



**Nurse Aide Registry**

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/NurseAideRegistry](http://ProfessionalLicense.Alaska.Gov/NurseAideRegistry)

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## Reinstatement of Nurse Aide Certification Application Instructions

The practice of nursing in Alaska is governed by Alaska Statute 08.68. The Board of Nursing has adopted regulations in 12 AAC 44.800 – 12 AAC 44.895 related to certified nurse aides.

### REQUIREMENTS

**The board will not reinstate a nurse aide certification that has been lapsed for five years or more.** The holder of a nurse aide certification that has been lapsed for five years or more must complete a state-approved Certified Nurse Aide training program and reapply for initial certification. A nurse aide certification that has been lapsed for one year, but less than 5 years, may be reinstated if the applicant meets the following requirements.

***The following must be received by the division before your application for Reinstatement of Nurse Aide Certification can be reviewed:***

#### 1. APPLICATION

A completed application, signed and notarized (#08-4365, pages 1-4).

#### 2. FEES

Fees made payable to "State of Alaska."

Reinstatement Fee:	\$100.00
Nonrefundable Fingerprint Processing Fee:	\$ 75.00
<hr/>	
Total Fees Due:	\$175.00

#### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4365a).

#### 4. CONTINUED COMPETENCY

A. Verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed. Continuing education contact hours used for reinstatement under this subsection may not be used to satisfy the continuing education for the next biennial certification period;

– and –

Verification that the applicant was employed in another state or territory of the United States, or in a province of Canada, as a certified nurse aide for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 160 hours having been completed within the two years immediately preceding the date of application.

– OR –

B. Successful completion of a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement.

**Note:** If the applicant cannot meet the reinstatement requirements set forth in 4. A or B above, then the applicant must retake the nurse aide evaluation through Credentia Nurse Aide Credentialing Services - <https://credentia.com/test-takers>. The examination can be administered in a written or oral format. The skills examination must be done in-person. You must complete both examinations in order to be eligible for reinstatement.

## 5. FINGERPRINT & BACKGROUND CHECK

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).

Please note that 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](http://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 be 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.

## General Information

### **CERTIFICATION RENEWAL:**

Nurse aide certificates are renewed every two years in even-numbered years regardless of when a certificate was issued. Nurse aide certificates lapse on March 31 of even-numbered years. Renewal notices are mailed at least 60 days prior to the expiration date. New certificates issued within 90 days of the renewal expiration will be effective through the next biennial period. You cannot work as a CNA with a certification that has lapsed.

### **CONTINUED COMPETENCY REQUIREMENTS:**

There are continued competency requirements for each renewal period. When you renew for the first time, if you have held your certification for over a year but less than two years, you are required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment as a CNA or similar position. If you hold your certification for less than a year, you are not required to complete the 160 hours or more of monetarily compensated employment as a CNA or similar position nor the contact hours of continuing education. All licensees who have held their certification for two years or more, must complete 24 contact hours of continuing education and 160 hours of monetarily compensated employment as a CNA or similar position.

### **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. **Failure to receive a renewal notice does not relieve a certificate holder of the responsibility to renew his/her certification prior to the expiration date.** 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.

### **BUSINESS LICENSES:**

All certified nurse aides who are conducting business or offering services in Alaska and who are not considered an employee must obtain a business license. If you are unsure if you are an independent contractor or an employee, please discuss this matter with the person for whom you are working or an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550** or visit the Business Licensing web site at *BusinessLicense.Alaska.Gov*

### **BOARD OF NURSING:**

If you are interested in trends and issues facing certified nurse aides, you are invited to attend a Board of Nursing meeting. The Board of Nursing meets at least four times per year and the meetings are open to the public. Contact the Board of Nursing for further information at (907) 269-8161.

### **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.

### **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 judgement.

### **DENIAL OF APPLICATION:**

Please 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.

### **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.

### **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](mailto: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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## Reinstatement of Nurse Aide Certification Application

### PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Reinstatement Fee	<b>\$100.00</b>
	<input type="checkbox"/> Nonrefundable Fingerprint Processing Fee	<b>\$ 75.00</b>

### PART II 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
Alaska Nurse Aide Certificate Number:	Expiration Date:		
Contact Phone:	Date of Birth:		
<b>EMAIL AGREEMENT:</b> 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		
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> 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 III Certification History

Please list ALL other nurse aide certificates/licenses or permits which you currently hold or have held. Provide the state certificate number if available, and status (active, lapsed, etc.). Indicate the last name on the certificate, if different than your current name.

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

### PART IV Continued Competency

Compliance with continued competency requirements is necessary for reinstatement of your certification. Please indicate whether you are applying for reinstatement under Option A, B, or C.

- Option A :** I have met all of the continuing education and employment requirements that would have been required for the entire period my certification was lapsed. I am attaching evidence of continuing education and the completed Verification of Employment form.
- You must attach copies of certificates verifying successful completion of 24 hours of continuing education contact hours for each certification period the certification was lapsed.*

- AND -

- You must also attach verification from your employer(s) that you worked as a nurse aide for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed. At least 160 hours must have been during the previous two years prior to submission of your reinstatement application.*

- or -

- Option B:** I completed the competency evaluation under 12 AAC 44.850 within 24 months immediately preceding application for reinstatement. *(Please contact the Nurse Aide Registry if you need to confirm how many hours of CE and employment you must verify.)*

- or -

- Option C:** I have not met the continuing education and employment requirements for reinstatement, and I am applying to take the nurse aide competency evaluation.

**Examination Information:** After you have completed your nurse aide training program and have met all the application requirements with the Alaska Board of Nursing, you will be sent an Approval to Test letter (ATT) from the Alaska Board of Nursing with instructions on how to schedule your exam. Upon receipt, you may then register for the Nurse Aide Examination (NNAAP) with Credentia Nurse Aide Credentialing Services after creating a CNA365 account (<https://credentia.com/test-takers/ak>). Once your CNA365 registration application has been approved by the Alaska Board of Nursing, you will receive an emailed notification from Credentia alerting you to sign into your CNA365 account in order to schedule your next examination(s).

After you have passed the written and skills Nurse Aide examinations, your certificate will be issued. If you did not achieve a passing score, you will be notified.

**Special Accommodations to Take the Examination:** *Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. To request an accommodation when taking the Nurse Aide Exam, please notify our testing company, Credentia, at the time of exam registration via CNA365.*

**PART V Professional Fitness Questions** (The following must be answered pursuant to AS 08.68.334)

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.**

- 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

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- 2. Have you ever been convicted of a misdemeanor or felony? (Convictions include "suspended impositions of sentence.")  Yes  No

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- 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

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- 4. Within the past five years, have you been or are you currently being treated, or on medication for, any mental or emotional illness which may impair or interfere with your ability to practice safely and in a competent and professional manner?  Yes  No

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

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- 6. Do you have a physical disability or physical illness which may impair or interfere with your ability to practice safely and in a competent and professional manner?  Yes  No

"Yes" Answers

If you answered "yes" to questions 4, 5, or 6, 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.

**PART VI Fingerprints and Background Reports**

I hereby certify that I have read and understand that 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). **You must check this box for this application to be accepted.**

I may also decide to challenge an adverse report on my criminal history background report by contacting either the FBI at [www.FBI.gov](http://www.FBI.gov) or the Alaska Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.



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**Notary Signature Page**

**PART VII 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 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>	



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	



## 12 AAC 44.820. LAPSED CERTIFICATION.

- (a) The board will reinstate a nurse aide certification that has been lapsed for one day, but less than two years, if the applicant submits
  - (1) a completed reinstatement application on a form provided by the department;
  - (2) the certification renewal fee and the fingerprint processing fee established in 12 AAC 02.282;
  - (3) verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed; continuing education contact hours used for reinstatement under this subsection may not be used to satisfy the continuing education requirements for the next biennial certification period;
  - (4) verification that the applicant was employed in another state or territory of the United States, or in a province or territory of Canada, performing CNA duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed; and
  - (5) the applicant's fingerprint information described in 12 AAC 44.812(a).
- (b) An applicant for reinstatement of a nurse aide certification under this section who has successfully completed a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement is not required to meet the requirements of (a)(3) and (4) of this section.
- (c) The board will reinstate a nurse aide certification that has been lapsed for at least two years, but less than five years, if the applicant submits
  - (1) a completed reinstatement application on a form provided by the department;
  - (2) the certification renewal fee and the fingerprint processing fee established in 12 AAC 02.282;
  - (3) verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 24 hours having been completed within the two years immediately preceding the date of application; continuing education contact hours used for reinstatement under this subsection may not be used to satisfy the continuing education requirements for the next biennial certification period;
  - (4) verification that the applicant was employed in another state or territory of the United States, or in a province or territory of Canada, performing CNA duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 160 hours having been completed during the two years immediately preceding the date of application;
  - (5) successful completion of a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement; and
  - (6) the applicant's fingerprint information described in 12 AAC 44.812(a).
- (d) The board will not reinstate a nurse aide certification that has been lapsed for five years or more. The former holder of a nurse aide certification that has been lapsed for five years or more must reapply for a new initial certification under this chapter.

**Authority:** AS 08.01.100 AS 08.68.100 AS 08.68.331

## 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.

**Authority:** AS 08.68.100 AS 08.68.331

## 12 AAC 44.895 DEFINITIONS. As used in AAC 44.800 – 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;

## 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). Fingerprints submitted must be on the standard FBI Form *FD-258*. These forms can be found for purchase online or often at local law enforcement or other authorized agencies that offer fingerprinting. Take the card, the instructions, and your photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Please 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. 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.

*Be sure to write your name in clear handwriting. Unclear handwriting may result in misspellings on the required background report and/or may require new fingerprint cards to be submitted.*

**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. Enter client number 5004 at bottom of block.

**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) or M (Male). Note: Indicate if applicant is a transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the ALIASES/AKA block.

**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*

*BLU = Blue*

*GRN = Green*

*PNK = Pink*

*BRO = Brown*

*HAZ = Hazel*

*UNK = Unknown*

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

*BAL = Bald*

*BRO = Brown*

*SDY = Sandy*

*BLK = Black*

*GRY = Gray*

*WHI = White*

*BLN = Blonde*

*RED = Red*

*XXX = Unknown*

**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. Please 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 notification<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.<sup>4</sup>

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.

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<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

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

<sup>3</sup> See 28 CFR 50.12(b) and Alaska Regulation AAC 13.68.300.

<sup>4</sup> 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](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://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.

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

**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.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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

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: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.