



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

Registered Nurse License by Examination 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If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division.

PERMANENT LICENSE – APPLICATION PROCEDURES (12 AAC 44.290)

The following must be received by the division before your application for Registered Nurse License by Examination can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4112, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
License Fee:	\$200.00
Fingerprint Processing Fee:	\$ 75.00
<hr/>	
Total Fees Due:	\$375.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4112a).

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 NURSING PROGRAM

A completed Nursing Program Verification form (#08-4112b) sent directly from the school of nursing to the Alaska Board of Nursing, verifying successful completion of an approved nursing program.

6. OFFICIAL TRANSCRIPT

An official transcript sent directly from the college or school of nursing attended to the Alaska Board of Nursing. The graduation date and the type of degree conferred **must be posted** on the transcript. Send electronic transcripts to boardofnursing@alaska.gov.

Note: Documents not in English must be accompanied by a certified English translation.

TEMPORARY PERMIT – APPLICATION PROCEDURES (12 AAC 44.320)

A temporary permit may be issued at the discretion of the board.

The following must be received by the division before your application for Temporary Permit can be reviewed:

1. FEES

Temporary Permit Fee: \$0.00

To receive a temporary permit, numbers 1, 2, 3, 4 and 5 in the section above must have been received by the Board of Nursing.

To be eligible for the temporary permit, an applicant must not have failed the NCLEX-RN examination, or failed to appear to take the NCLEX examination for which the applicant was registered. The permit is nonrenewable and valid for six months or until the results of the NCLEX is made available and notification of the results is received by the temporary permit holder, whichever occurs first. **If you are unsuccessful on the NCLEX-RN, the temporary permit becomes invalid.**

ENGLISH PROFICIENCY - FOREIGN GRADUATES ONLY

All foreign graduates must take the NCLEX. (Please read 12 AAC 44.290 & 310). All documents must be accompanied by certified English translations if the original documents are not in English. Practical nurse applicants from schools outside the U.S. or Canada (except Quebec, Canada) must submit an evaluation of the applicant's nursing education by the CGFNS Credentials Evaluation Service, with a full education, course-by-course report.

12 AAC 44.290(a)(3)(D)

If you graduated from a pre-licensure nursing program outside of the United States or Canada, except Quebec, Canada, please submit one of the following:

- (i) Verification of having ever passed the International English Language Testing System (IELTS) - overall score of 6.5 with a minimum of 6.0 on all modules;
- (ii) Verification of having ever passed the Test of English as a Foreign Language, Internet-based test- overall score of 84 with a speaking score of 26;
- (iii) A valid evaluation of your nursing education by the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service, with a full education, course-by-course report that indicates your nursing education was taught in English;
– or –
- (iv) An official International Commission on Healthcare Professions (IChP) certificate verifying successful completion of the VisaScreen: Visa Credential Assessment Service.

Note: We are unable to accept the Online IELTS Indicator Test or the TOEFL at Home Test;

EXAMINATION INFORMATION

You may register with PearsonVUE Professional Testing to take the NCLEX at anytime during the application process. When your application has been approved and after you have registered with PearsonVUE, the Board will then notify the testing company that you are eligible to take the examination. Your Authorization to Test (ATT) from PearsonVUE will be issued approximately 48 hours after the Board makes you eligible. The candidate website for the examination is: www.pearsonvue.com/nclex

After you have passed the NCLEX-RN examination, your permanent license will be issued. If you did not achieve a passing score, you will be notified.

SPECIAL ACCOMMODATION NEEDS TO TAKE THE EXAM

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination (NCLEX), you must submit a completed Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the board's website at www.nursing.alaska.gov or contact the Division to request the form.

General Information

APPLICATION PROCESSING:

The 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 will 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.

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
Division of Corporations, Business and Professional Licensing

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Registered Nurse License by Examination Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> License Fee	\$200.00
	<input type="checkbox"/> Fingerprint Processing Fee	\$ 75.00
Temporary Permit:	<input type="checkbox"/> In addition to the above, I would like to request a Temporary Permit.	\$ 0.00

PART II 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:	<p>Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail</p>		
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</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 III Initial RN Nursing Education

I attest that I have graduated from or I am eligible to graduate from a nursing education program approved by the board. (Sec 08.68.170)

Yes No

PART IV National Council Licensure Examination (NCLEX-RN)

Have you ever taken the National Council Licensure Examination (NCLEX-RN)?

Yes No

State:

Date(s) Taken:
(mm/yyyy)

Please have exam certification and nursing program information forwarded to the Alaska Board of Nursing.

PART V RN or LPN License

Have you ever applied for or have you held an RN or an LPN license in Alaska?

LPN RN N/A

Date Granted:

Date Denied:
(If applicable)

PART VI Other Nursing or Healthcare License(s)

Please list any other nursing or healthcare-related licenses held.

State or Jurisdiction	License Type	License Status (Active, Lapsed, Etc.)

PART VII Foreign Graduates

If a graduate of a Foreign School of Nursing, have you had your transcript evaluated by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and passed the English language requirements?

Yes No

You must submit the CGFNS and English language documentation.

PART VIII Temporary Permit Applicants

Have you failed to appear to take the NCLEX examination for which you were registered?

Yes No

Have you failed the NCLEX examination?

Yes No

State:

Date(s) Taken:
(mm/yyyy)

If yes, you are not eligible for a temporary permit.

PART IX**Professional Fitness Questions – Disciplinary History***(12 AAC 44.290 (a)(1) (E) and AS 08.68.270)*

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

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***(12 AAC 44.290 (a)(1) (D) and AS 08.68.270)*

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.

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.

PART XI 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>.



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Notary Signature Page

PART XII 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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Board of Nursing

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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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Nursing Program Verification

➔ **Applicant:**

Please complete the identifying information below and submit this form to the program or school where you received your nursing education. After the program or school completes the bottom portion, have them email or mail the form directly to the Board of Nursing at the letterhead address.

Applicant Name:		Date of Birth:	
Other Names Used:			

➔ **Nursing School or Program Staff:**

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.

School or Program Name:			
Mailing Address:	P.O. Box or Street	City	State Zip
Type of Program:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate	<input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	
State Board of Nursing:		Accredited at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACEN: (Formerly NLNAC)		Accredited at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Accrediting Body:		Accredited at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you recommend this applicant to sit for the National Council License Examination (NCLEX)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____			
Seal	Signature:		Date Signed:
	Printed Name:		Title:
	Email:		Phone:



THE STATE
of

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

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

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

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

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

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

The contents of licensing files are 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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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: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	