



## Online Instructions

### Initial Application for APRN Preceptorship Registration

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference.

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

Fees: \$100.00 total (nonrefundable application fee)

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**

A completed Notary Signature Page (#08-4880).

#### **3. VERIFICATION OF LICENSURE**

Verification of a current license in good standing to practice as a registered nurse by this state or another state licensing jurisdiction.

#### **4. ENROLLMENT IN APRN PROGRAM**

Documented evidence of current enrollment in an advance practice registered nurse program. (In-progress transcripts are acceptable or written verification on college stationery sent directly from the nursing program director.)

#### **5. PRECEPTORSHIP ARRANGEMENT**

Documented evidence of a preceptorship arrangement to be approved by the board. Submit a copy of preceptorship agreement between the school and facility and the applicant and preceptor.

Note: The preceptor must hold an active license or privilege to practice as an APRN or physician that is not encumbered and practice in a comparable practice focus. The preceptor must function as a supervisor and teacher and evaluate the individual's performance in the clinical setting.

#### **CONDITIONS OF PRECEPTORSHIP PROGRAM:**

A registration expires and must be surrendered to the board 12 months from the date of issue or at the time the preceptorship arrangement is terminated, whichever occurs first. A registration may be renewed one time if the applicant again meets the requirements of 12 AAC 44.460(b). The board will, in its discretion, after a hearing under the Administrative Procedure Act (Alaska Statute 44.62), terminate the registration of a person registered under 12 AAC 44.460 who is found to have violated a provision of AS 08.68 or 12 AAC 44.

#### **PROFESSIONAL FITNESS QUESTIONS:**

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

#### **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](http://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 Exception 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.

**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 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfNursing](http://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	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	