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

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*

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:	☐ RN ☐ LPN	**License Number:**	

☐ 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.)

- ☐ Work with a professional nursing or health-related organization.
- ☐ Authoring or contributing to an article, book, or publication related to health care;
- ☐ 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;
- ☐ Design and conduct a research study relating to nursing and/or health care;
- ☐ Other professional activities approved by the board.

Describe the professional activities:

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.

Signature:		**Date Signed:**	
Printed Name:		**Title:**	