



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

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please 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If you received this application other than directly from the Board or its official website, the application may be outdated or not an official version.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, please 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. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4067a).

4. 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).

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 (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.

5. 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.

6. CONTINUING COMPETENCY

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

1. Proof of completion of TWO of the following three activities of continued competency:
 - a. 320 hours of nursing employment verified using the form included in this packet (#08-4067c),
 - b. 30 contact hours of continuing education in nursing verified by submitting official documentation of course completion,
 - c. 30 hours of uncompensated professional activities in nursing verified using the form included in this packet (#08-4067b);

- 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.

7. VERIFICATION OF EMPLOYMENT

If you are not utilizing “nursing employment” (above) 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.

General Information

APPLICATION PROCESSING:

Average time to process a paper application varies by program but can take many 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 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.

FIRST DATE OF LICENSURE AND RENEWAL DATE:

All RN licenses expire on November 30 of even-numbered years regardless of when first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued effective through the next biennium.

All LPN licenses expire on September 30 of even-numbered years regardless of when first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued effective through the next biennium.

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.

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 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.

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 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.

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*

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*



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
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Reinstatement of Nursing License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Penalty Fee	\$100.00
	<input type="checkbox"/> License Fee	\$200.00
	<input type="checkbox"/> Fingerprint Processing Fee	\$ 75.00

PART II Application Type

License Type:	<input type="checkbox"/> RN	<input type="checkbox"/> LPN
Alaska License Number:		

PART III Personal Information

Full Legal Name:			
<p>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).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			Date of Birth:
<p>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.</p>			
Email Address:			Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>			
<p>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.</p>			

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

Please 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

Please 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 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 VIII 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 or the Alaska Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

PART IX Professional Fitness Questions – Disciplinary History

The following questions must be answered pursuant to 12 AAC 44.317(a)(1)(D), 12 AAC 44.317(b)(1)(D), and AS 08.68.270.

“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
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

"Yes" Answers

If you answered “yes” to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART X Professional Fitness Questions – Personal History

The following questions must be answered pursuant to 12 AAC 44.317(a)(1)(C), 12 AAC 44.317(b)(1)(C), and AS 08.68.270.

“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.

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
5. Are you currently participating in a substance abuse and /or alcohol or drug treatment program or 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
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 any of the above questions, 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

PART XI 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	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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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.

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



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Verification of Professional Activities

→ **Applicant:**

Please 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:**

Please 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:			
<i>By my signature below, I attest that 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.</i>			
Signature:			Date Signed:
Printed Name:			Title:



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Verification of Nursing Employment

- 1) Complete the top portion of this form.
- 2) Submit the form to an employer listed on your application who will be 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).
- 3) After the employer completes the bottom portion, have the employer email, fax or mail the form directly to the Board of Nursing at the letterhead address.

Applicant Name:		Date of Birth:	
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Please complete this form. **DO NOT** return it to the applicant.



Employer:

This form **MUST** be completed and submitted directly from the employer to the Alaska Board of Nursing via email, fax, or mail (either from employer's official work email, faxed with a cover sheet, or mailed from employer's work address). 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
Employee Position/Title:		
Employment Start Date: (mm/yyyy)	Employment End Date: (mm/yyyy or present)	
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:	

ARTICLE 6.
CONTINUING COMPETENCY.

Section

- 600. Purpose of continuing competency requirements**
- 610. Continuing education requirements**
- 620. Professional activities requirement**
- 630. Nursing employment requirement**
- 640. Alternative methods for continuing competency requirements**
- 650. Requirements for new licensees**
- 660. Audit and documentation**

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

List of Continuing Competency Professional Activities

(Updated by Board 02/09/2018)

Uncompensated Professional Activities Requirement:

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



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

Professional Licensing

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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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State of Alaska
Department of Commerce, Community, and Economic Development
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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.