



THE STATE  
of **ALASKA**

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

**Board of Nursing**  
PO Box 110806, Juneau AK 99811  
(907) 269-8160  
Email: [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov)  
Website: [Nursing.Alaska.Gov](http://Nursing.Alaska.Gov)

**NUR**

FOR DIVISION USE ONLY

## Licensed Practical Nurse Renewal

### October 1, 2020 – September 30, 2022

- Your license lapses after September 30, 2020. There is no grace period - it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

PART I Payment of Fees		
Renewal Type:	<input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before September 30, 2019)</i>	<b>\$200.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after October 1, 2019)</i>	<b>\$100.00</b>

PART II Personal Information	
Alaska Licensed Practical Nurse Number:	
Full Legal Name: Name change: <input type="checkbox"/>	
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.</i>	
Mailing Address: Address change: <input type="checkbox"/>	
Birthdate:	
Contact Phone:	
<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:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	

The following professional fitness questions must be answered.

“Yes” answers may not automatically result in license denial. **If you answer “Yes” to any of the questions, please explain dates and specific circumstances** (locations, type of action, organizations or parties involved) **on a separate piece of paper, signed and dated, and send any supporting documents that are applicable** (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

### *When in doubt, disclose and explain.*

*Since the date your last license was issued or renewed:*

- |    |  |   |
|----|--|---|
| 1. | Has ANY professional license held by you been fined, placed on probation, reprimanded, disciplined, or entered into a settlement (consent agreement) with a licensing authority, in any jurisdiction or state including Alaska, and including that of any military authorities or is any such action pending?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 2. | Have you been or are you currently under investigation for any nursing or health care related issue in any state/territory?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 3. | Have you been convicted of a crime? For purposes of this question “Crime” includes a misdemeanor, felony, or military offense. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 4. | 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?   | <input type="checkbox"/> Yes *<br><input type="checkbox"/> No |
| 5. | Have you participated 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?  | <input type="checkbox"/> Yes *<br><input type="checkbox"/> No |
| 6. | Have you had or do you currently 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?   | <input type="checkbox"/> Yes *<br><input type="checkbox"/> No |

#### \* “Yes” Answers

If you answered “Yes” to questions 4, 5 or 6, in addition to your personal statement, you must submit a statement from the appropriate health care provider indicating your ability to safely practice as a nurse.

#### Random Audit

A percentage of license renewal applications will be randomly selected for audit. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continuing education requirements as you have stated on this application. You are required to save your documents for at least four years, so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

#### Continuing Competency

Your license cannot be renewed unless you have successfully completed the continuing competency requirements in regulation 12 AAC 44.600 - .660 (regulations attached).

If your LPN license was issued on or after October 1, 2019, you are not required to complete continuing competency activities for this renewal only. For your next renewal, you will be required to satisfy the continuing competency requirements.

## PART IV Statement of Compliance

The Board of Nursing made the following changes to continuing education and professional activity hour requirements for the 2020 renewal, for both licensed practical nurses and registered nurses, in accordance with SB 241:

- Decreased the requirement to provide 30 hours of continuing education to 15 hours of continuing education
- Waived the professional activity hours under audit requirements of 12 AAC 44.610.- 12 AAC 44.620

Additional information and guidance issued by the board may be reviewed [HERE](#).

<https://www.commerce.alaska.gov/web/Portals/5/pub/NURPositionStatementContinuingEducation.pdf>

Note: this does not apply to any person who is under mandatory audit for license renewal.

### Choose one of the five categories below:

**Category 1**

Select TWO of the three activities you have completed:

- 320 hours of compensated nursing employment performed between October 1, 2018, and September 30, 2020.**
- 15 contact hours of continuing education in nursing earned between October 1, 2018, and September 30, 2020.**
- Waived uncompensated professional nursing activities hours performed between October 1, 2018, and September 30, 2020.**

**Category 1 – Licenses under a Mandatory Audit**

Select TWO of the three activities you have completed:

- 320 hours of compensated nursing employment performed between October 1, 2018, and September 30, 2020.**
- 30 hours of continuing education in nursing earned between October 1, 2018 and Sept. 30, 2020.**
- 60 hours of professional nursing activities hours performed between October 1, 2018, and September 30, 2020.**

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**Category 2**

**I completed a nursing refresher course approved by the board.**  
*(completed between October 1, 2018, and September 30, 2020)*

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**Category 3**

**I attained a degree or certificate in nursing, or made progress towards one, beyond the education requirement for your original license by successfully completing at least six academic credits required for the degree or certificate.**  
*(attained between October 1, 2018, and September 30, 2020)*

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**Category 4**

**I successfully completed the National Council Licensing Examination (NCLEX).**  
*(passed between October 1, 2018, and September 30, 2020)*

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**Category 5 (Prorated License)**

**My LPN license was issued on or after October 1, 2019.**

I am not required to complete continuing competency activities for this renewal only. For my next renewal, I will be required to satisfy the continuing competency requirements in 12 AAC 44.600 - .660.



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PO Box 110806, Juneau AK 99811

(907) 269-8160

Email: BoardOfNursing@Alaska.Gov

Website: Nursing.Alaska.Gov

**Signature Page**

<b>Applicant Name:</b>	
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**PART V Agreement**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant's Signature:</b>		<b>Date:</b>	
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# APPLICATION INFORMATION

## NUR Information

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### LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 60 days before license expiration to the last known address of record.

## General Information

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### APPLICATION PROCESSING:

The average time to process an application is 4-6 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid a certificate will be issued and sent to you. If the application is not approved for certification, a status letter will be sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### “YES” RESPONSES

A “Yes” response in the application does not automatically 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 both charging and closing court documentation.

### 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, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

**SOCIAL SECURITY NUMBERS**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://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](http://ProfessionalLicense.Alaska.gov) under License Search.

**ABANDONED APPLICATIONS**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**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 contact: (907) 465-2550 or [BusinessLicense.Alaska.gov](http://BusinessLicense.Alaska.gov).

**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](http://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 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)

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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