



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

Reinstatement of Nursing License Application Instructions

Read the application instructions, statutes, and regulations before completing your application. Retain this information for future reference. **YOU MUST HOLD A TEMPORARY PERMIT OR PERMANENT LICENSE TO PRACTICE NURSING IN ALASKA.**

If you received this application other than directly from the board or its official website, the application may be outdated or not an official version. To ensure you have the official version, contact the board.

NURSING LICENSE REINSTATEMENT – APPLICATION PROCEDURES (12 AAC 44.317)

The following must be received by the division before your application for Reinstatement of Nursing License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4067, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Penalty Fee: \$100.00

License Fee: \$200.00

Fingerprint Processing Fee: \$ 75.00

Total Fees Due: \$375.00

Note: Once a permit or license is issued, you are no longer eligible for a refund.

3. FINGERPRINT & BACKGROUND REPORTS

Submit Fingerprinting & Background Reports - One original 8" x 8" card (FD-258). An incorrect card will be automatically rejected. The fingerprint card submitted as part of this application should be sent directly to the Alaska Board of Nursing (550 W. 7th Ave., Ste. 1500 Anchorage, AK 99501) who will submit it to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 12.62.400).

The fingerprint card will be rejected for the following reasons (28 CFR 50.12(b)):

- Incorrect type of card,
- Incomplete personal information or signatures, or
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at www.FBI.gov (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

Challenges may be given no later than 30 days after you have been notified by the department of an adverse report.

4. VERIFICATION OF LICENSURE

Verification of licensure sent directly from each jurisdiction where you held a license to practice nursing (or the verification made available via the NCSBN online verification system at www.nursys.com) during the time period your Alaska license was lapsed.

5. VERIFICATION OF EMPLOYMENT

If you are not utilizing "nursing employment" (below) as one of the activities for satisfying continuing competency, a completed Verification of Employment form (#08-4067c), verifying at least 320 hours of employment in a nursing capacity within the five years before the date the application is received by the board. If you cannot document 320 hours of employment in the past five years, you must satisfy the continuing competency requirements of the board or complete a board approved refresher course.

6. CONTINUING COMPETENCY

Documented completion of **one (1) of the following four (4) methods** during the immediate two years before applying for reinstatement:

1. 320 hours of nursing employment completed within the immediate two years before applying for reinstatement (The attached Verification of Employment form (#08-4067c) must be used to verify 320 hours of nursing employment).

- AND -

- a. 30 contact hours of continuing nursing education earned during the immediate two years before applying for reinstatement. (Submit copies of certificates of completion or proof of attendance.)

- OR -

- b. 30 hours of professional activities (performed without compensation). (The attached Verification of Professional Activities form (#08-4067b) must be completed by the organization(s) where you completed professional activities within the immediate two years before applying for reinstatement.);

- OR -

2. Proof of completion of a nursing refresher course pre-approved by the board within 2 years of application; board approved refresher courses can be found at www.nursing.alaska.gov.

- OR -

3. Attained a degree or certificate in nursing, or made progress toward one beyond the education requirements for your original license by successfully completing at least two required courses within 2 years of application and 320 hours of nursing employment verified using the form (#08-4067c) included in this packet;

- OR -

4. Successful completion of the National Council Licensing Examination (NCLEX) within 2 years of application.

Note: Continuing Competency used to “reinstate” your license may not be used to “renew” your license for the next renewal period.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

Licenses are issued for a two-year period and expire on September 30 (LPN) & November 30 (RN) of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 60 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

Be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

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.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov.

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)

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. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.



THE STATE
of **ALASKA**

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

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FOR DIVISION USE ONLY

Board of Nursing

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Reinstatement of Nursing License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> License Fee (For licenses lapsed less than 60 days)	\$200.00
	<input type="checkbox"/> License & Penalty Fee (For licenses lapsed more than 60 days but less than 1 year)	\$300.00
	<input type="checkbox"/> License, Penalty & Fingerprint Processing Fee (\$75 is Non-Refundable) (For licenses lapsed more than 1 year)	\$375.00

PART II Application Type

Alaska License Number:		License Type:	<input type="checkbox"/> RN	<input type="checkbox"/> LPN
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PART III Personal Information

Full Legal Name:				
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).				
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.				
Email Address:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.				
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.				

PART IV Nursing License History *(If your license has been lapsed for 1 year or more)*

List ALL other nursing licenses which you hold or have held since your Alaska license lapsed. Provide the license number if available, and status (active, lapsed, etc.). Indicate the last name on the license, if different than your current name. **You must provide verification of licensure from each jurisdiction where you held a license during the time period your Alaska license was lapsed (see the instructions for information).**

State or Jurisdiction	License Number (If Known)	Expiration Date (mm/yyyy)	License Status (Active, Lapsed)

PART V International Nursing License History

List ALL international nursing licenses which you hold or have held since your Alaska license lapsed. Provide the license number if available, and status (active, lapsed, etc.). Indicate the last name on the license, if different than your current name. **You must provide verification of licensure from each jurisdiction where you held a license during the time period your Alaska license was lapsed (see the instructions for information).**

Jurisdiction	License Number (If Known)	Expiration Date (mm/yyyy)	License Status (Active, Lapsed)

PART VI Board Approved Refresher Course

If you have not been employed in nursing during the past five years, have you completed a board approved refresher course within the immediate past two years? No Yes

If yes, a certificate of completion must be submitted from the educational institution before your application can be acted upon.

Program Name:			
Program Address:	Street	City	State
			Zip
Date Attended From: (mm/yyyy)		Date Attended To: (mm/yyyy)	

PART VII Fingerprints and Background Reports *(If your license has been lapsed for 1 year or more)*

I hereby certify I have read and understand my fingerprint card will be sent to the Department of Public Safety (DPS) with the State of Alaska, and to the Federal Bureau of Investigations (FBI) to perform a criminal history background report (AS 12.62.400). To challenge an adverse report on your criminal history background report, contact either the FBI at www.FBI.gov or the Alaska Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

PART VIII Continued Competency

Documented completion of one (1) of the following four (4) methods during the immediate two years before applying for reinstatement is required. **Nurses whose licenses have been lapsed for more than five years who have not worked during that time need to take a board approved refresher course or pass the NCLEX licensing examination.**

- Method 1:** 320 hours of nursing employment completed within the immediate two years before applying for reinstatement (The attached Verification of Employment form (#08-4067c) must be used to verify 320 hours of nursing employment)

- AND -

- 30 contact hours of continuing nursing education earned during the immediate two years before applying for reinstatement. (Submit copies of certificates of completion or proof of attendance.)

- OR -

- 30 hours of professional activities (performed without compensation). (The attached Verification of Professional Activities form (#08-4067b) must be completed by the organization(s) where you completed professional activities within the immediate two years before applying for reinstatement.)

- OR -

- Method 2:** Proof of completion of a nursing refresher course pre-approved by the board within 2 years of application.

- OR -

- Method 3:** Attained a degree or certificate in nursing or made progress toward one beyond the education requirements for your original license by successfully completing at least two required courses within 2 years of application and 320 hours of nursing employment verified using the form (#08-4067c) included in this packet.

- OR -

- Method 4:** Successful completion of the National Council Licensing Examination (NCLEX) within 2 years of application.

PART IX Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.68 and 12 AAC 44).

PART X Professional Fitness Questions *AS 08.68.270, 12 AAC 44.317(a)(1)(C)-(D) and 12 AAC 44.317(b)(1)(C)-(D).*

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

1. Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject to any other restriction or disciplinary action? Yes No
2. Have you ever been convicted of a misdemeanor or felony (convictions include "suspended impositions of sentence")? Yes No
3. Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or for any violation or alleged violation of the Nursing Practice Act, or unprofessional or unethical conduct? Yes No

PART X Professional Fitness Questions *(Continued)*

4. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice nursing in a competent, ethical and professional manner? Yes No

5. Are you currently participating in an alcohol and/or drug treatment program or been diagnosed with a substance use disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? Yes No

"Yes" Answers

If you answered "yes" to questions 4 or 5, in addition to your personal statement, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART XI Notarized Signature

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand 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:	



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Verification of Professional Activities

→ **Applicant:**

Complete the identifying information below and submit this form to the organization/agency where the professional activities were performed. If you selected “professional activities” as one of the methods of satisfying continuing competency, then you must verify a minimum of 30 hours of professional activities required under 12 AAC 44.620 and obtained within the last biennial licensing period. Provide copies of this form to as many organizations/agencies as needed for verification.

Applicant Name:			
License Type:	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	License Number:
<input type="checkbox"/> I am applying for nursing licensure in Alaska. I hereby authorize you to release information as required on this form to the Alaska Board of Nursing.			

→ **Organization or Agency:**

Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Nursing at the letterhead address.

Name of Organization:			Contact Phone:	
Address:	Street	City	State	Zip
Dates of Professional Activities:			Number of Hours Performed:	
Professional activities must be performed without compensation and satisfied through one or more of the following methods. (Check all that apply.)				
<input type="checkbox"/> Work with a professional nursing or health-related organization. <input type="checkbox"/> Authoring or contributing to an article, book, or publication related to health care; <input type="checkbox"/> Development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy; <input type="checkbox"/> Design and conduct a research study relating to nursing and/or health care; <input type="checkbox"/> Other professional activities approved by the board.				
Describe the professional activities:				
By my signature below, I attest the above-named nurse performed “professional activities (without compensation)” using nursing knowledge that contributed to the health of individuals or the community during the time period above.				
Signature:			Date Signed:	
Printed Name:			Title:	



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Verification of Nursing Employment

→ **Applicant:**

Complete the top portion of this form and submit to an employer who is able to verify at least 320 hours of nursing employment within the last 2 years (or within the last 5 years if you are not utilizing “nursing employment” as part of your continuing competency). After the employer completes the bottom portion, have the employer email or mail the form directly to the Board of Nursing at the letterhead address.

Applicant Full Legal Name:		Date of Birth:	
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→ **Employer:**

Complete this form and submit it directly to the Alaska Board of Nursing via email or mail (either from your official work email or mailed from your work address). **DO NOT return it to the applicant.** This form must be signed and dated.

Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, did the employee work in a nursing capacity a total of at least 320 hours within the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Name or Agency:		
Mailing Address:	P.O. Box or Street	City State Zip

Employer Printed Name:		Title:	
Employer Signature:		Date:	
Employer-Issued Email Address:		Phone:	

Regulations

12 AAC 44.600. PURPOSE OF CONTINUING COMPETENCY REQUIREMENTS. The purpose of continuing competency requirements is to ensure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles, and concepts in the practice of registered or practical nursing as defined in AS 08.68.850. Before a license can be renewed each biennial period, a registered nurse or a licensed practical nurse must document either

- (1) compliance with 12 AAC 44.640; or
- (2) completion of two of the following three methods for maintaining continuing competency:
 - (A) continuing education as prescribed under 12 AAC 44.610;
 - (B) professional activities as prescribed under 12 AAC 44.620; and
 - (C) nursing employment as prescribed under 12 AAC 44.630.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.610 CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in (d) of this section, the board will accept continuing education toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 contact hours of continuing education for renewal of a license or current certification by a national nursing certification body, during the two years before the licensing period for which the applicant seeks renewal; the applicant shall earn at least 20 of the contact hours in a continuing education program provided

- (A) under the accreditation standards established or followed by one of the following organizations:
 - (i) American Nurses Credentialing Center (ANCC);
 - (ii) Accreditation Council for Continuing Medical Education (ACCME);
 - (iii) Accreditation Council for Pharmacy Education (ACPE) – courses with a “P” designation or identification number;
 - (iv) a nurse practitioner certifying body;
 - (v) a nurse anesthetist certifying body; or
 - (B) by a sponsor for which an applicant or the executive administrator obtains board approval; the board will approve only those sponsors who offer continuing education as defined in (c)(2) of this section;
- (2) that no more than 10 of the contact hours required under (1) of this subsection were earned through in-service nursing education offered by a licensed health care facility that does not meet the qualifications required under (1) of this subsection; and
- (3) that the contact hours required under (1) of this subsection were earned in at least one of the following subject areas:
 - (A) nursing practice areas and special health care problems;
 - (B) biological, physical, or behavioral sciences;
 - (C) legal or ethical aspects of health care;
 - (D) management or administration of health care personnel and patient care;
 - (E) subjects approved by the board that are required as part of a formal nursing program but that are more advanced than those completed for original licensure.

(b) The board will accept continuing education contact hours that are part of a mediated learning system such as educational television, audio or video cassettes, the Internet, or printed media, or that are part of an independent study program, if the system or program is accredited by an agency that is approved by a national certifying body.

(c) In this section,

- (1) “contact hour” means a minimum of 50 minutes of actual organized instruction; academic credit will be converted to contact hours as follows:
 - (A) one quarter academic credit equals 10 contact hours;
 - (B) one semester academic credit equals 15 contact hours;
- (2) “continuing education” means a systematic educational experience that grants academic credit or contact hours beyond the basic nursing program preparation.

(d) The board will not accept continuing education contact hours or in-service hours for the completion of courses in cardiopulmonary resuscitation (CPR) or basic life support (BLS). The board will accept continuing education for renewals of licenses of advanced cardiac life support (ACLS), pediatric advanced life support (PALS), and other advanced courses for registered nurses.

Authority: AS 08.68.100 AS 08.68.276 AS 08.68.330

12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT. (a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

- (1) repealed 8/19/2022;
- (2) repealed 8/19/2022;
- (3) for a practical nurse license, on or before September 30, 2020, completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;

- (4) for a registered nurse license, on or before November 30, 2020, completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;
- (5) for a practical nurse license, on or after October 1, 2020, completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;
- (6) for a registered nurse license, on or after December 1, 2020, completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and
- (7) that the hours of participation in professional activities were earned in at least one of the following ways:
 - (A) work with a professional nursing or health-related organization;
 - (B) authoring or contributing to an article, book, or publication related to health care;
 - (C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
 - (D) the design and conduct of a research study relating to nursing and health care;
 - (E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of “professional activities” in (b) of this section.
- (b) In this section “professional activities” means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.
- (c) Providing nursing care to the nurse’s immediate family members does not qualify to meet professional activities requirements. In this subsection, “immediate family member” means a parent, sibling, spouse, child, parent-in-law, sibling in-law, stepchild, or same-sex or opposite-sex domestic partner.

Authority: AS 08.68.100 AS 08.68.276 AS 08.68.330

12 AAC 44.630. NURSING EMPLOYMENT REQUIREMENT. The board will accept nursing employment toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents at least 320 hours of practice of practical nursing or registered nursing, as defined in AS 08.68.850, during the two years before the licensing period for which the applicant seeks renewal. The applicant shall document those hours on a form provided by the board and shall include the name of the nurse’s employer.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.640. ALTERNATIVE METHODS FOR CONTINUING COMPETENCY REQUIREMENTS. A nurse may meet continuing competency requirements without meeting the requirements of 12 AAC 44.610 – 12 AAC 44.630 by documenting that after the last renewal date, the nurse has

- (1) completed a nursing refresher course approved by the board; or
- (2) attained a degree or certificate in nursing, or made progress toward one, beyond the education requirements for the nurse’s original license by successfully completing at least six academic credits in courses required for the degree or certificate; or
- (3) successfully completed the National Council Licensing Examination.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.650. REQUIREMENTS FOR NEW LICENSEES. (a) A licensee who receives his or her original license in the first year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.640 before the first license renewal.

(b) A licensee who receives his or her original license in the second year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600—12 AAC 44.640 before the second license renewal.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.660. AUDIT AND DOCUMENTATION. (a) A licensee must comply with all applicable requirements of 12 AAC 02.960 – 12 AAC 02.965. If selected for an audit of continued competency activities, the licensee must cooperate with the department and must submit all requested verifications of continued competency activities claimed by the licensee.

(b) Repealed 5/16/2018.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT.

(a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and

(2) that the hours of participation in professional activities were earned in at least one of the following ways:

(A) work with a professional nursing or health-related organization;

(B) authoring or contributing to an article, book, or publication related to health care;

(C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;

(D) the design and conduct of a research study relating to nursing and health care;

(E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of “professional activities” in (b) of this section.

(b) In this section “professional activities” means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.

- Camp nurse or sport camp nurse
- Giving injections (flu shots, vaccines, insulin)
- Volunteering as a nurse (i.e., overseas or with Peace Corps, Volunteer of America)
- Utilizing assessment and treatment plan skills (i.e., assessing students in a school without a licensed school nurse present)
- Reviewing medications (i.e., in an assisted living home)
- Assisting with annual skills fair at a facility or teaching new skills
- Volunteering in a skills lab at a nursing school
- Providing health information, diabetic teaching (i.e., at a health fair)
- Taking vital signs, heights, weights
- Providing first aid
- Pioneer Home, assisted living homes, or nursing homes helping with activities
- Volunteering in quality or infection control services in a facility with data entry or records keeping duties
- Volunteering as a doula
- End of Life comfort care, sitter
- Attending nursing board or professional association meetings
- Volunteering as a special needs assistant
- Providing respite care
- Providing comfort to families anywhere in a hospital, hospice center, long term care facility, home (Cannot be family members)
- Volunteering with the American Red Cross in medical/nursing related activities
- Volunteering in an HIV/AIDS clinic, needle exchange program, providing education, STI screening

Not Accepted:

- Working with a therapy dog
- Working as a medical assistant
- Working as a receptionist

Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI [28 CFR 50.12(b)]. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be one original 8" x 8" card (printed in black/pale blue ink on cardstock); you may also use the standard FBI Form *FD-258*. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also, do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected by DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

NAME: Applicant's last name (comma), first name, then middle name (if any); suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

SIGNATURE OF PERSON FINGERPRINTED: Must be signed by the applicant.

RESIDENCE OF PERSON FINGERPRINTED: Enter the applicant's physical residence address.

DATE: Date fingerprinting was done.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the person who rolled the fingerprints.

EMPLOYER AND ADDRESS AND REASON FINGERPRINTED: These blocks to be completed by the State of Alaska.

ALIASES/AKA: List other names used by the applicant that are different than that entered in NAME block; also, list maiden names and all previous married names of females.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States; otherwise, enter the correct country abbreviation.

YOUR NO./OCA: Leave this space blank (Originating Agency Case Number).

FBI NO./FBI: Enter the applicant's assigned FBI number, if known.

ARMED FORCES NO./MNU: Leave this space blank.

SOCIAL SECURITY NO./SOC: List the applicant's Social Security Number.

MISC. NO./MNU: If Alaska resident, enter the applicant's Alaska driver's license or state ID# (if applicable).

ORIGINATING AGENCY IDENTIFIER (ORI): Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

SEX: F (Female), M (Male) or U (Unknown). Note: Those are the only codes recognized by the FBI. Recommendation is to use the sex declared on the State driver's license or identification card, if applicable.

RACE: Race must be indicated by one of the following one-character alphabetic codes:

A = Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese

B = Black

I = American Indian, Alaskan Native, Eskimo

W = White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures

U = Unknown

HEIGHT: Must be shown in feet and inches, fractions rounded off to nearest inches (i.e., 5'11" entered as 511).

WEIGHT: Must be expressed in pounds, fractions rounded off to nearest pound.

EYES: Indicate eye color by one of the following three-character codes:

BLK = Black

GRY = Gray

MAR = Maroon

UNK = Unknown

BLU = Blue

GRN = Green

MUL = Multicolored

BRO = Brown

HAZ = Hazel

PNK = Pink

HAIR: Indicate hair color by one of the following three-character codes:

BLK = Black

BRO = Brown

ONG = Orange

RED = Red or Auburn

XXX = Unknown or

BLN = Blonde or Strawberry

GRN = Green

PLE = Purple

SDY = Sandy

Completely Bald

BLU = Blue

GRY = Gray or Partially Gray

PNK = Pink

WHI = White

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county names as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of persons 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

FINGERPRINT IMPRESSION BLOCKS: (Individual and Simultaneous) It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink, nor too much nor too little pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch, or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the cards is essential. Double check your work before sending the card. Illegible, incomplete, or incorrect cards will be rejected and returned unprocessed.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associate personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history records check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34).

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety at <https://DPS.Alaska.Gov/Statewide/R-I/background/Home> to request to correct criminal justice information.

¹ Written notification includes electronic notification but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b) and Alaska Regulation AAC 13.68.300.

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 Fingerprint Card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



THE STATE
of

ALASKA

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

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		