. This must be received directly from the certifying body; we do not accept copies from the applicant.

5. CONTINUING EDUCATION

Submit proof of 60 hours of continuing education within the previous two years of the date of your application. Copies of CEU certificates are required. A transcript with a course listing is not accepted. If you are a new graduate, your transcript courses can be used towards the 60 hours if the courses were completed within the past 2 years.

For Prescriptive Authority: Pursuant to 12 AAC 44.440, you must submit copies of certificates of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy obtained within the past two years. If the certificates do not list pharmacology hours separately, include a course outline or any other documentation indicating actual hours of pharmacology. For new graduates, your advanced pharmacology course may be used to meet the 15

hours of pharmacology education requirement provided it was completed within the past 2 years from the date of your application.

If you have a DEA registration you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

6. IELTS/TOEFL EXAM – FOREIGN GRADUATES ONLY

If you graduated from an advanced practice registered nurse program outside of the United States or Canada, except Quebec, Canada, please submit one of the following:

- (i) Verification of having ever passed the International English Language Testing System (IELTS) - overall score of 6.5 with a minimum of 6.0 on all modules;
- (ii) Verification of having ever passed the Test of English as a Foreign Language (TOEFL), Internet-based test- overall score of 84 with a speaking score of 26;
- (iii) A valid evaluation of your nursing education by the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service, with a full education, course-by-course report that indicates your nursing education was taught in English;
– or –
- (iv) An official International Commission on Healthcare Professions (ICHP) certificate verifying successful completion of the VisaScreen: Visa Credential Assessment Service.

Note: We are unable to accept the Online IELTS Indicator Test or the TOEFL at Home Test.

7. ADULT OR FAMILY PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS

An applicant for an authorization to practice as an adult or family psychiatric mental health nurse practitioner must submit:

- Certification issued by the American Nurses Credentialing Center before January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for:
 - psychiatric mental health clinical nurse specialist; or
 - adult or family psychiatric mental health practitioner; or
- Certification issued by the American Nurses Credentialing Center on or after January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for adult or family psychiatric mental health nurse practitioner or clinical nurse specialist.

LICENSE STATUS:

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on November 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division’s website at *ProfessionalLicense.Alaska.Gov* under License Search.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the Division for a copy of the form.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

NUR

FOR DIVISION USE ONLY

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfNursing

Notary Signature Page

Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	