



THE STATE
of **ALASKA**

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

NUA

FOR DIVISION USE ONLY

Nurse Aide Registry

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

Phone: (907) 269-8160

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/NurseAideRegistry

Nurse Aide Certification Renewal

April 1, 2024 – March 31, 2026

- Your certification lapses after March 31, 2024. **There is no grace period** — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fee:	<input type="checkbox"/> Biennial Certificate Renewal <i>(For certificates first issued on or before March 31, 2023)</i>	\$100.00
	<input type="checkbox"/> Prorated Certificate Renewal <i>(For certificates first issued on or after April 1, 2023)</i>	\$ 50.00

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>			License Number:	
<i>If you have had a legal name change since your last certification was issued, you must complete a <u>Change of Name form</u>.</i>				
Mailing Address: Address change: <input type="checkbox"/>	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 08.01.100 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 III Professional Fitness Questions

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. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date your last Alaska certificate was issued or renewed:

1. Have you had a professional certificate or license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license or certificate, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional certificate or license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No
2. Have you been convicted of a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI), or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No
3. Have you ever been placed on a state registry for committing abuse, neglect, or misappropriation of property? Yes No
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 as a nurse aide in a competent, ethical and professional manner? Yes No

"Yes" Answers

If you answered "yes" to question 4, 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 as a nurse aide. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Random Audit

The board will audit a percentage of the certificate renewals. If your certificate is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

PART IV Statement of Compliance

By checking the appropriate boxes below, you are verifying your compliance with the employment and continuing education requirements set forth in regulations 12 AAC 44.815, .825, and .895(4) during the April 1, 2022 through March 31, 2024 certification period.

EXPERIENCE COMPLIANCE

Select ONE (1) of the following:

Compliance by Certificate Date

I first received my nurse aide certificate on or after April 1, 2023, so this requirement is not applicable to me.

- or -

Compliance by Employment

Between April 1, 2022, and March 31, 2024, I received monetary compensation for at least 160 hours performing nurse aide duties in a state or territory of the United States or province of Canada.

- or -

Compliance by Exam

In accordance with 12 AAC 44.815, I have successfully completed a competency evaluation under 12 AAC 44.850 between April 1, 2022, and March 31, 2024.

AND

CONTINUING EDUCATION COMPLIANCE

Select ONE (1) of the following:

Compliance by Certificate Date

I first received my nurse aide certificate on or after April 1, 2023, so this requirement is not applicable to me.

- or -

Initial Certificate Issued on or before March 31, 2022

I affirm my original nurse aide certification was issued on or before March 31, 2022, and therefore, in accordance with 12 AAC 44.825 and 12 AAC 44.895(4), I have completed at least 24 contact hours of continuing education obtained during the period of April 1, 2022, through March 31, 2024.

- or -

Initial Certificate Issued on or after April 1, 2022

I affirm my original nurse aide certification was issued on or after April 1, 2022, and before April 1, 2023, and therefore, in accordance with 12 AAC 44.825 and 12 AAC 44.895(4), I have completed at least 12 contact hours of continuing education obtained during the period of April 1, 2022, through March 31, 2024.



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Signature Page

Applicant Name:

PART V Agreement

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

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.

Applicant Signature:

Date Signed:



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Name Change and/or Address Change

If you had a name change since your last certificate was issued, please complete this form showing your current and former name.

1. I want to change my address: **\$0.00**

Physical Address **Mailing Address**

- To change a business license address, browse to: BusinessLicense.Alaska.Gov
- To change an entity address, browse to: Corporations.Alaska.Gov

Full Name:			
New Address:	P.O. Box or Street	City	State Zip
License Number:			
License Type:			
Signature:		Date Signed:	

2. I want to change my name: **\$0.00**

Previous Name:	First	Middle	Last
New Name:	First	Middle	Last
You must attach a copy of the court order or marriage certificate showing your former and current name.			
License Number:			
License Type:			
Signature:		Date Signed:	

NUA Information

CERTIFICATE TERM:

Certificates are issued for a two-year period and expire on March 31 of even-numbered years, regardless of the date of issuance, except certificates issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 60 days before certificate expiration to the last known address of record. **Your certified nurse aide certificate will lapse on 04/01/2024. THERE IS NO GRACE PERIOD.**

EMPLOYMENT:

A nurse aide certification will be renewed if the applicant was employed in a state or territory of the United States or in a province of Canada performing certified nurse aide duties for monetary compensation for 160 hours or more during the concluding licensing period of April 1, 2022, through March 31, 2024 (12 AAC 44.815(c)).

EXPIRED CERTIFICATES:

There is no "inactive" certificate status. If you choose not to renew your certificate before it expires, you may renew the certificate at a later date only after satisfying the requirements of 12 AAC 44.815, which may include retesting.

CONTINUING EDUCATION REQUIREMENTS:

An applicant for renewal as a nurse aide must have successfully completed 24 contact hours of continuing education during the concluding renewal period (applies to applicants who have held their certification for two years or more).

An applicant who is a first-time renewal applicant, who has held their certification for less than 24 months, but more than 12 months, must complete 12 contact hours.

An applicant who is a first-time renewal applicant and who has held their certification for less than 12 months is not required to complete continuing education requirements for the initial renewal only.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. 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.

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 the charging document and judgment.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements and verification of employment (if applicable) as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

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 (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

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.

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 specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

12 AAC 44.815. ISSUANCE AND RENEWAL OF CERTIFICATION.

- (a) An initial nurse aide certification is valid for the remainder of the current biennial certification period. A nurse aide certification must be renewed biennially on or before March 31 of even-numbered years. A certification that is not renewed lapses.
- (b) To renew a nurse aide certification, a certified nurse aide must submit:
 - (1) a completed application for renewal on a form provided by the department
 - (2) the certification renewal fee established in 12 AAC 02.282; and
 - (3) verification that the applicant has met the continuing education requirements of 12 AAC 44.825 and the requirements of (c) or (d) of this section.
- (c) A nurse aide certification will be renewed if the applicant was employed in a state or territory of the United States, or in a province of Canada performing CNA duties for monetary compensation for 160 hours or more during the concluding certification period. The nurse aide will be asked to provide verification of employment if selected for random audit.
- (d) An applicant who was employed as a certified nurse aide for monetary compensation for less than 160 hours during the concluding certification period may not obtain the required experience after the applicant's nurse aide certificate has lapsed and must successfully complete a competency evaluation under 12 AAC 44.850 before the certification will be renewed.
- (e) A certified nurse aide who is issued an initial nurse aide certification less than 12 months before the next renewal period is not required to satisfy the requirements of (c) and (d) of this section.
- (f) A nurse aide certification that has been lapsed for 12 months or less may be renewed under this section.
- (g) An applicant who was not employed as a certified nurse aide for monetary compensation during the concluding certification period and whose certified nurse aide training program was successfully completed more than two years ago, must complete another certified nurse aide training program approved under 12 AAC 44.835, or equivalent in content to the requirements of 12 AAC 44.835(c).

12 AAC 44.825. CONTINUING EDUCATION REQUIREMENTS.

- (a) Except as provided in (b) of this section, an applicant for renewal of a nurse aide certification must have successfully completed 24 contact hours of continuing education during the concluding certification period.
- (b) An applicant for renewal of a nurse aide certification for the first time:
 - (1) must have successfully completed 12 contact hours of continuing education during the concluding certification period, if the applicant has been certified for at least one year during that period; and
 - (2) is not required to complete continuing education requirements for the concluding certification period if the applicant has been certified for less than one year during that period.
- (c) Repealed 12/23/2009.
- (d) An applicant for renewal or reinstatement of a nurse aide certification may not submit credit for the same course more than once to meet the continuing education requirements for a certification period.

12 AAC 44.895(4).

“Continuing education” means a systematic educational experience that contributes directly to the skills and knowledge needed to satisfactorily perform the duties of a certified nurse aide, and that is obtained in a program that offers academic credit or contact hours beyond the basic nurse aide training program.



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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 public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state 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:	



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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

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	