

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing

Agenda Item #2



Ethics Disclosures

Alaska Board of Nursing

Agenda Item #3



Board Activities

Alaska Board of Nursing

Agenda Item #4



Consent Agenda Items



ALASKA BOARD OF NURSING MEETING AGENDA

AUGUST 5, 2025

MISSION STATEMENT:

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing.

Meeting Details

Meeting Name: Alaska Board of Nursing Meeting

Meeting Start Time: 9:00 AM (AKST)

Meeting Start Date: August 5, 2025

Meeting End Time: 4:00 PM (AKST)

Meeting End Date: August 5, 2025

Meeting Locations: 1. Board/Staff - Suite 1540, Atwood Building, Anchorage, AK
2. Zoom for Public Attendees (Limited In-Person Space)

Join Zoom Meeting

<https://us02web.zoom.us/j/81339305973?pwd=wWRRyB5hUOvIa5S9qAOKiELtceWiUx.1>

Meeting ID: 813 3930 5973

Passcode: 846697

Board of Nursing: Nursing.Alaska.gov

Board Members:

Danette Schloeder,
RN
(Chairperson)

Lena Lafferty,
RN

Marianne Murray
RN Educator

April Erickson,
APRN

Vacant
LPN Seat

Michael Collins,
Public Member

CJ Payne,
Public Member

Staff:

Patty Wolf, MSN,
RNC-OB
Executive
Administrator

Lisa Maroney,
Licensing
Examiner III,
Supervisor

Kelly Olson, RN
Nurse Consultant I

Upcoming Meetings:

November 5 & 6,
2025

Tuesday August 5, 2025

Agenda

*Times listed are approximate

1. Call to Order/ Roll Call (9:00 - 9:03)
2. Ethics Disclosures (9:03 – 9:07)
3. Board Activities (9:07 – 9:15)
4. Consent Agenda Items (9:15 – 9:20)
5. Public Comment Period (0920-0935)
6. ANA Code of Ethics Adopt by Advisory opinion (0935-09:55)
Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS
7. Advisory Opinion update- (09:55-10:10)
8. Definition of Abandonment – Review AZ boards definition (10:10-10:20)
Presenter: Patty Wolf, MSN, RNC-OB

Break 1020-1040

9. BON and Licensing Reports (10:40-1115)
RN: Laura Souders, Licensing Examiner 2
CNA Program updates: Kelly Olson, RN, Nurse Consultant
BON: Patty Wolf MSN, RNC-OB
10. Request Board opinion on NCLEX Score transfers (1115-1140)
Presenter: Madeleine Henderson, Licensing Examiner 2
11. PDMP Update- (11:40-12:00)
Presenter: Lisa Sherrell, PDMP Manager

Adjourn for Lunch (12:00 – 1:15)

12. Regulation Project update (1:15- 1:40)
Presenter: Stefanie Davis, Regulations Specialist 2
Review of Public Comments, Temporary permit for reinstatements and Alternative to Probation program project

13. Executive Session (1:40- 2:30)
Reading of orders

Break 2:30-2:45

14. Division Updates (2:45-3:10)
Legislative Update: Glenn Saviers, Deputy Director
Division Update: Sylvan Robb, Director
15. Med Spa Work group- Update and questions for the board (3:10-3:35)
Presenter: April Erickson, DNP, CRNA

16. For the Good of the Order (3:35-4:00)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

- Assign/Review action items.
- Any further topics or follow-up to cover
- 2025 Meeting schedule: November 5 – 6
- Develop 2026 Meeting Schedule

17. Chair Final Comments

Adjourn



Letter FROM THE President

POST-BOARD MEETING UPDATE

May 19, 2025

Dear Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago on May 6-7, 2025, for a two-day board meeting. As is customary at this time of year, the BOD considered agenda items related to the upcoming Delegate Assembly (DA), which include:

- Approval of the 2026-2028 NCSBN Strategic Initiative Statement.
- Leadership Succession Committee (LSC) 2025 Slate of Candidates.
- NCLEX® Examination Committee (NEC) recommendations for approving the 2026 NCLEX-RN® Test Plan and the 2026 NCLEX-PN® Test Plan.

The LSC has prepared the 2025 Slate of Candidates for leadership positions within the organization. These candidates have been selected with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN.

The slate includes candidates for various leadership roles, each bringing a unique set of skills and experiences to the table.

Following the evaluations of the 2024 RN and PN Practice Analysis results, draft NCLEX RN and PN test plans were developed and distributed to the nursing regulatory bodies (NRBs) for review and feedback. Draft documents were presented to the BOD and will be presented at the Annual Meeting for review and approval by the DA. The BOD approved the above recommendations for the 2025 DA.

The BOD periodically reviews and updates NCSBN policies regularly, and it did so at this meeting. Policies considered related to the use of the Nursys® license by endorsement, public dissemination of data and NCLEX examination-related policies. The BOD approved the following policy revisions:

- Policy 12.20 Use of Nursys by NRB when processing License Applications by Endorsements: The policy revisions were necessary to align with the Nursys system enhancements, which will automatically delete verifications based on their age and/or the NRB system configuration. This commitment to adaptability is a testament to our dedication to serving the nursing community.
- Policy 13.2 Public Dissemination of Data: The proposed revisions provide that board orders shall not contain PII “unless the data is otherwise publicly available or applicable law authorizes the Member Board to make the data publicly available.”
- NCLEX policies: The NEC reviews and recommends revisions to the BOD on the Board's examination-related policies and procedures on an annual basis.

POST-BOARD MEETING UPDATE, CONTINUED

The BOD acted on reports and recommendations from the Finance Committee, which included:

- Acceptance of the financial statements for the period ended March 31, 2025. The statements present the financial position of NCSBN as of March 31, 2025.
- Approval of revisions of Policy 8.5 Investments to change the asset allocation range for international equity to a minimum of 0% and a maximum of 18% of the total value of the investment portfolio. The asset allocation is appropriate for the organization's investment goals and risk tolerance.
- Approval of the proposal to increase the NCLEX exam fee and establish a timeline to present the proposal to the DA.

Additional agenda items included CEO and Chief updates on operations, updates on Government Affairs, the Governance and Bylaws Committee, and the Model Act and Rules Committee. The BOD also acted upon the approval of a recipient of the NCSBN Founders Award.

The BOD, the CEO and the chiefs will participate in a facilitated strategy-setting meeting in October to assess the status of current work, review member input related to strategic objectives, and consider future work and its alignment with the Strategic Initiatives. More to come when that is done!

Sincerely,

Phyllis Johnson, DNP, RN, FNP-BC

Phyllis Polk Johnson, DNP, RN, FNP-BC

President

pjohnson@msbn.ms.gov

Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

Vision

Leading regulatory excellence worldwide.

Values

Collaboration • Transparency •
Innovation • Integrity • Excellence



THE STATE
of **ALASKA**

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Fax: 907.269.8156

MEMORANDUM

DATE: July 08, 2025
TO: Board of Nursing
THRU: Erika Prieksat, Chief Investigator
FROM: Cortney Gleaton, Investigator
RE: Investigative Report for the August 06, 2025 Meeting

Initial

EP

Initial

C.G.

The following information was compiled as an investigative report to the Board for the period of April 15, 2025 thru July 08, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 146

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
2025-000481	Continuing education	Complaint	06/05/2025

**ADVANCED NURSE
PRACTITIONER**

2023-001053	PDMP Violation	Intake	10/06/2023
2025-000078	Prescriptive practice	Intake	01/30/2025
2025-000523	Prescriptive practice	Intake	06/13/2025
2025-000601	Unlicensed practice or activity	Intake	07/01/2025
2019-000516	Standard of care	Complaint	07/02/2019
2020-000292	PDMP Violation	Complaint	11/03/2021
2020-000369	Prescriptive practice	Complaint	04/15/2020

2021-000969	Standard of care	Complaint	10/04/2022
2023-000066	Unprofessional conduct	Complaint	05/04/2023
2024-000640	Prescriptive practice	Complaint	10/08/2024
2024-000940	Unprofessional conduct	Complaint	12/03/2024
2025-000025	Unethical conduct	Complaint	01/16/2025
2025-000156	PDMP Violation: Failure to Register	Complaint	02/27/2025
2025-000184	PDMP Violation: Failure to Register	Complaint	03/14/2025
2025-000239	Prescriptive practice	Complaint	04/09/2025
2025-000292	Unlicensed practice or activity	Complaint	04/16/2025
2025-000345	Prescriptive practice	Complaint	06/06/2025
2025-000370	PDMP Violation: Failure to Register	Complaint	05/06/2025
2025-000411	Continuing education	Complaint	06/05/2025
2025-000449	Substance abuse	Complaint	06/06/2025
2025-000491	PDMP Violation: Failure to Register	Complaint	06/11/2025
2025-000506	PDMP Violation: Failure to Register	Complaint	06/11/2025
2025-000529	Sexual misconduct	Complaint	06/17/2025
2025-000547	PDMP Violation: Failure to Register	Complaint	06/23/2025
2025-000582	Continuing education	Complaint	06/26/2025
2018-000492	Standard of care	Investigation	07/08/2021
2020-001172	Patient or client abuse	Investigation	07/08/2021
2021-001023	Standard of care	Investigation	06/02/2023
2024-000936	Unprofessional conduct	Investigation	02/18/2025
2025-000139	Unlicensed practice or activity	Investigation	04/08/2025

CERTIFIED NURSE AIDE

2025-000493	Unprofessional conduct	Intake	06/06/2025
2024-000772	Continuing education	Complaint	08/28/2024
2024-000781	Continuing education	Complaint	09/05/2024
2024-000783	Continuing education	Complaint	08/29/2024
2024-000786	Continuing education	Complaint	09/05/2024
2024-000787	Continuing education	Complaint	09/10/2024

2024-000790	Continuing education	Complaint	08/29/2024
2024-000791	Continuing education	Complaint	08/29/2024
2024-000793	Continuing education	Complaint	08/29/2024
2024-000794	Continuing education	Complaint	08/29/2024
2024-000843	Continuing education	Complaint	09/12/2024
2024-000859	Continuing education	Complaint	09/20/2024
2024-001136	Unprofessional conduct	Complaint	01/02/2025
2024-001197	Continuing education	Complaint	12/19/2024
2025-000175	Patient or client abuse	Complaint	03/06/2025
2025-000492	Falsified application	Complaint	06/06/2025
2025-000554	Unprofessional conduct	Complaint	06/30/2025
2024-000527	Unprofessional conduct	Investigation	10/21/2024
2024-000604	Unprofessional conduct	Investigation	12/02/2024
2024-000785	Continuing education	Investigation	04/09/2025
2024-000792	Continuing education	Investigation	05/27/2025
2024-000820	Continuing education	Investigation	05/14/2025
2024-000858	Continuing education	Investigation	05/14/2025
2025-000017	Continuing education	Investigation	01/29/2025
2025-000316	Practice beyond scope	Investigation	06/02/2025

LICENSED PRACTICAL NURSE

2025-000519	Unlicensed practice or activity	Intake	06/12/2025
2025-000609	Unprofessional conduct	Intake	07/01/2025
2024-000637	Criminal action - no conviction	Complaint	10/03/2024
2024-001182	Unprofessional conduct	Complaint	12/20/2024
2024-001203	Unlicensed practice or activity	Complaint	12/18/2024
2025-000129	Continuing education	Complaint	03/27/2025
2025-000130	Continuing education	Complaint	03/28/2025
2025-000138	Unlicensed practice or activity	Complaint	03/28/2025
2025-000283	Continuing education	Complaint	04/14/2025
2025-000284	Continuing education	Complaint	04/11/2025

2025-000285	Continuing education	Complaint	04/17/2025
2025-000286	Continuing education	Complaint	04/14/2025
2025-000287	Continuing education	Complaint	04/17/2025
2025-000480	Unlicensed practice or activity	Complaint	06/03/2025
2025-000023	Unlicensed practice or activity	Investigation	05/15/2025

PRACTICAL NURSE

2025-000490	Unprofessional conduct	Intake	06/05/2025
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REGISTERED NURSE

2025-000270	Standard of care	Intake	04/08/2025
2025-000441	Unlicensed practice or activity	Intake	05/23/2025
2025-000476	Falsified application	Intake	06/03/2025
2025-000555	Unprofessional conduct	Intake	06/20/2025
2025-000606	Criminal action - conviction	Intake	07/01/2025
2025-000619	Falsified application	Intake	07/03/2025
2021-001199	Unprofessional conduct	Complaint	01/07/2022
2022-000770	Unprofessional conduct	Complaint	04/17/2023
2024-000600	Unprofessional conduct	Complaint	08/16/2024
2024-000687	Unprofessional conduct	Complaint	08/01/2024
2024-000767	Unprofessional conduct	Complaint	08/27/2024
2024-000864	Substance abuse	Complaint	09/13/2024
2024-001028	Unprofessional conduct	Complaint	10/31/2024
2024-001179	Unprofessional conduct	Complaint	12/20/2024
2024-001181	Unprofessional conduct	Complaint	12/20/2024
2024-001183	Unprofessional conduct	Complaint	12/20/2024
2025-000004	Falsified application	Complaint	01/09/2025
2025-000038	Practice beyond scope	Complaint	01/29/2025
2025-000054	Unprofessional conduct	Complaint	02/06/2025
2025-000058	Prohibited activities	Complaint	01/29/2025
2025-000106	Patient or client abuse	Complaint	02/26/2025
2025-000133	Fraud or misrepresentation	Complaint	02/27/2025

2025-000191	Unprofessional conduct	Complaint	03/26/2025
2025-000193	Unprofessional conduct	Complaint	03/26/2025
2025-000194	Unprofessional conduct	Complaint	03/26/2025
2025-000195	Unprofessional conduct	Complaint	03/26/2025
2025-000196	Unprofessional conduct	Complaint	03/26/2025
2025-000211	Patient or client abuse	Complaint	04/08/2025
2025-000267	Standard of care	Complaint	04/08/2025
2025-000268	Standard of care	Complaint	06/16/2025
2025-000269	Standard of care	Complaint	06/13/2025
2025-000305	Unethical conduct	Complaint	04/16/2025
2025-000308	Unethical conduct	Complaint	04/16/2025
2025-000330	Unprofessional conduct	Complaint	07/01/2025
2025-000348	Continuing education	Complaint	04/30/2025
2025-000350	Continuing education	Complaint	04/30/2025
2025-000351	Continuing education	Complaint	05/06/2025
2025-000352	Continuing education	Complaint	04/30/2025
2025-000360	Unlicensed practice or activity	Complaint	05/01/2025
2025-000404	Continuing education	Complaint	06/05/2025
2025-000405	Continuing education	Complaint	06/05/2025
2025-000406	Continuing education	Complaint	06/05/2025
2025-000407	Continuing education	Complaint	06/05/2025
2025-000408	Continuing education	Complaint	06/03/2025
2025-000409	Continuing education	Complaint	06/05/2025
2025-000413	Continuing education	Complaint	05/28/2025
2025-000414	Continuing education	Complaint	05/23/2025
2025-000415	Continuing education	Complaint	05/23/2025
2025-000422	Unprofessional conduct	Complaint	05/19/2025
2025-000434	Continuing education	Complaint	05/23/2025
2025-000464	Substance abuse	Complaint	06/03/2025
2025-000483	Continuing education	Complaint	06/05/2025
2025-000485	Continuing education	Complaint	06/04/2025

2025-000486	Continuing education	Complaint	06/04/2025
2025-000512	Continuing education	Complaint	06/11/2025
2025-000513	Action in another state	Complaint	07/01/2025
2025-000514	Continuing education	Complaint	06/11/2025
2025-000515	Continuing education	Complaint	06/11/2025
2025-000516	Continuing education	Complaint	06/11/2025
2025-000522	Continuing education	Complaint	06/12/2025
2025-000544	Criminal action - no conviction	Complaint	06/18/2025
2025-000579	Continuing education	Complaint	06/26/2025
2025-000583	Continuing education	Complaint	06/26/2025
2025-000608	Falsified application	Complaint	07/01/2025
2021-000766	Fraud or misrepresentation	Investigation	06/21/2023
2022-000635	Unprofessional conduct	Investigation	02/19/2025
2022-001170	Unlicensed practice or activity	Investigation	08/21/2023
2024-001195	Unlicensed practice or activity	Investigation	02/20/2025
2025-000005	Substance abuse	Investigation	02/24/2025
2025-000216	Unlicensed practice or activity	Investigation	06/03/2025
2025-000347	Continuing education	Investigation	06/30/2025
2025-000357	Continuing education	Investigation	06/02/2025
2024-001019	Substance abuse	Closed-Investigation	
2025-000303		Closed-Intake	

Closed - 65

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
ADVANCED NURSE PRACTITIONER				
2025-000294	PDMP Violation: Failure to Report	Closed-Intake	06/16/2025	Compliance
2025-000296	PDMP Violation: Failure to Report	Closed-Intake	05/16/2025	Compliance
2025-000297	PDMP Violation: Failure to Report	Closed-Intake	06/30/2025	Compliance
2025-000298	PDMP Violation: Failure to Report	Closed-Intake	05/19/2025	Compliance

2025-000299	PDMP Violation: Failure to Report	Closed-Intake	05/16/2025	Compliance
2025-000300	PDMP Violation: Failure to Report	Closed-Intake	05/19/2025	Compliance
2025-000367	Unprofessional conduct	Closed-Intake	06/05/2025	Incomplete Complaint
2025-000368	Unprofessional conduct	Closed-Intake	06/05/2025	Incomplete Complaint
2025-000446	Unprofessional conduct	Closed-Intake	06/23/2025	Incomplete Complaint
2025-000469	PDMP Violation: Failure to Report	Closed-Intake	06/13/2025	Compliance
2025-000120	PDMP Violation: Failure to Other (miscellaneous)	Closed-Complaint	07/01/2025	No Action - No Violation
2025-000155	Unprofessional conduct	Closed-Complaint	05/29/2025	No Action - No Violation
2025-000306	Continuing education	Closed-Complaint	07/03/2025	No Action - No Violation
2019-000056	Falsified application	Closed-Investigation	06/12/2025	License Action
2019-000171	Prescriptive practice	Closed-Investigation	06/12/2025	License Action
2020-000302	Criminal action - no conviction	Closed-Investigation	06/12/2025	License Action
2024-000147	Unprofessional conduct	Closed-Investigation	06/03/2025	Advisement Letter
2024-001084	PDMP Violation: Failure to Register	Closed-Investigation	04/24/2025	Advisement Letter
2024-001119	Unprofessional conduct	Closed-Investigation	06/30/2025	Advisement Letter
2024-001127	PDMP Violation: Failure to Register	Closed-Investigation	04/28/2025	Advisement Letter
2024-001158	PDMP Violation: Failure to Register	Closed-Investigation	05/28/2025	Advisement Letter
2024-001180	Unlicensed practice or activity	Closed-Investigation	05/13/2025	Advisement Letter
2025-000026	PDMP Violation: Failure to Register	Closed-Investigation	05/28/2025	Advisement Letter
2025-000088	PDMP Violation: Failure to Register	Closed-Investigation	05/19/2025	Advisement Letter
2025-000101	PDMP Violation: Failure to Register	Closed-Investigation	05/28/2025	Advisement Letter
2025-000105	Substance abuse	Closed-Investigation	05/14/2025	Advisement Letter
2025-000112	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	06/13/2025	Advisement Letter
2025-000114	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	06/16/2025	Advisement Letter
2025-000115	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	06/16/2025	Advisement Letter
2025-000116	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	06/13/2025	Advisement Letter

2025-000121	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	07/01/2025	Advisement Letter
2025-000122	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	07/01/2025	Advisement Letter
2025-000123	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	07/01/2025	Advisement Letter
2025-000124	PDMP Violation: Failure to Other (miscellaneous)	Closed-Investigation	07/01/2025	Advisement Letter
2025-000231	PDMP Violation: Failure to Register	Closed-Investigation	07/02/2025	Advisement Letter
2025-000272	PDMP Violation: Failure to Register	Closed-Investigation	07/02/2025	Advisement Letter
2025-000323	PDMP Violation: Failure to Register	Closed-Investigation	06/16/2025	Advisement Letter
2025-000396	PDMP Violation: Failure to Register	Closed-Investigation	06/16/2025	Advisement Letter
2025-000541	PDMP Violation: Failure to Register	Closed-Investigation	06/30/2025	Advisement Letter

CERTIFIED NURSE AIDE

2025-000152	Unprofessional conduct	Closed-Intake	05/06/2025	Incomplete Complaint
2025-000444	Falsified application	Closed-Complaint	06/27/2025	Review Complete
2024-000788	Continuing education	Closed-Investigation	05/22/2025	License Action
2024-001027	Continuing education	Closed-Investigation	05/20/2025	License Action
2025-000018	Continuing education	Closed-Investigation	05/20/2025	License Action
2025-000329	Continuing education	Closed-Investigation	05/21/2025	License Action

LICENSED PRACTICAL NURSE

2024-000343	Unprofessional conduct	Closed-Complaint	05/08/2025	License Lapsed - Flagged Do Not Renew
2023-000567	Unprofessional conduct	Closed-Investigation	04/22/2025	License Lapsed - Flagged Do Not Renew
2025-000363	Falsified application	Closed-Investigation	06/12/2025	Advisement Letter

REGISTERED NURSE

2025-000349	Unprofessional conduct	Closed-Intake	06/30/2025	No Action - Lack of Jurisdiction
2025-000410	Continuing education	Closed-Intake	07/03/2025	No Action - No Violation
2024-001137	Unprofessional conduct	Closed-Complaint	05/23/2025	No Action - No Violation
2024-001187	Unprofessional conduct	Closed-Complaint	06/02/2025	No Action - No Violation
2025-000044	Substance abuse	Closed-Complaint	06/23/2025	No Action - No Violation

2025-000361	Falsified application	Closed-Complaint	06/12/2025	No Action - No Violation
2025-000380	Continuing education	Closed-Complaint	05/28/2025	No Action - No Violation
2025-000393	Continuing education	Closed-Complaint	07/03/2025	No Action - No Violation
2025-000412	Continuing education	Closed-Complaint	06/18/2025	No Action - No Violation
2025-000574	Continuing education	Closed-Complaint	07/07/2025	No Action - No Violation
2023-000242	Unprofessional conduct	Closed-Investigation	05/12/2025	Advisement Letter
2023-001102	Unprofessional conduct	Closed-Investigation	06/02/2025	Advisement Letter
2024-000601	Action in another state	Closed-Investigation	05/23/2025	License Action
2024-000880	Unprofessional conduct	Closed-Investigation	05/06/2025	Advisement Letter
2024-001143	Unprofessional conduct	Closed-Investigation	06/02/2025	Advisement Letter
2025-000140	Standard of care	Closed-Investigation	06/12/2025	Advisement Letter

**REGISTERED NURSE
ANESTHETIST**

2019-001275	Unprofessional conduct	Closed-Complaint	05/29/2025	No Action - No Violation
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END OF REPORT



THE STATE
of ALASKA

GOVERNOR Mike Dunleavy

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8195

PROBATION REPORT

DATE: July 16, 2025
TO: NUR - Board of Nursing
THROUGH: Kendra Wardlaw, Senior Investigator
FROM: Karina Medina, Investigator
SUBJECT: Probation Report for the August 5, 2025 Meeting.

DS
KW

CONFIDENTIAL

Privacy Process Privilege
Documents

The following information was compiled as a Probation report to the Board for the period of April 17, 2025 thru July 16, 2025; This report includes probationers who are in compliance with their agreements; non compliant probationers and probationer requests to the Board.

There are currently **Twenty-three (23)** licensee's on probation as of the date of this report. Since the last probation report, **One (1)** licensee's were released from probation.

The following is a complete list of individuals on probation for this Board that are in compliance with their Board agreements.

Name	Case Number	Start of Probation	End of Probation
Barbara Anderson	2023-000468	05/11/2023	05/11/2028
DANIELLE REGAN	2020-000878	08/20/2020	10/19/2026
LISA MURRELL	2020-000881	08/20/2020	08/20/2025
Caressa BARTH	2021-001221	01/06/2021	01/06/2026
Jodi WOLCOFF	2022-000195	09/08/2022	09/08/2027
SAMANTHA BELL	2022-000481	07/23/2021	07/23/2026
Viva Esquibel	2022-000484	05/17/2022	05/17/2027
Roxanne Huzieff	2023-000450	05/11/2023	05/11/2026
JOYCE NESBY	2023-000452	05/11/2023	05/11/2026
Franklin Jones	2023-000896	05/01/2022	05/01/2027
Alixandra Stewart	2023-000908	08/11/2023	08/11/2028
Ciri Vail	2023-000914	08/11/2023	08/11/2028
John HACKER	2023-000915	08/11/2023	08/11/2028
CHAD HAMIK	2019-001088-Prb	05/15/2024	10/15/2026
Kristina Beeching	2023-000965-Prb	08/08/2024	08/08/2029
Confidential-ATP	2023-001191-Prb	11/07/2024	11/07/2029
Confidential-ATP	2023-001003-Prb	02/01/2023	02/01/2028
KARIN BRAUN	2024-000601-Prb	11/24/2024	11/24/2026

The following is a complete list of individuals on probation for this Board that are not in compliance with their Board agreements.

Name	Case Number	Start of Probation	End of Probation	Disposition Date
------	-------------	--------------------	------------------	------------------

The following is a complete list of individuals on probation for this Board that are suspended.

Name	Case Number	Start of Probation	End of Probation	Disposition Date
Amy Neel	2021-000136	02/04/2021	06/27/2028	07/10/2025
Quenna SZAFRAN	2023-000464	05/11/2023	05/11/2028	07/10/2025
Eva Velarde	2023-001054-Prb	05/15/2024	05/15/2026	07/10/2025
Confidential-ATP	2024-000014-Prb	08/08/2024	08/08/2029	07/10/2025
Confidential-ATP	2024-000231-Prb	11/07/2024	11/07/2029	07/15/2025

The following is a complete list of individuals on Non-Disciplinary Consent Agreements (Monitoring Status) for this Board. All individuals are in compliance with their agreements.

Name	Case Number	Start of Probation	End of Probation	Disposition Date
------	-------------	--------------------	------------------	------------------

The following were released after probation completion.

Name	Case Number	Start of Probation	End of Probation
Jennifer Bliss	2024-000292-Prb	08/08/2024	08/08/2029- Surrender

Board Requests:

Quenna Szafran - Request for Reinstatement
2024-000014-Prb- License Surrender

END OF REPORT

Alaska Board of Nursing



Public Comment Period

Alaska Board of Nursing

Agenda Item #6



Code of Ethics

ANA Code of Ethics.

Access all details of the provisions here: [2025 Code of Ethics Provisions | American Nurses Association](#)

The *Code of Ethics for Nurses* (*Code*) is the definitive standard for ethical nursing practice. This essential resource guides nurses as they make patient care and practice decisions in today's complex healthcare environment. The *Code* also supports nurses in maintaining their professional integrity in all care settings. Anchored in nursing's moral traditions, the *Code* emphasizes the profession's 21st Century imperative to advance social justice and health equity.

Life and death decisions are a part of nursing, and ethics are therefore fundamental to the integrity of the nursing profession. Every day, nurses support each other to fulfill their ethical obligations to patients and the public, but in an ever-changing world – there are increased challenges. Learn more about how the *Code of Ethics for Nurses*, or “the *Code*”, is a vital tool for nurses now and in the future.

Retrieved from ANA website July 14, 2025, [2025 Code of Ethics for Nurses | American Nurses Enterprise](#)

Alaska Board of Nursing

Agenda Item #7



Advisory Opinions

Board Action request:

Regulation 12 AAC 44.137 Licensed Practical Nurse Scope of Practice is active.

Next steps:

Review LPN Scope of Practice Advisory opinion

Determine if the advisory opinion can be retired, needs to be updated, or renewed as written.

LPN Scope of Practice Advisory Opinion

July 2016

Explanatory Statement about Advisory Opinions

An advisory opinion adopted by the Alaska Board of Nursing is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion the Alaska Board of Nursing regarding the practice of nursing as it relates to the health and safety of the Alaska healthcare consumer. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure safety of their patient.

LPNs are responsible for accepting only those assignments for which the LPN has been fully prepared. The RN and LPN should recognize the level and depth of knowledge and decision making that various nursing activities demand. This accountability and responsibility exists regardless of directives, policies, protocols or staffing patterns implemented by employing agencies.

An LPN contributes to all steps of the nursing process by communicating with the RN or LIP concerning the client's status and needs. When an RN is directing LPN practice, it is the RN who establishes the nursing regimen and communicates the nursing practice needs of the client. Highly complex and variable situations are most appropriately placed within the RN scope of practice and outside the scope of the LPN.

At the direction of an RN, APRN, PA, physician, or licensed dentist an LPN performs a focused assessment of specific client health problems. A focused assessment is defined in regulation 12 AAC 44.990 (18) as an appraisal of the patient's medical status and condition, contributing to ongoing data collection, and deciding who needs to be informed of the information and when to inform. This is accomplished by collecting, reporting and documenting objective and subjective data. Such examples include:

1. Observation, patient teaching and care in diverse health care settings.
2. Contributes to the planning, implementation and evaluation of nursing care. Does not independently develop or make changes to a plan of nursing care.
3. Documents outcomes of care in the patient record and to those in authority/supervisory positions.
4. Consults with the RN or LIP to seek guidance in providing client care.
5. Participates in the development, revision, and implementation of policies and procedures.

6. Assigns duties to UAPs that are within the UAPs' scope of duties according to regulations.
7. Assists and supervises UAPs as necessary within their scope duties.

Examples **NOT** appropriate for the LPN to perform include but are not limited to:

1. Comprehensive assessments of a client who has been admitted to an institution or unit.
2. Assimilation and analysis of objective and subjective data to formulate the plan of care.
3. Arterial punctures.
4. Management of arterial lines.
5. Starting an IV or administering IV medication unless the proper IV education has taken place. The LPN must successfully pass such an education course, practice the skills, demonstrate competency and provide evidence of continued competence on a yearly basis.
6. Administer IV push medications other than saline to flush an intermittent infusion device.
7. Phlebotomy unless additional training and demonstration of competency has been documented.
8. Administer IV fluids and medications to neonates.
9. Mix IV solutions.
10. Administer blood products.
11. Change rate and dose of response in PCA pumps
12. Administration of chemotherapy drugs
13. Dispensing medications
14. Flushing Groshong catheters or PICC lines
15. Central line or PICC line dressing change
16. Identify unlabeled medications
17. Complete physicals
18. Work independently
19. Triage patients
20. Take X-Rays

Alaska Board of Nursing

Agenda Item #8



Definition of Abandonment

The Board has been asked to review their definition of abandonment.

Other resources are included to follow.

This is what is currently listed in the FAQ section of the website:

What is the Alaska Board of Nursing's definition of abandonment in the workplace?

The Alaska Board of Nursing receives numerous telephone calls from individual nurses and certified nurse aides as well as employers requesting clarification of the abandonment issue. Though the Board regulations do not define the term "abandonment," the Board has investigated and disciplined nurses in the past for issues surrounding the concept of abandonment as it relates to the nurse's duty to the patient. Nurses have been disciplined for failing to use sufficient knowledge, skills or nursing judgement in the practice of nursing as defined by the level of licensure under 12 AAC 44.770 Unprofessional Conduct and 12 AAC 44.870 Unprofessional Conduct.

The Alaska Board of Nursing regulation for nurses is 12 AAC 44.770(11) Unprofessional Conduct "leaving a nursing assignment without properly notifying appropriate personnel."

The Alaska Board of Nursing regulation for certified nurse aides is 12 AAC 44.870(14) Unprofessional Conduct "leaving a certified nurse aide assignment without notifying appropriate supervisory personnel."

Callers also inquire if it is considered abandonment to resign from a position and give less notice than required by a facility. While this is a standard to which most professionals adhere, the Board is concerned with patient safety and will not consider it to be abandonment as long as the nurse or certified nurse aide notified appropriate supervisory personnel and ensured the safety and welfare of the patient, resident, or client.

What is Abandonment?

Kathy Hoebelheinrich, MSN, APRN-NP, ANP-BC
Ginger Rogers, DNP, APRN, GNP-BC



Abandonment, either patient or employer, can be difficult to understand and requires the nurse and nursing leadership to be clear about patient assignments and the duties/expectations the nurse must meet. Let's walk through the differences and some examples of each. **Patient** abandonment must be defined and differentiated from **employer** abandonment.

Definitions:

Patient Abandonment: is "a unilateral severance of the established nurse-patient relationship without giving reasonable notice to the appropriate person so that arrangements can be made for continuation of nursing care by others" (American Nurses Association [ANA], 2009).

Patients under the care of a nurse are vulnerable by virtue of illness, injury, and/or the dependent nature and unequal power base of the nurse-patient relationship. The distinction between a nurse leaving employment versus a nurse violating a duty to a patient through leaving an assignment is often confused. The first is an employment issue; the other is potentially a licensure issue. The focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting (Texas Board of Nursing, 2016).

For **patient** abandonment to occur, the nurse must:

1. Have first **ACCEPTED** a patient assignment and/or agreed to provide care, thus establishing a nurse-patient relationship, **AND** then
2. **DISENGAGED** from the nurse-patient relationship without giving reasonable notice and information about the patient(s) to a qualified person. A qualified person is another nurse, supervisor/manager or other health care professional that can continue the care or make arrangements for others to continue the care.

Refusal to accept an assignment or engage in a nurse-patient relationship that puts the patient(s) or the nurse at serious risk for harm **does not** constitute patient abandonment (ANA, 2009).

Patient abandonment includes, but is not limited to:

1. Leaving a nursing unit or patient care setting without notice and report to a qualified person.
2. Leaving a facility or workplace if the nurse is the only nurse on duty at the level of licensure that is required by employer policy or other laws regulating facility licensure to be present.
3. Failure to report for an assignment where the nurse is the sole

provider of care (e.g., private duty/home health/hospice care) without notice to a qualified person.

4. Terminating a contractual or other relationship in which the nurse is the primary or sole provider of care without notice to the patient and/or other person(s) acting on behalf of the patient to make other arrangements.

Employer Abandonment: **Employer** abandonment occurs when a nurse fails to give reasonable notice to an employer of her or his intent to terminate an employer-employee relationship or contract. The following are examples of **employer** abandonment:

1. The nurse fails to notify an employer and does not appear for scheduled work hours.
2. The nurse completes assigned work hours and then notifies the employer that the employment relationship is being ended immediately.
3. The nurse fails to return for scheduled work hours following a scheduled leave of absence.
4. The nurse resigns and fails to provide the amount of notice required by employer policy.

The Board of Nursing has no jurisdiction over employer abandonment or other employment-related issues. Both individual nursing leaders and nurses in patient care roles are accountable for providing safe nursing care and may be subject to disciplinary recommendations by the Board when patients are placed at risk. During periods of time where insufficient numbers of qualified staff are available, it is essential that nurse managers and staff work together to achieve adequate staffing. Employers and nurses as employees share responsibility for effective communication regarding staffing and other employment policies.

Employers cannot use threats of action against licensure as a means of intimidation to coerce the acceptance of additional work hours or patient assignments by the nurse. A supervisor or employer may file a complaint against a nurse to the Department of Health and Human Services, but they have no authority to take any type of disciplinary action against licensure. Complaints are reviewed on an individual basis. In order for a nurse to be disciplined and potential action taken against licensure, s/he must undergo the disciplinary process defined in statute including review and recommendation by the Board.

In practice settings where patients may be dismissed, the Board recommends policies and procedures that includes patient behaviors or circumstances that may result in termination of nursing services; expectations regarding attempted resolution

and communication with the patient and/or other person(s) acting on behalf of the patient; and, nursing documentation for the preceding nursing services; expectations regarding attempted resolution and communication with the patient and/or other person(s) acting on behalf of the patient; and, nursing documentation for the preceding.

Examples:

- 1) A nurse who has been assigned to care for a patient and runs to the coffee shop without telling anyone has abandoned their patient.
- 2) A student nurse rushing to meet an instructor at a post-care conference without formally turning the patient back over to the nursing staff also qualifies as abandonment, even if the patient is at a large, well-staffed facility.

The above examples may seem straightforward, but other situations are not always as clear-cut.

- 1) What if a nurse is assigned a task or procedure for which they do not feel adequately qualified? Would refusing mean they've abandoned the patient?

The answer is generally no—but only if the nurse refuses in an appropriate manner. The student must inform the instructor or preceptor and allow that assignment to be addressed.

Competency Requirements?

Training and competency assessment requirements are determined by the specific tasks performed and the facility's Scope of Practice (SOP) and must include aseptic processes to minimize the potential for contact with nonsterile surface surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or Compounded Sterile Preparation (CSP)s.

Section 1.3 Immediate-Use CSPs requires that personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. No specific frequency is identified for training and competency of personnel who perform compounding of immediate use CSPs.

In fact, if the nurse or student nurse agrees to perform a task beyond their skill level, this would be similar to acting outside their scope of practice, which can itself lead to severe consequences, including termination from the program or malpractice charges. It is vital to document and memorialize objections, including the requested task, the reason the nurse feels inadequate, the training needed to safely perform the assignment, and the outcome of the situation.

All nurses should familiarize themselves with the specific provisions of their state's Board of Nursing. Often, it's up to an individual nurse to decide whether or not they can continue providing safe patient care. If not, the nurse should notify their supervisor of their decision, and document each reason in detail.

All nurses are individually responsible and professionally accountable for the patient care they provide. Nursing students are held to the same standards of care as licensed nurses, and must therefore understand the ins and outs

of patient abandonment just as well. A thorough understanding of expectations and requirements in this regard is central to ensuring the best interests of patients and practitioners alike.

References:

<https://www.nso.com/Learning/Artifacts/Articles/the-ins-and-outs-of-patient-abandonment>

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Hiring RNs

Increased starting wage, generous benefit package and 100% tuition reimbursement

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- Surgical Services

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- **\$12,000 loan forgiveness OR**
- **\$20,000 scholarship program for students**

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Contact: Carol Hamik, RN MSN

chamik@marylanning.org • 402-460-5810



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Joey Ridenour
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Arizona State Board of Nursing

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Home Page: www.azbn.gov

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: ABANDONMENT OF PATIENTS
APPROVED: 11/02
REVISED DATE: 3/06, 11/09, 9/12, 1/16, 3/19, 5/23
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X RN X LPN

ADVISORY OPINION ABANDONMENT OF PATIENTS

STATEMENT OF SCOPE

Registered Nurses (RN) and Licensed Practical Nurses (LPN) are required to provide reasonable notice to their supervisor before transferring care for (or “handing off care”) the established nurse-patient relationship, so that arrangements can be made for continuation of nursing care by others. Terminating the nurse-patient relationship without adequate and reasonable notice constitutes patient abandonment. Transfer of patient care requires directly reporting the condition, circumstances and needs of all patients under the nurses’ care, in oral and/or written form, to another nurse/supervisor who acknowledges receipt and understanding of the report.

The term “patient abandonment” should be differentiated from the term “employment abandonment”, which is related to the employer-employee relationship and is not within the jurisdiction of the Board of Nursing.

There is no ethical expectation nor obligation inherent in the nurse’s duty to care that requires nurses must sacrifice or trade their own safety or health for the benefit of others. In a situation when the nurse feels their own life is in danger (e.g., active shooter), leaving the patient is NOT considered abandonment.

I. GENERAL REQUIREMENTS

The following requirements define patient abandonment:

- A. Abandonment may occur when a licensed nurse fails to provide adequate patient care, once accepting an assignment, until the responsibility for that patient’s care has been assumed by another licensed nurse or approved licensed health care provider. Patient safety is the key factor in determining the nurse’s responsibility in any given situation.
- B. The nurse must have first ACCEPTED the patient assignment, thus establishing a nurse-patient relationship. Accepting a patient assignment varies from setting to

- setting and requires a clear understanding of workload and agreement to provide care.
- C. The nurse DISENGAGES the nurse-patient relationship without giving reasonable notice and fails to transfer that patient's care to a qualified person (e.g. supervisor, nurse) so that arrangements can be made for the continuation of nursing care.
 - D. Examples of patient abandonment include, but are not limited to:
 - (1) Leaving the patient care area without giving the supervisor or qualified person adequate & reasonable notice.
 - (2) Leaving the patient care setting without giving report to a qualified person
 - (3) Accepting a patient care assignment and then leaving the nursing unit or patient care setting without notifying a qualified person.
 - (4) In home health or hospice-type settings, if the nurse fails to provide the expected home visit without prior notification or per facility policy.

II. RATIONALE

Registered Nurses and Licensed Practical Nurses maintain a responsibility to protect the health, safety and well-being of their patients. Clear communication between staff and supervisors is essential to ensure continuity of care. Terminating the nurse-patient relationship without adequate notice constitutes patient abandonment and places the patient at risk for harm. This Advisory Opinion is intended to provide the nursing community with guidelines to clarify those circumstances which may be characterized as patient abandonment.

III. REFERENCES

- American Nurses Association. (2022). *Risk and responsibility in providing nursing care*. ANA. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/risk-and-responsibility-in-providing-nursing-care/>
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Alaska Board of Nursing



Break

Alaska Board of Nursing

Agenda Item #9



Licensing Reports

LICENSING SUMMARY

FISCAL 4TH QUARTER 2025 (APRIL 1, 2025– JUNE 30, 2025)



License Type	Method	4th Quarter Total	Running Total YTD
RN	Exam	101	332
	Endorsement	894	3096
	Reinstate	105	272
	Total:	1100	3700
		TOTAL ACTIVE:	20,163

FISCAL 4TH QUARTER 2025 (APRIL 1, 2025– JUNE 30, 2025)



License Type	Method	4th Quarter Total	Running Total YTD
LPN	Exam	13	22
	Endorsement	28	109
	Reinstate	6	23
	Total:	47	154
TOTAL ACTIVE			745

FISCAL 4TH QUARTER 2025 (APRIL 1, 2025– JUNE 30, 2025)



License Type	Method	4th Quarter Total	Running Total YTD
APRN	Reinstate	9	32
	Initial	152	521
	Total:	161	553
APRN Preceptorship		19	61
		TOTAL ACTIVE APRN:	2608
		TOTAL ACTIVE PRECEPTORSHIPS:	71

PERMITS

FISCAL 4TH QUARTER 2025 (APRIL 1, 2025– JUNE 30, 2025)



License Type	4th Quarter Total	Running Total YTD
RN	241	866
LPN	24	47
APRN	0	4
TOTAL:	265	917

FISCAL 4TH QUARTER 2025 (JANUARY 1, 2025– MARCH 31, 2025)



License Type	Method	4th Quarter Total	Running Total YTD
Retired		1	40
TOTAL retired:			263
Grand Total: All license types		1593	5425
		Grand Total Active Nurse Licenses:	23,850



LICENSING STATISTICS BY FISCAL YEAR

Licensing Statistics	2023 Fiscal year	2024 Fiscal year	2025 YTD
RN Endorsement	3310	3100	3096
RN Examination	327	364	332
LPN Endorsement	116	91	109
LPN Examination	6	18	22
APRN	381	435	521

NCSBN EDUCATION PROGRAM SUMMARY

EDUCATED IN ALASKA

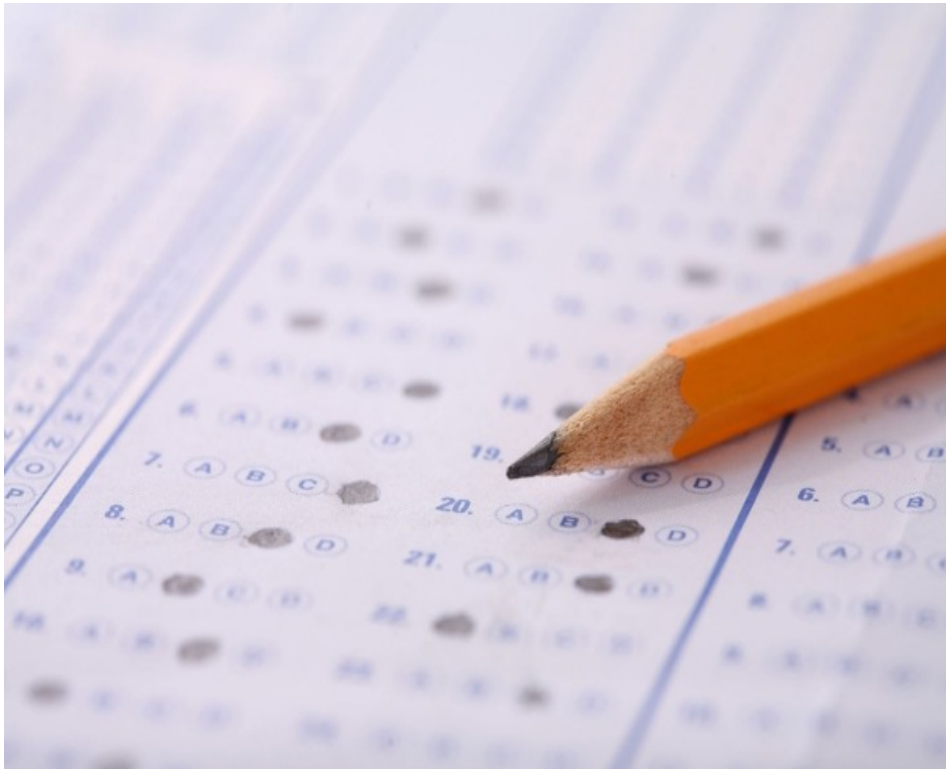
APRIL 1, 2025-MARCH 31, 2025

<div> <div>N.C.S.B.N. EDUCATION PROGRAM SUMMARY</div> <div>Educated in Alaska</div> <div>TESTED DURING 2nd Quarter 2025 (April 1-June 30, 2025)</div> </div>											
NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%		REPEAT TESTERS	PASS	PASS%	FAIL	FAIL%
UAA A.A.S	14	12	86%	2	14%		5	2	40%	3	60%
UAA B.S.N.	24	21	87%	3	13%		9	5	55%	4	45%
CHARTER A.D.N	20	16	80%	4	20%		5	2	40%	3	60%
APU ADN	24	22	92%	2	8%		1	1	100%	0	0%
APU LPN	12	11	92%	1	8%		0	0	0%	0	0%
UAF CTC LPN	0	0	0%	0	0%		1	1	100%	0	0%

*NOTE: NCSBN does not provide data on “repeat testers” taken in other states. “First time tester” data shown here reflects testing information from all states, whereas “repeat tester” data reflects only our state. This means there may be a repeat testing candidate in another state not included in these totals.

NCLEX PASS RATE YEAR TO DATE SUMMARY

NCLEX YTD SUMMARY



Nursing Program	2022 YTD	2023 YTD	2024 YTD	2025 YTD (Jan-June 2025)
UAA AAS	90% (73/80)	83% (67/81)	94% (75/80)	83% (20/24)
UAA BSN	89% (59/66)	87% (102/117)	89% (99/111)	77% (50/65)
Charter ADN	91% (49/54)	80% (61/76)	90% (62/69)	72% (28/39)
APU ADN	73% (11/15)	60% (12/20)	100% (24/24)	91% (39/43)
APU LPN	--	78% (7/9)	96% (25/26)	92% (11/12)
UAF CTC LPN	--	--	--	75% (3/4)

THANK YOU

■ Madeleine Henderson

Licensing Examiner 2

■ boardofnursing@alaska.gov



Nurse Aide Licensing & Training Program Report

August 2025
FY25 Q4 Quarterly Board Meeting

Alaska Board of Nursing



Licensing Report



Quarterly Nurse Aide Certification Statistics

FY25 Quarter 4

(April 2025 - June 2025)

CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 24 Quarter 1 7/1/24 – 9/30/24	124	2	28	0	2,404
FY 24 Quarter 2 10/1/24 – 12/31/24	93	7	30	0	2,523
FY 24 Quarter 3 1/1/25 – 3/31/25	119	0	29	0	2,650
FY 24 Quarter 4 4/1/25 – 6/30/25	146	7	18	0	2,824

Training Program Report



34 State Approved Nurse Aide Training Programs

*Complete list is available on the Alaska Board of Nursing website- “Nurse Aide Registry” page under Certification information.

NURSE AIDE REGISTRY

Certification of nurse aides and maintenance of the nurse aide abuse registry are responsibilities of the Board of Nursing. The Board also makes final certification decisions and takes disciplinary action against nurse aides who violate the law. The Nurse Aide Registry Program is staffed by the Division of Corporations, Business, and Professional Licensing.

Alaska statutes prohibit unlicensed practice. Specifically, AS 08.68.360 states that the practice of professional or practical nursing for compensation by a person who is not licensed, or whose license is suspended, or revoked, or expired, is declared to be inimical to the public welfare and to constitute a public nuisance.

Customer Contact Form

Do you have questions about your professional license?
Please fill out our [Customer Contact Form](#) for the fastest response.


Certification Information

- [New Certificate Holder Information](#)
#08-4227, Revised 09/27/2024
- [State Approved Nurse Aide Training Programs](#)
#08-4943, Revised 01/30/2025
- [Credentia](#)
Nurse Aide Testing Services
- [Nurse Aide Exam Process Timeline](#)

Online Applications for Certification

Newly Approved Instructors





Newly Approved Instructors

FY25 Q4

12 AAC 44.840

- UAF Fairbanks CTC: 1 New Instructor
- Providence Seward Mountain Haven: 1 New Instructor
- Denali Center: 1 New Instructor

***Approximately 90 Active Instructors**



Training Program Pass Rates



Training Program Pass Rates- FY25 - Annual

(12 AAC 44.858)

374 Written Exams

374 Skills Exams

27 Programs had test takers

20 Programs had an annual pass rate above 80%

9 Programs had a 100% pass rate for the entire FY25

***Overall pass rate for FY25 (Both exams- first time test takers passing both exams) = 83.2%**

*Cumulative Annual Pass rates sent to each Training Program

Training Program Pass Rate (12 AAC 44.858)

FY25 Q4

Exam Results by Program - FY25 Q4: April 2025 thru June 2025

All Programs

(Do not enter Data on this sheet - use individual Program sheets)

Program	ID #	First Time Skills	First Time Written	Passed Skills	Skills Pass Rate	Passed Written	Written Pass Rate	Passed Both	Overall Pass Rate
Alaska CNA Program (Anchorage)	02276	5	5	5	100.0%	5	100.0%	5	100.0%
Alaska Job Corps (Palmer)	02246	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Native Medical Center	02294	15	15	11	73.3%	15	100.0%	11	73.3%
Alaska Technical Center (Kotzebue)	02233	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Veterans & Pioneer Home	02292	2	2	2	100.0%	2	100.0%	2	100.0%
ASD - King Tech HS (Anchorage)	02268	0	0	0	N/A	0	N/A	0	NO TESTS
Bartlett Hospital (Juneau)	02286	6	6	4	66.6%	5	83.3%	4	66.6%
Bethel	02271	5	5	5	100.0%	4	80.0%	4	80.0%
Central Peninsula Hospital (Heritage Place)	02289	11	11	11	100.0%	11	100	11	100.0%
Denali Center	02287	10	10	6	60.0%	9	90	5	50.0%
Heritage Place (Soldotna)	02016	4	4	4	100.0%	3	75.0%	3	75.0%
Kachemak Bay CC (Homer)	02020	5	5	5	100.0%	5	100.0%	5	100.0%
Kenai Peninsula College / KPBSD (Soldotna)	02226	10	10	10	100.0%	10	100.0%	10	100.0%
Kodiak College	02011	0	0	0	N/A	0	N/A	0	NO TESTS
Kodiak HS	02283	1	1	1	100.0%	1	100.0%	1	100.0%
Mat-Su Career & Tech HS (MSBSD)	02259	7	7	5	71.4%	7	100.0%	5	71.4%
Mat-Su CNA	02285	10	10	9	90.0%	9	90.0%	8	80.0%
Petersburg Medical Center	02019	3	3	3	100.0%	3	100.0%	3	100.0%
Prestige Care - Anchorage	02284	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
Providence Anchorage	02295	19	19	17	89.4%	17	89.4%	16	84.2%
Providence Seward Mountain Haven	02282	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
Providence Valdez	02275	6	6	6	100.0%	5	83.3%	5	83.3%
PWSC (Cordova)	02008	7	7	6	85.7%	5	71.4%	4	57.1%
SEARHC Sitka	02288	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
SEARHC Wrangell	02009	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
South Peninsula Hospital	02290	3	3	1	33.3%	3	100.0%	1	33.3%
UAA - CNA	02280	7	7	6	85.7%	7	100.0%	6	85.7%
UAF CTC (Fairbanks)	02241	8	8	7	87.5%	8	100.0%	10	87.5%
UAF Nome	02241	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
UAS Juneau	02229	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
UAS Haines (Ketchikan)	02291	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
UAS Ketchikan	02236	4	4	3	50.0%	4	100.0%	3	50.0%
UAS Sitka	02223	5	5	5	100.0%	4	100.0%	4	80.0%
Q4 Totals		148	148	127	85.8%	137	92.6%	121	81.8%

Training Program Pass Rate (12 AAC 44.858)

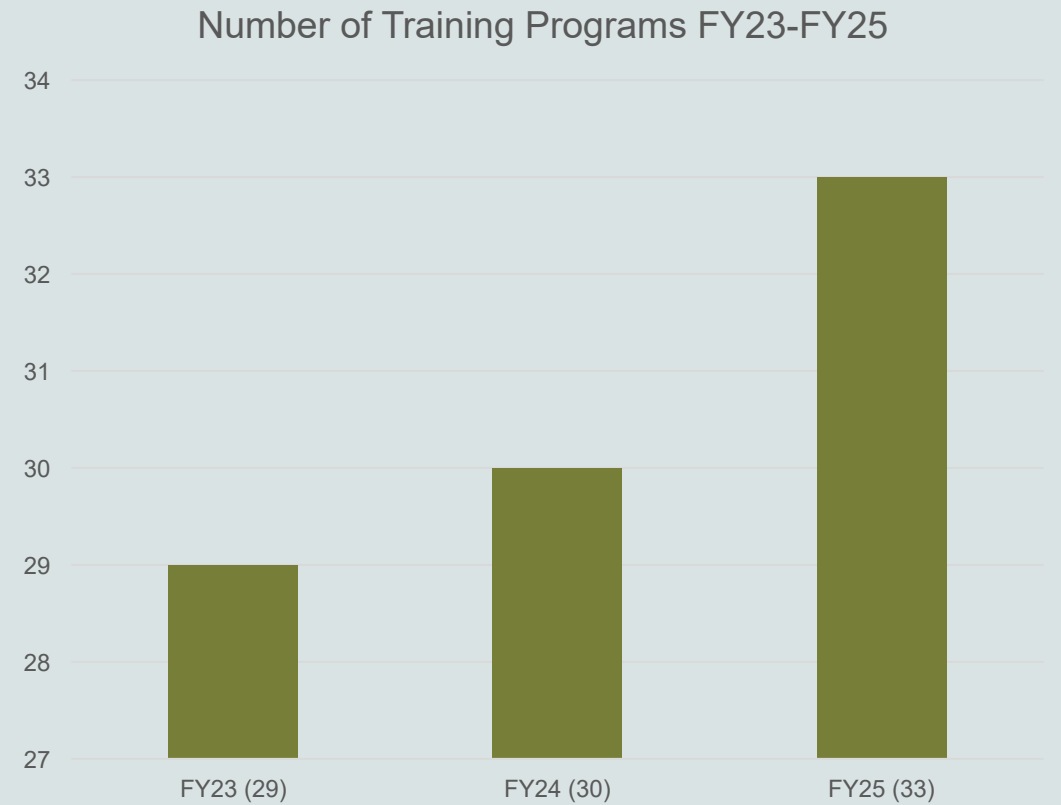
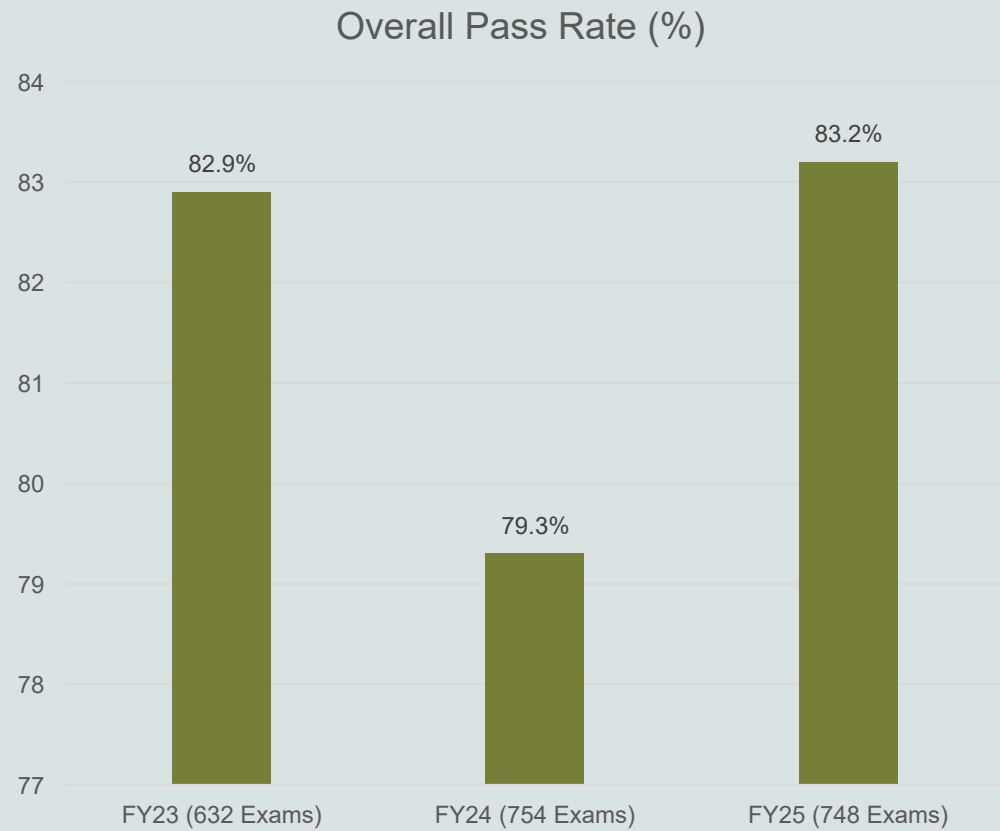
FY25 YTD

Exam Results by Program - FY25 Year to Date (YTD): July 2024 thru June 2025

All Programs

(Do not enter Data on this sheet - use individual Program sheets)

Program	ID #	First Time Skills	First Time Written	Passed Skills	Skills Pass Rate	Passed Written	Written Pass Rate	Passed Both	Overall Pass Rate
Alaska CNA Program (Anchorage)	02276	33	33	26	78.8%	33	100.0%	28	84.8%
Alaska Job Corps (Palmer)	02246	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
Alaska Native Medical Center	02294	14	14	10	73.3%	14	100.0%	10	71.4%
Alaska Technical Center (Kotzebue)	02233	1	1	1	100.0%	1	100.0%	1	100.0%
Alaska Veterans & Pioneers Home	02292	2	2	2	100.0%	2	100.0%	2	100.0%
ASD - King Tech HS (Anchorage)	02268	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
Bartlett Hospital (Juneau)	02286	21	21	17	81.0%	20	95.2%	17	81.0%
Bethel CNA	02271	28	28	28	100.0%	24	85.7%	24	85.7%
Central Peninsula Hospital	02289	11	11	11	100.0%	11	100.0%	11	100.0%
Denali Center	02287	21	21	15	71.4%	20	95.2%	14	66.7%
Heritage Place (Soldotna)	02016	13	13	13	100.0%	12	100.0%	12	92.3%
Kachemak Bay CC (Homer)	02020	5	5	5	100.0%	5	100.0%	5	100.0%
Kenai Peninsula College / KPBSD (Soldotna)	02226	20	20	20	100.0%	20	100.0%	20	100.0%
Kodiak College	02011	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
Kodiak HS	02283	4	4	4	100.0%	4	100.0%	4	100.0%
Mat-Su Career & Tech HS (MSBSD)	02259	16	16	11	68.8%	15	93.8%	11	68.7%
Mat-Su CNA	02285	19	19	17	89.5%	18	94.7%	16	84.2%
Petersburg Medical Center	02019	6	6	6	100.0%	6	100.0%	6	100.0%
Prestige Care - Anchorage	02284	18	18	17	94.4%	18	100.0%	17	94.4%
Providence Anchorage	02295	32	32	27	84.3%	28	87.5%	26	81.2%
Providence Seward Mountain Haven	02282	2	2	2	100.0%	2	100.0%	2	100.0%
Providence Valdez	02275	6	6	6	N/A	5	N/A	5	83.3%
PWSCC (Cordova)	02008	7	7	6	N/A	5	N/A	4	57.1%
SEARHC Sitka	02288	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
SEARHC Wrangell	02009	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
South Peninsula Hospital	02290	9	9	6	66.7%	9	100.0%	6	66.7%
UAA Anchorage	02280	25	25	22	88.8%	25	100.0%	22	88.0%
UAF CTC (Fairbanks)	02241	25	25	20	80.0%	25	100.0%	20	80.0%
UAF Nome	02241	12	12	10	83.3%	11	84.6%	9	75.0%
UAS Juneau	02229	1	1	1	100.0%	1	100.0%	1	100.0%
UAS Haines (Ketchikan)	02291	0	0	N/A	N/A	N/A	N/A	N/A	NO TESTS
UAS Ketchikan	02236	13	13	11	70.0%	12	90.0%	11	84.6%
UAS Sitka	02223	10	10	10	100.0%	7	70.0%	7	70.0%
Year to Date Totals		374	374	324	86.6%	353	94.4%	311	83.2%



12 AAC 44.858. TRAINING PROGRAM PASS RATE. (a) An approved certified nurse aide training program must achieve at least an 80 percent cumulative annual pass rate.

(b) If an approved certified nurse aide training program fails to achieve at least an 80 percent cumulative annual pass rate, the board will issue a letter of concern by certified mail, with return receipt requested, to the program. Within 90 days after receipt of a letter of concern from the board, the approved certified nurse aide training program must submit to the board a report that

- (1) analyzes the factors that are believed to be contributing to the low pass rate; and
- (2) sets out the program's plan to achieve at least an 80 percent cumulative annual pass rate.

(c) The board will reevaluate the program one year after a letter of concern has been issued to an approved certified nurse aide training program.

(d) If an approved certified nurse aide training program reevaluated by the board under (c) of this section has failed to achieve at least an 80 percent cumulative annual pass rate, the board will issue a letter of warning to the program. Within 90 days after receipt of a letter of warning from the board, the approved certified nurse aide training program must submit to the board a report that

- (1) analyzes the reasons the program's original plan to improve the low pass rate was unsuccessful; and
- (2) sets out the program's additional plan to achieve at least an 80 percent cumulative annual pass rate.

(e) The board will reevaluate the program one year after a letter of warning has been issued to an approved certified nurse aide training program.

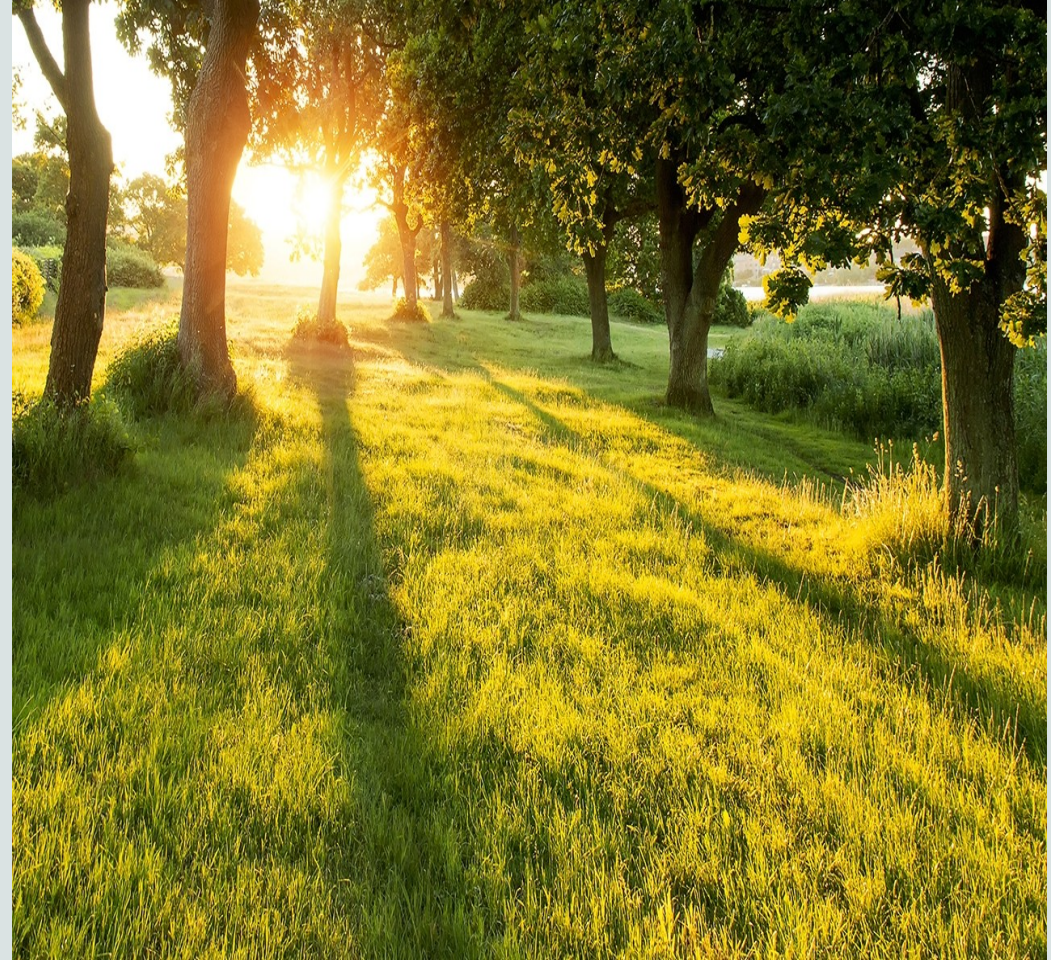
(f) If an approved certified nurse aide training program reevaluated by the board under (e) of this section has failed to achieve at least an 80 percent cumulative annual pass rate, the board will place the certified nurse aide training program on conditional approval. The certified nurse aide training program will continue on conditional approval until

- (1) the certified nurse aide training program has achieved at least an 80 percent cumulative annual pass rate during two consecutive years; or
- (2) approval of the certified nurse aide training program is withdrawn under 12 AAC 44.862.

(g) For purposes of this section, a certified nurse aide training program achieves at least an 80 percent cumulative annual pass rate if the year-end data shows that at least 80 percent of the graduates of the approved nurse aide training program, taking the National Nurse Aide Assessment Program competency evaluation for the first time, successfully passed that competency evaluation.

(h) If the training program does not respond to the letter of concern within 90 days, as required under (b) of this section, the board will withdraw approval for the nurse aide program as set out in 12 AAC 44.862.

Authority: AS 08.68.100 AS 08.68.331



Letter of Concern:

1st Cumulative annual pass rate less than 80 percent

- Letter of concern issued
- Report submitted to the board (within 90 days) that
 - 1) Analyzes the factors that are believed to contributing to the low pass rate; and
 - 2) Sets out the programs plan to achieve at least an 80 percent cumulative annual pass rate.

Letter of Warning:

2nd Cumulative annual pass rate less than 80 percent (consecutive years)

- Letter of warning issued
- Report submitted to the board (within 90 days) that
 - 1) Analyzes the reason the program's original plan to improve the low pass rate was unsuccessful; and
 - 2) Sets out the program's additional plan to achieve at least an 80 percent cumulative annual pass rate.

Conditional Approval:

3rd Cumulative annual pass rate less than 80 percent (consecutive years)

- The board will place the training program on conditional approval
- The board may revoke approval if the program has been unable to achieve minimal standards within two years of being placed on conditional approval.

FY25 Corrective Action Report

Letters of Concern:

- Alaska Native Medical Center
- Denali Center
- Mat-Su Career & Tech High School
- Prince William Sound College (PWSC) Cordova
- South Peninsula Hospital
- UAS Sitka

Letter of Warning:

- UAF Nome (Compliant with FY24 Corrective action plan)

Training Program Reviews

12 AAC 44.857

On site reviews completed FY25 Q4 (for program reapprovals due)

1. Mat-Su Career & Tech High School - 5/5/2025
2. UAF Nome- 5/6/2025
3. Bethel CNA- 5/7/2025
4. Alaska Veterans & Pioneers Home- 5/8/2025
5. UAA Anchorage- 5/8/2025
6. King Tech High School- 5/8/2025
7. Bartlett Regional Hospital- 5/9/2025
8. UAS Juneau- 5/9/2025

All program documentation reviewed to ensure curriculum compliance is met, a tour of the classroom, skills and clinical site completed.

These programs have met the requirements set forth in regulations. Recommend these training programs be granted re approval for the next two years pursuant to 12 AAC 44.857.

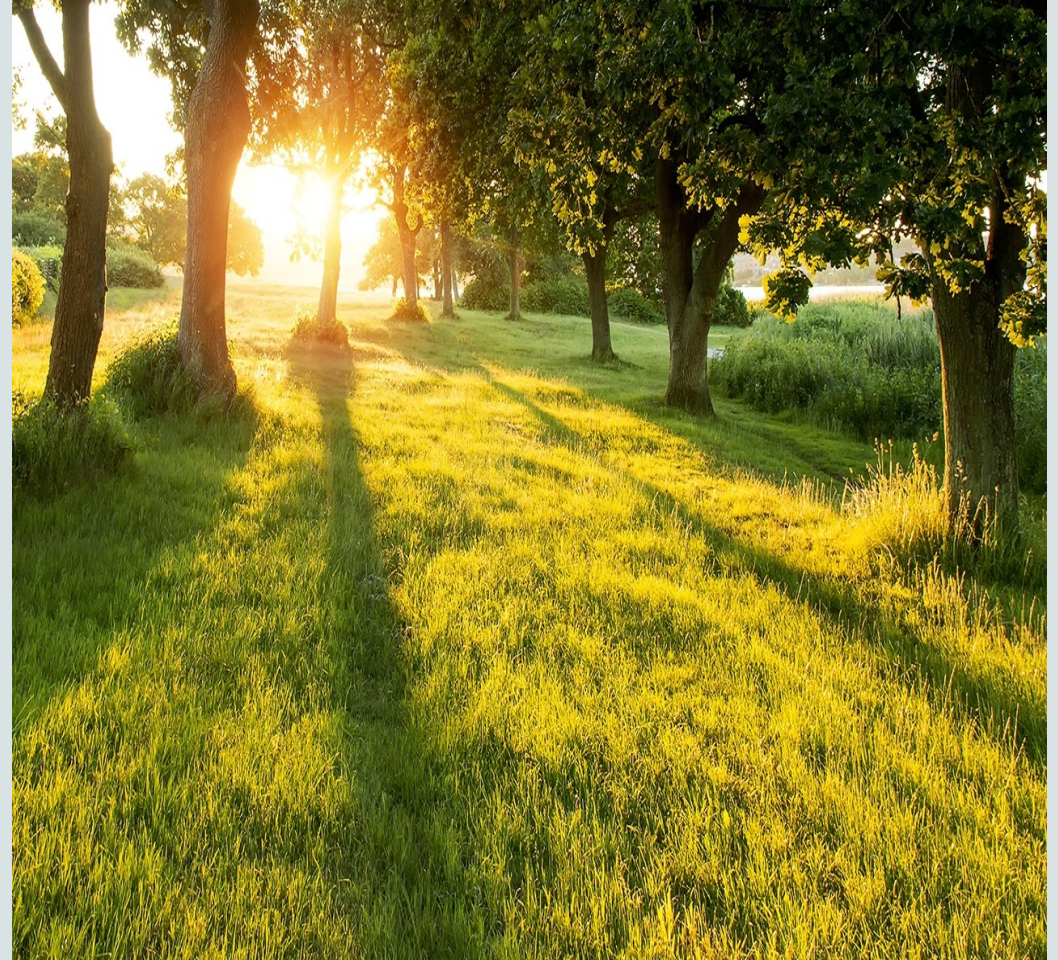
*Motions attached

Next On-Site reviews: FY26 Q1

Training program reapprovals to be presented at the Nov 2025- Board Meeting

1. SEARHC Wrangell
2. Kodiak High School
3. Kodiak College
4. Providence Seward Mtn Haven
5. Kenai Peninsula College/KPSD
6. Heritage Place
7. Central Peninsula Hospital
8. Kachemak Bay Campus- KPC
9. Prince William Sound College- Cordova
10. UAS Sitka
11. Petersburg Medical Center
12. UAS Ketchikan

FY25 Self Evaluations to be reported
in November.



If you are interested in becoming a Test Site or becoming a Nurse Aide Evaluator- please go to [Alaska | Credentia](#) or contact the Board of Nursing for any questions. If any additional contact information is needed from Credentia, please contact the BON.



<https://career.credentia.com>

<https://credentia.com/contact-credentia>



Questions?





Thank you

Kelly Olson, RN

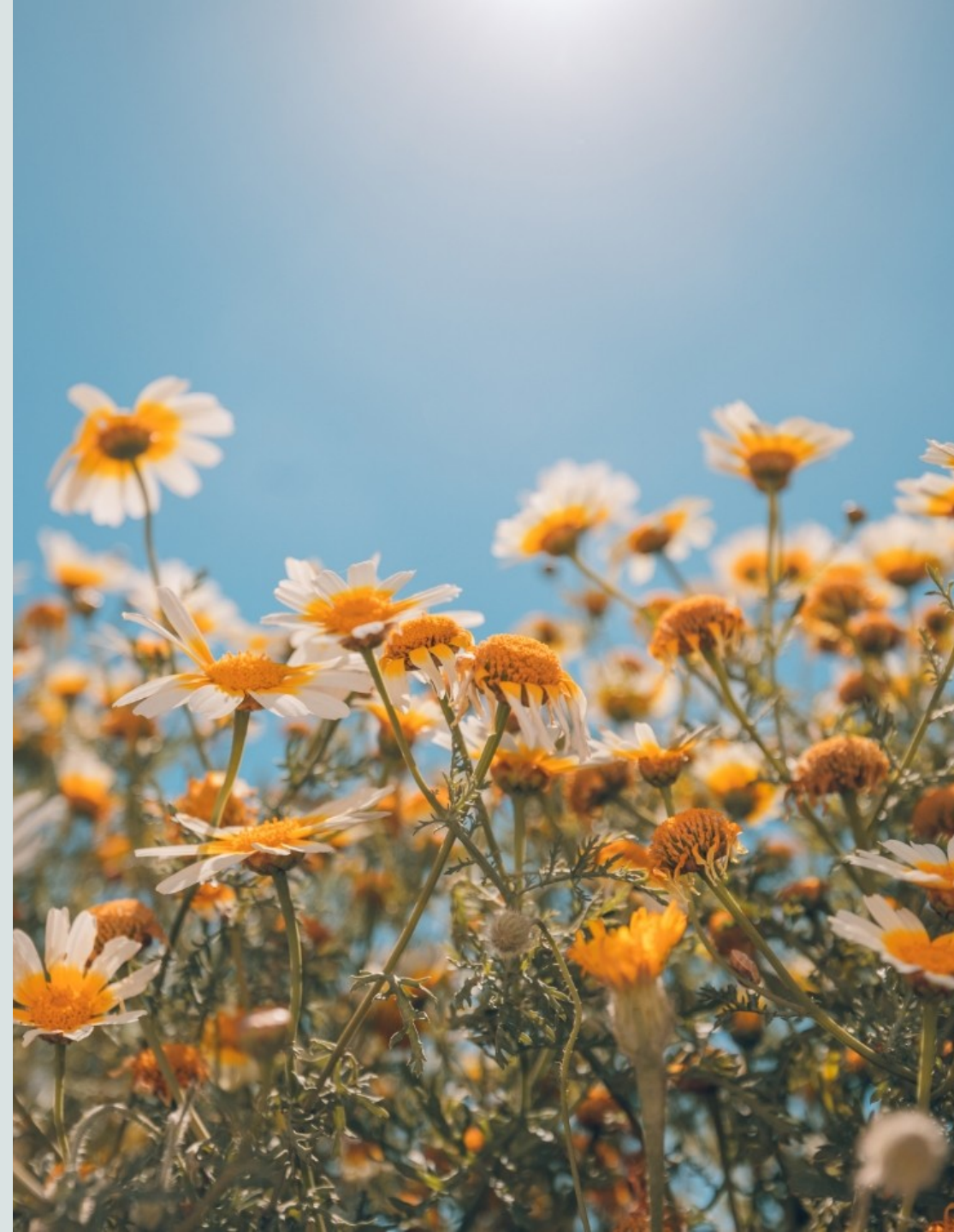
Nurse Consultant 1

Alaska Board of Nursing

Corporations, Business and Professional Licensing

kelly.olson@alaska.gov

(907) 269-8098



Alaska Board of Nursing

Agenda Item #10



Board Opinion Request

NCLEX Score Transfers

**The score transfer process allows candidates who have passed the examination to transfer their score from one jurisdiction to another, via NCSBN, should they not be eligible for licensure/registration in the jurisdiction where they originally tested. In these cases, the original NRB of record provides the Customer Experience department with a written request for the transfer from the candidate which is addressed and sent to the NRB to which they desire to transfer. The request should include candidate identification information such as name and candidate ID number and must be signed by the candidate. A sample template is available from NCSBN upon request by emailing ExamsIR@ncsbn.org. Once NCSBN has received the score transfer request letter sent via email, the Customer Experience team will contact the candidate's original NRB and desired NRB for approval to proceed with the transfer. Once the transfer is approved, the candidate's result is transferred to the candidate's desired NRB and the exam record is updated in the Administration website. When the candidate's score transfer is completely processed, the new desired NRB owns the requested exam results for that candidate. (see 2025 NCLEX examination manual attached)*

Request for Board opinion on exam score transfers that have not been licensed in a US state or jurisdiction:

Applicants who have taken the NCLEX exam for a jurisdiction in Canada or Australia and have not obtained licensure in a US state or jurisdiction must apply for licensure by examination in Alaska. If they meet all the qualifications for examination, they can transfer their exam scores* to Alaska from a Canadian or Australian jurisdiction by submitting verification of passing the NCLEX sent directly from that jurisdiction. They will not have to retake the NCLEX.

Request for Board opinion on exam score transfers for an applicant previously license in a US state or jurisdiction:

An applicant for licensure in Alaska that has been previously licensed in a US state or jurisdiction and has passed the NCLEX and no longer holds an active licensure in any US state or jurisdiction may apply to Alaska by examination. If they meet all the qualifications for licensure by examination, they will be made eligible to retake the examination in order to be licensed by examination in Alaska to meet the qualifications of the examination regulations. They cannot transfer their original NCLEX exam score from the jurisdiction they were initially licensed in.

Or

An applicant for licensure in Alaska that has been previously licensed in a US state or jurisdiction and has passed the NCLEX and no longer holds an active licensure in any US state or jurisdiction may apply to Alaska by examination. If they meet all the qualifications for licensure by examination, the Board will recognize that the applicant has previously passed the NCLEX to meet the qualifications of the regulations and allow licensure by examination. They would not officially transfer their original NCLEX exam score from the jurisdiction they were initially licensed in.

Alaska Board of Nursing

Agenda Item #11



PDMP Update

Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing

Agenda Item #12



Regulations Projects, update

NOTICE OF PROPOSED CHANGES ON TEMPORARY PERMITS AND ALTERNATIVE
PROBATION PROGRAMS IN THE REGULATIONS OF THE
ALASKA BOARD OF NURSING

BRIEF DESCRIPTION

The Board of Nursing proposes to change regulations on temporary permits for reinstatement applications and requirements for a licensee to participate in an alternative probation program.

The Board of Nursing (Board) proposes to adopt regulation changes in Title 12, Chapter 44 of the Alaska Administrative Code, dealing with temporary permits and alternative probation programs, including the following:

- (1) **12 AAC 44.320. Temporary permits**, is proposed to be changed to set out a process by which the Board may issue a temporary nonrenewable permit to an applicant for a reinstated license.
- (2) **12 AAC 44.740. Use of alcohol or drugs**, is proposed to be changed to clarify how a licensee may voluntarily apply to participate in an alternative probation program.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Stefanie Davis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. Additionally, the Board will accept comments by facsimile at (907) 465-2974 and by electronic mail at RegulationsAndPublicComment@alaska.gov. Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system at <http://notice.alaska.gov/219668>, and using the comment link. **The comments must be received not later than 4:30 p.m. on June 23, 2025.**

You may submit written questions relevant to the proposed action to Stefanie Davis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or by e-mail at RegulationsAndPublicComment@alaska.gov. **The questions must be received at least 10 days before the end of the public comment period.** The Board will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and on the Board's website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofNursing.aspx>.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Stefanie Davis at (907) 465-2537 or RegulationsAndPublicComment@alaska.gov not later than June 16, 2025 to ensure that any necessary accommodation can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Stefanie Davis at (907) 465-2537, RegulationsAndPublicComment@alaska.gov, or at <https://www.commerce.alaska.gov/web/portals/5/pub/Regulations/NUR-0824.pdf>.

After the public comment period ends, the Board will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. **You should comment during the time allowed if your interests could be affected.**

Statutory Authority: AS 08.01.075; AS 08.68.100; AS 08.68.170; AS 08.68.200; AS 08.68.251

Statutes Being Implemented, Interpreted, or Made Specific: AS 08.01.075; AS 08.68.170; AS 08.68.200; AS 08.68.251; AS 08.01.270; AS 08.01.275; AS 08.68.276

Fiscal Information: The proposed regulation changes are not expected to require an increased appropriation.

For each occupation regulated under the Division of Corporations, Business and Professional Licensing, the Division keeps a list of individuals or organizations who are interested in the regulations of that occupation. The Division automatically sends a Notice of Proposed Regulations to the parties on the appropriate list each time there is a proposed change in an occupation's regulations in Title 12 of the Alaska Administrative Code. If you would like your address added to or removed from such a list, send your request to the Division at the address above, giving your name, either your e-mail address or mailing address (as you prefer for receiving notices), and the occupational area in which you are interested.

DATE: 5/21/2025

/s/
Stefanie Davis, Regulations Specialist
Division of Corporations, Business and
Professional Licensing

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. **Adopting agency:** Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing - Board of Nursing.
2. **General subject of regulation:** Update to regulations relating to temporary permits for applicants for reinstatement; participation in an alternative probation program.
3. **Citation of regulation:** 12 AAC 44.320 and 12 AAC 44.740.
4. **Department of Law file number:** 2024200439.
5. **Reason for the proposed action:**
 - ☐ Compliance with federal law or action (identify):
 - ☒ Compliance with new or changed state statute
 - ☐ Compliance with federal or state court decision (identify):
 - ☒ Development of program standards
 - ☐ Other (identify):
6. **Appropriation/Allocation:** Corporations, Business and Professional Licensing – #2360.
7. **Estimated annual cost to comply with the proposed action to:**
 - A private person: None known.
 - Another state agency: None known.
 - A municipality: None known.
8. **Cost of implementation to the state agency and available funding (in thousands of dollars):**

No costs are expected in FY 2025 or in subsequent years.
9. **The name of the contact person for the regulation:**

Patty Wolf, Executive Administrator
Alaska Board of Nursing
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
E-mail: patty.wolf@alaska.gov
10. **The origin of the proposed action:**
 - ☒ Staff of state agency
 - ☐ Federal government
 - ☐ General public
 - ☐ Petition for regulation change
 - ☐ Other (identify):
11. **Date:** 5/21/2025 **Prepared by:** /s/
Stefanie Davis
Regulations Specialist

Chapter 44. Board of Nursing.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 44.320 is amended by adding new subsections to read:

(g) The board may issue a temporary nonrenewable permit to an applicant for reinstatement who

(1) submits a completed application for reinstatement on a form provided by the department that includes the information required under 12 AAC 44.317(a)(1)(A) - (F);

(2) pays the biennial license renewal fee, the penalty fee, and the temporary permit fee established under 12 AAC 02.280;

(3) submits verification of licensure, in good standing and unencumbered, for each jurisdiction where the applicant held a license to practice nursing during the time period in which the applicant's license was lapsed in this state; verification of licensure must be submitted in accordance with 12 AAC 44.317(a)(5); and

(4) if an applicant's license has been lapsed for a period of over one year, submits a fingerprint card in accordance with 12 AAC 44.319(a).

(h) A temporary nonrenewable permit issued under (g) of this section is valid for six months from the date of issuance or until a permanent license is issued or denied, whichever occurs first. Only one temporary nonrenewable permit may be issued during each period a license is on a lapsed or retired status. (Eff. 10/14/72, Register 43; am 6/27/76, Register 58; am 4/27/83, Register 86; am 8/2/86, Register 99; am 7/28/95, Register 135; am 4/27/97, Register 142; am 9/25/98, Register 147; am 6/16/2002, Register 162; am 11/23/2003, Register 168; am 3/4/2007, Register 181; am 10/3/2011, Register 200; am 12/27/2012, Register 204; am

Register _____, _____ 2025 PROFESSIONAL REGULATIONS

4/12/2022, Register 242; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.200 AS 08.68.210
AS 08.68.170

The section heading of 12 AAC 44.740 is changed to read:

12 AAC 44.740. Use of alcohol or drugs and alternative probation.

12 AAC 44.740(c) is amended to read:

(c) A [THE BOARD MAY OFFER A] licensee **may request** [SUBJECT TO THIS SECTION] the opportunity to **voluntarily** participate in an alternative probation program. Whether a licensee may participate in an alternative probation program is at the discretion of the board. **If a** [A] licensee **is allowed by the board to participate** [PARTICIPATING] in an alternative probation program, **the licensee** shall meet the terms of [THE] probation required by the board **to remain in** [UNDER] the alternative probation program. The board will keep **the** [A] licensee's participation in **the** [AN] alternative probation program confidential, except as required by law. **To participate in the alternative probation program, the licensee shall submit**

(1) a voluntary disclosure of information relating to the licensee's use of alcohol or controlled substances; and

(2) a written request to participate in the alternative probation program.

(Eff. 8/6/87, Register 103; 8/25/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.01.075 AS 08.68.270 AS 08.68.275
AS 08.68.100

From: [Regulations and Public Comment \(CED sponsored\)](#)
To: [Jasmine Jenkins](#)
Subject: RE: [CBPLRegulations4] Notice of Proposed Regulations (Alaska Board of Nursing 12 AAC 44.320; 44.740)
Date: Wednesday, May 21, 2025 11:41:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Good morning,

This is a notice of proposed regulations. No changes have been made as of this time. Please review the attached PDF, and the below linked Frequently Asked Questions to familiarize yourself with the proposed regulation changes. If you then have a public comment to make either for or against the proposed changes, you may do so by emailing this email address. If you do not have a comment to make, there is nothing you have to do at this time.

Thank you,



Stefanie L. Davis (she/her)
Regulations Specialist
Division of Corporations, Business and Professional Licensing
regulationsandpubliccomment@alaska.gov
Office: 907-465-2537
www.commerce.alaska.gov



From: Jasmine Jenkins <jazzydj0706@gmail.com>
Sent: Wednesday, May 21, 2025 10:47 AM
To: Regulations and Public Comment (CED sponsored) <regulationsandpubliccomment@alaska.gov>
Subject: Re: [CBPLRegulations4] Notice of Proposed Regulations (Alaska Board of Nursing 12 AAC 44.320; 44.740)

You don't often get email from jazzydj0706@gmail.com. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I don't understand in what you want us to do. Is it a progaim thing? or do we need new permits for our CNA license?

On Wed, May 21, 2025 at 10:45 AM Jasmine Jenkins <jazzydj0706@gmail.com> wrote:

What am I supposed to do?

On Wed, May 21, 2025 at 8:59 AM Regulations and Public Comment (CED sponsored) <regulationsandpubliccomment@alaska.gov> wrote:

Dear Licensee,

The Alaska Board of Nursing proposes to update regulations on temporary permits for reinstatement applications, and requirements for a licensee to participate in an alternative probation program.

For more information, please open the attached copy of the public notice and draft of the proposed regulation changes. Please click the following link to view the [Frequently Asked Questions](#) for this project. This link is also provided on the Board of Nursing webpage, and as an attachment on the Online Public Notice system.

Thank you,
Board of Nursing

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From: [Name](#)
To: [Regulations and Public Comment \(CED sponsored\)](#)
Cc: [Wolf, Patty J \(CED\)](#)
Subject: Public Comment on Proposed Changes – 12 AAC 44.320 & 12 AAC 44.740 - Dept of Law file # 2024200439
Date: Sunday, June 1, 2025 5:45:33 PM

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To: RegulationsAndPublicComment@alaska.gov

Subject: Public Comment on Proposed Changes – 12 AAC 44.320 & 12 AAC 44.740

Date: June 1, 2025

Dear Ms. Davis and Members of the Alaska Board of Nursing,

I am writing to provide public comment on the proposed changes to **12 AAC 44.320 (Temporary Permits)** and **12 AAC 44.740 (Alternative Probation Programs)**, published on May 21, 2025.

While I appreciate the intent of the proposed regulations to streamline licensure reinstatement and support licensees managing substance use, I respectfully offer the following concerns and suggestions to improve fairness, clarity, and efficiency:

1. Temporary Nonrenewable Permits (12 AAC 44.320)

- **Appeal Process Omission:** The proposed language does not provide an appeal or review mechanism if a temporary permit is denied. This could leave qualified applicants without recourse.
 - *Suggestion:* Include a clear procedure for appealing or requesting reconsideration of a permit denial.
- **Lack of Protections Against Administrative Delays:** If the board delays issuing or denying a permanent license, the temporary permit may expire after six months, through no fault of the applicant.
 - *Suggestion:* Add language to allow for a one-time extension in cases of board or fingerprint processing delays.
- **Fingerprinting Requirement Clarity:** For licenses lapsed over one year, fingerprinting is required, which is reasonable. However, the rule should clarify whether a permit can be issued **upon submission** of fingerprinting rather than waiting for results, which can be delayed.
 - *Suggestion:* Allow conditional issuance pending results, unless the board has

reasonable suspicion of disqualifying factors.

2. Alternative Probation Program (12 AAC 44.740)

- **Lack of Objective Eligibility Criteria:** The phrase "at the discretion of the board" grants broad authority without transparency, which could create inconsistency or perceived bias.
 - *Suggestion:* Develop and publish objective criteria for evaluating requests to participate in the program, as well as a timeline for the board's response.
 - **Denial Transparency:** There is no requirement for the board to explain its reasons for denying participation.
 - *Suggestion:* Require the board to provide a written explanation upon denial of a request to join the program.
 - **No Framework for Program Completion or Terms:** The regulation does not outline what constitutes successful participation or graduation from the program.
 - *Suggestion:* Include basic expectations for monitoring, duration, and completion requirements to ensure licensees understand the path to recovery.
 - **Confidentiality Caveat:** While I support confidentiality, the phrase "except as required by law" is vague.
 - *Suggestion:* Clarify in the regulation what kinds of disclosures may override confidentiality (e.g., patient harm, felony charges, court orders).
-

3. Additional Considerations

- **Licensure Verification for Multi-State Nurses:** The requirement for verification from each jurisdiction during a lapse may be overly burdensome for nurses previously licensed in many states.
 - *Suggestion:* Permit use of NURSUS or similar national databases to streamline multi-state verification, where applicable.
-

Conclusion

These proposed changes represent a strong step forward, but with small revisions could better safeguard licensee rights, reduce procedural risk to the board, and enhance transparency and accountability.

Thank you for your time and for the opportunity to provide input.

Sincerely,
Susan Allmeroth

Two Rivers
Myself

From: [Sam White](#)
To: [Regulations and Public Comment \(CED sponsored\)](#)
Subject: Re: [CBPLRegulations4] Notice of Proposed Regulations (Alaska Board of Nursing 12 AAC 44.320; 44.740)
Date: Wednesday, May 21, 2025 11:16:02 AM

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Thank you!

On Wed, May 21, 2025, 9:45 AM Regulations and Public Comment (CED sponsored) <regulationsandpubliccomment@alaska.gov> wrote:

Dear Licensee,

The Alaska Board of Nursing proposes to update regulations on temporary permits for reinstatement applications, and requirements for a licensee to participate in an alternative probation program.

For more information, please open the attached copy of the public notice and draft of the proposed regulation changes. Please click the following link to view the [Frequently Asked Questions](#) for this project. This link is also provided on the Board of Nursing webpage, and as an attachment on the Online Public Notice system.

Thank you,

Board of Nursing

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Alaska Board of Nursing Executive Session



The public attendees will wait in the waiting room.

Alaska Board of Nursing



Break

Alaska Board of Nursing

Agenda Item #14



Division Updates

Alaska Board of Nursing

Agenda Item #15



Medical Spa Taskforce Update



Medical Spa Services Frequently Asked Questions DRAFT 7-11-25

This document is intended to assist in interpretation of Alaska statutes and regulations regarding various medical spa services. This draft will be reviewed from time to time by the [Medical Spa Services Work Group](#), then circulated to relevant professional licensing boards for final approval prior to publication. This work draft should not be relied upon as a final interpretation or alternative to the law. Certain regulations are included below; always review the entirety of statutes and regulations of the appropriate programs and seek attorney assistance when needed. Last Medical Spa Services Work Group review: June 11, 2025

MEDICAL DIRECTOR AND CLINIC OVERSIGHT

- **What is a medical spa?**

A “medical spa” is not a term specifically recognized in Alaska law, though the services rendered and personnel performing them may be regulated by one or more professional licensing boards. For the purpose of this FAQ, a “medical spa” is a popular term of art describing a clinic where medical procedures and services may be delivered, albeit in a more casual or consumer-focused setting than a traditional clinic and potentially alongside nonmedical services. Medical spas themselves are not specifically regulated as a unique *entity* by the state, though licensees advertising or performing medical or esthetics services and procedures are. A medical facility regulated by the [Department of Health](#) that offers medical spa services may have additional requirements than those outlined in this FAQ.

The term “medical spa services” is also not specifically defined in Alaska law. For the purpose of this analysis, examples of medical spa services include, but are not limited to, all aspects of oversight, diagnosis, prescription, administration, and follow-up care for elective cosmetic and wellness-related medical activities if performed outside a traditional medical setting. Some of the services reviewed by the [Medical Spa Services Work Group](#) are discussed below.

- **Who may serve as the “medical director”?**

“Medical director” is not a term specifically found in Alaska law. Within this context, a medical director is considered anyone who has the legal authority to supervise or delegate medical or nursing activities: A physician or physician assistant licensed by the [Alaska State Medical Board](#) or an advanced practice registered nurse licensed by the [Alaska Board of Nursing](#) and operating within a population focus with a lifespan scope. An APRN may not practice outside of their designated population focus.

A person serving as the medical director of a spa or clinic providing services requiring professional licensure takes on the responsibility of ensuring delegation is appropriate under state law and within their own scope of practice, including ensuring the appropriateness of any licensing, training, and education of persons to whom they are delegating.

A registered nurse, licensed practical nurse, chiropractor, dentist, physical therapist, massage therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, determine, or

delegate treatment for a patient in a general medical spa or IV hydration clinic setting. Refer to the individual scopes of practice for these licenses and certifications.

- **What services may a physician or physician assistant delegate, and what are those requirements?**
12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler, autotransplanting biological materials, or treating with chemical peels below the dermal layer, or hot lasers, by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

Otherwise, if a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications--both of which as determined within reason by the licensee under statute or regulation--then the delegation is permissible.

What procedures are *permissible and not permissible* to be delegated are spelled out at 12 AAC 40.920(e) and (f):

(e) Routine medical duties that may be delegated to another person under the standards set out in this section means duties that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional medical knowledge or judgment;
- (3) do not require the exercise of complex medical skills;
- (4) have a standard procedure and predictable results; and
- (5) present minimal potential risk to the patient.

(f) Duties that require the exercise of professional medical knowledge or judgment or complex medical skills may not be delegated. Duties that may not be delegated include

- (1) the assessment of the patient's medical condition, and referral and follow-up;
- (2) formulation of the plan of medical care and evaluation of the patient's response to the care provided;
- (3) counseling of the patient and the patient's family or significant others regarding the patient's health;
- (4) transmitting verbal prescription orders, without written documentation, from the patient's health care provider;
- (5) duties related to pain management and opioid use and addiction;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) the initiation administration, and monitoring of procedural sedation;
- (8) assessing sterile wound or decubitus ulcer care;
- (9) managing and monitoring home dialysis therapy;
- (10) oral tracheal suction;
- (11) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (12) placement and administration of nasogastric tubes and fluids;
- (13) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition; and
- (14) the administration of injectable medications, unless
 - (A) it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967(33); and
 - (B) all other provisions of this section are met; and
 - (C) the delegating physician, podiatrist, osteopath, or physician assistant is immediately available on site.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how a medical director makes those assessments are substantially addressed for medicine at 12 AAC 40.920(a) – (d):

(a) A physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64 may delegate the performance of routine medical duties to an agent of the physician, podiatrist, osteopath, or physician assistant, if the following conditions are met:

- (1) the duty to be delegated must be within the scope of practice of the delegating physician, podiatrist, osteopath, or physician assistant;
- (2) a licensed physician, podiatrist, osteopath, or physician assistant must assess the patient's medical condition and needs to determine if a duty for that patient may be safely delegated;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the delegating physician, podiatrist, osteopath, or physician assistant determines that the person to whom a duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated duty would not require the person to whom it is delegated to exercise professional medical judgment or have knowledge of complex medical skills;
- (7) the delegating physician, podiatrist, osteopath, or physician assistant provides to the person, with a copy maintained on record, written instructions that include
 - (A) a clear description of the procedure to follow to perform each task in the delegated duty;
 - (B) the predicted outcomes of the delegated task;
 - (C) procedures for observing, reporting, and responding to side effects, complications, or unexpected outcomes in the patient; and
 - (D) the procedure to document the performance of the duty in the patient's record.

(b) A physician, podiatrist, osteopath, or physician assistant who has delegated a routine duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another physician, podiatrist, osteopath, or physician assistant may assume delegating responsibilities from the delegating physician, podiatrist, osteopath, or physician assistant if the substitute physician, podiatrist, osteopath, or physician assistant has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original or substitute delegating physician, podiatrist, osteopath, or physician assistant shall remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication.

(c) The delegation of a routine duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The physician, podiatrist, osteopath, or physician assistant who delegated the routine duty to another person remains responsible for the quality of the medical care provided to the patient.

In every consideration of delegation, the delegating physician or physician assistant must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. The AMA Code of Ethics adopted by reference by the Medical Board at 12 AAC 40.955 provides useful guidance as to what appropriate professional judgment looks like in a medical director who is licensed under AS 08.64.

- **What services may an advanced practice registered nurse delegate, and what are those requirements?**

If a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications--both of which as determined within reason by the licensee under statute or regulation--then the delegation is permissible.

The board has formally adopted a regulation regarding scope of practice that generally refers to activities allowable by an APRN, in addition to other requirements pertaining to licensure in the APRN's population focus, prescriptive authority, etc.:

12 AAC 44.430. SCOPE OF PRACTICE. The board recognizes advanced and specialized acts of nursing practice as those described in the scope of practice statements published by national professional nursing associations recognized by the board for advanced practice registered nurses certified by the national certification bodies recognized by the board.

The procedures that are *permissible* to be delegated to unlicensed persons are fairly well spelled out in 12 AAC 44.955, .960, .965, .966, .970, .975.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how an APRN makes those assessments are substantially addressed for nursing at 12 AAC 44.950 and .975.

12 AAC 44.950. Standards for delegation of nursing duties to other persons

(a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met:

- (1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse;
- (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills;
- (7) the nurse provides to the person, with a copy maintained on record, written instructions that include
 - (A) a clear description of the procedure to follow to perform each task in the delegated duty;
 - (B) the predicted outcomes of the delegated nursing task;
 - (C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and
 - (D) the procedure to document the performance of the nursing duty in the patient's record.

(b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication.

(c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

12 AAC 44.955 Delegation of routine nursing duties

(a) Routine nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. Routine nursing duties are those that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional nursing knowledge or judgment;
- (3) do not require the exercise of complex nursing skills;
- (4) have a standard procedure and predictable results; and

- (5) present minimal potential risk to the patient.
- (b) Routine nursing duties that may be delegated include
 - (1) monitoring bodily functions;
 - (2) taking and recording vital signs;
 - (3) transporting patients;
 - (4) non-invasive collection and testing of physical specimens;
 - (5) measuring and recording fluid and food intake and output; and
 - (6) personal care tasks such as bathing, oral hygiene, dressing, toileting, assisting with eating, hydrating, and skin care.

12 AAC 44.960 Delegation of specialized nursing duties

- (a) Specialized nursing duties are those duties that do not require professional nursing education to correctly perform, but require more training and skill than routine nursing duties. Specialized nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950.
- (b) Specialized nursing tasks that may be delegated include
 - (1) changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
 - (2) assisting patients with self-medication;
 - (3) obtaining blood glucose levels;
 - (4) suctioning of the oral pharynx;
 - (5) providing tracheostomy care in established, stable patients;
 - (6) removal of internal or external urinary catheters;
 - (7) adding fluid to established gastrostomy tube feedings and changing established tube feeding bags; and
 - (8) placing electrodes and leads for electrocardiogram, cardiac monitoring, and telemetry.
- (c) A nurse who delegates a nursing duty to another person under this section shall develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the other person. The delegating nurse shall evaluate a continuing delegation as appropriate, but must perform an evaluation on-site at least once every 90 days after the delegation was made. The delegating nurse shall keep a record of the evaluations conducted.

12 AAC 44.970. Nursing duties that may not be delegated.

Nursing duties that require the exercise of professional nursing knowledge or judgment or complex nursing skills may not be delegated. Nursing duties that may not be delegated include

- (1) the comprehensive assessment of the patient by a registered nurse, and referral and follow-up;
- (2) the focused assessment of the patient by a licensed practical nurse;
- (3) formulation of the plan of nursing care and evaluation of the patient's response to the care provided;
- (4) health education and health counseling of the patient and the patient's family or significant others in promoting the patient's health;
- (5) receiving or transmitting verbal, telephone, or written orders from the patient's health care provider;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) providing and assessing sterile wound or decubitus ulcer care;
- (8) managing and monitoring home dialysis therapy;
- (9) oral tracheal suction;
- (10) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (11) placement and administration of nasogastric tubes and fluids;
- (12) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition;
- (13) except as provided in 12 AAC 44.966, the administration of injectable medications.

12 AAC 44.975. Exclusions

The provisions of 12 AAC 44.950 – 12 AAC 44.970 apply only to the delegation of nursing duties by a nurse licensed under AS 08.68; they do not apply when nursing duties have not been delegated, including when a person is acting

- (1) within the scope of the person’s own license;
- (2) under other legal authority; or
- (3) under the supervision of another licensed health care provider.

In every consideration of delegation, the delegating physician or physician assistant must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. In addition to the statutes and regulations of the board, we can usually turn to the code of ethics adopted by the board in regulation as an additional standard. The Board of Nursing has not officially adopted a code of ethics in regulation; however, nurses informally lean on codes published by national nursing associations that generally echo the same principles.

Note that 12 AAC 44.770 spells out unprofessional conduct, including a list of examples. Nursing conduct that could adversely affect the health and welfare of the public constitutes unprofessional conduct under AS 08.68.270(7).

- **Does the medical director need to be onsite? When is telemedicine allowed?**

The medical director must remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication. An initial consultation with a patient may happen via telecommunication. During medical procedures, a person with the appropriate level of licensure to perform the procedure and manage emergencies according to established facility protocols should always be onsite. Medical director should be immediately available (by phone or text) in case of complications.

- **Who can perform patient evaluations, diagnose conditions requiring treatment, and make treatment recommendations?**

A physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. Registered nurses, licensed practical nurses, medical assistants, and other persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse in performing their patient evaluation.

Although medical spas may offer services that are not medically necessary, or they may consider themselves “wellness”—rather than medical—institutions, the medical cosmetic procedures and hydration services they provide fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing.

- **Who can obtain, prescribe, administer, or dispense prescription medicines and products?**

A licensee with prescriptive authority and who is practicing within their scope, such as a physician, physician assistant, or advanced practice registered nurse. Delegation requirements are spelled out in the statutes and regulations of each board. A dentist may do so within the practice of dentistry, which does not include most esthetics procedures.

Standing orders are unique to each patient. They may not be generally given for a class or group of patients. Any changes to an individual’s standing orders must include evaluation and written changes by the medical director or other provider in the practice who is an Alaska-licensed physician, physician assistant, or advanced practice registered nurse.

- **What are the requirements for medical recordkeeping, HIPAA, etc.?**

Medical spas and hydration clinics must adhere to all recordkeeping standards relevant to the practitioner's license, state and federal laws, and other standards that may apply to their individual situations, such as insurance requirements. Each facility should have a written protocol for recordkeeping.

- **What is the legal risk for a medical director?**

The risk is the same as it would be for any practitioner within any other medical practice. If a licensee delegates authority to another person, they also assume the risk associated with actions by that individual. If the medical director is also the owner of the facility, additional liabilities regarding the workplace or public access may apply.

Any facility where medical services are provided should have written emergency protocols, both to address general crises and those specific to the potential risks of the procedures performed. Providers should be trained on monitoring patients for adverse outcomes and how to respond in case of an emergency. The medical director should always be available onsite or by telecommunication.

EMTs AND PARAMEDICS

The State EMS Medical Director and State EMS Medical Direction Committee are solely responsible for the scope of practice and medical direction for EMS and Paramedics in the state. The scope of practice for these individuals is limited to procedures authorized in regulation or by the EMS Medical Director.

The activities of these personnel are contemplated within the context of basic or advanced life support (ALS) and only under the supervision of a sponsoring physician. There is currently no authorization for certified EMS personnel or Paramedics to practice advanced procedures outside of ALS activities, such as performing procedures authorized within their certification while employed at a medical spa. Doing so can constitute a breach of the EMS regulations, placing an ALS EMS clinician at professional risk.

ESTHETICS

1. **What services may an Alaska-licensed esthetician provide under their own license?**

A person providing esthetics services must be licensed as an esthetician by the [Alaska Board of Barbers and Hairdressers](#) or be licensed in Alaska as a health care professional. Certain limited exceptions may apply; please refer to AS 08.13.160(d). Holding a "license" or "certification" by the manufacturer of an esthetics device does not in itself authorize the individual to legally use that device on another person. With limited exception, estheticians must practice in a shop licensed by the board.

Per AS 08.13.220, "esthetics" means the use of the hands, appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing, stimulating, or similar work on the scalp, face or neck, including skin care, make-up, and temporary removal of superfluous hair, for cosmetic purposes for a fee.

12 AAC 09.990(b) clarifies the definition of "appliances":

(1) "appliances" in the field of esthetics means only those devices used to stimulate natural physiological processes intended to improve the health and appearance of a person's skin; a device

- (A) operates within the manufacturer's guidelines;
- (B) does not directly ablate or destroy live tissue;
- (C) does not involve an incision into skin beyond the epidermis; and
- (D) is not defined as a Class III or Class IV laser device under 21 C.F.R. 1040.10, revised as of April 2, 2018, and adopted by reference;

2. **What esthetics services may an Alaska-licensed hairdresser provide under their own license?**

A person licensed by the [Alaska Board of Barbers and Hairdressers](#) to practice hairdressing is considered to be licensed to practice manicuring, hair braiding, and limited esthetics under the same license. Per AS 08.13.220, "limited esthetics" means to perform for a fee for cosmetic purposes temporary removal of superfluous hair on the face or neck, including eyebrow arching by use of wax; or application of makeup or false eyelashes. With limited exception, hairdressers must practice in a shop licensed by the board.

3. What are “advanced esthetics services” and who may provide them?

The term “advanced esthetics services” is not defined under Alaska law. For the purposes of the Medical Spa Services Work Group and related boards, the term refers to any procedure or service that falls outside of the scope of an Alaska-licensed esthetician, above.

Licenses or certifications in other jurisdictions, by private companies, or by manufacturers of beauty or health care products do not qualify individuals to practice esthetics, nursing, or medicine in Alaska. Persons who do not hold an Alaska license and persons who are licensed and considering performing services outside of their scope should review whether the services or procedures—or the promotion of such services or procedures—qualifies as the practice of medicine under AS 08.64.380 or nursing under AS 08.68.850.

As noted above, the Medical Board has specifically opined that the treatment with chemical peels below the dermal layer or use of hot (ablative) lasers is the practice of medicine and can only be delegated by a physician to a health care provider appropriately trained and licensed to perform the procedure.

AS 08.64.380 (6) "practice of medicine" or "practice of osteopathy" means:

- (A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;
- (B) to use or publicly display a title in connection with a person's name including "doctor of medicine," "physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

AS 08.68.850 (9) "practice of advanced practice registered nursing" includes, in addition to the practice of registered nursing, the performance of acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board;

AS 08.68.850 (10) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

AS 08.68.850 (11) "practice of registered nursing" means the performance for compensation or personal profit of acts of professional service that requires substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include

- (A) assessment of problems, counseling, and teaching
 - (i) clients to maintain health or prevent illness; and
 - (ii) in the care of the ill, injured, or infirm;
- (B) administration, supervision, delegation, and evaluation of nursing practice;
- (C) teaching others the skills of nursing;
- (D) execution of a medical regimen as prescribed by a person authorized by the state to practice medicine;
- (E) performance of other acts that require education and training that are recognized by the nursing profession as properly performed by registered nurses;
- (F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board;

IV HYDRATION

1. What are the general practice requirements for an IV hydration clinic?

An IV hydration clinic in any form and in any location is considered a medical clinic and must follow all state and federal standards applicable to any other general health care facility.

2. Who may evaluate, diagnose, and determine treatment for a patient?

As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. This assessment may be performed in person or through telecommunication but may not be delegated.

Although medical spas may offer services that are not medically necessary or consider themselves “wellness”—rather than medical—institutions, the medical cosmetic procedures and hydration services they provide fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing.

3. Who may order, and administer substances delivered intravenously?

Substances administered intravenously, including but not limited to saline and vitamins, require a prescription under federal law. A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may only order and administer prescription substances for use within the practice of dentistry. A chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive authority may not order or administer prescription medication. Refer to the statutes and regulations for each license type for details about each scope of practice.

12 AAC 40.920(f) and (g) prevents a physician or physician assistant from delegating the initiation, administration, and monitoring of intravenous therapy, including blood or blood products. A person with the authority to perform these procedures under the scope of their own license is not restricted from doing so as long as these duties have not been delegated.

A medical director may delegate placing and starting an IV to a registered nurse or licensed practical nurse with an appropriate course of training on administering intravenous medication.

4. What are the compounding requirements for IV hydration clinics?

[USP <797>](#) governs sterile compounding within the United States. Conditions for sterile compounding are outlined in this federal guidance, including standards for sterile “immediate use” (mixing and using within four hours) and use of a clean room if prepared outside of the immediate use window.

A registered nurse may add an appropriate substance to an IV bag per the medical director order for a specific patient, following USP standards.

BOTOX, FILLERS, and OTHER COSMETIC INJECTABLES

1. Who may evaluate, diagnose, and determine treatment for a patient?

As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. This assessment may be performed in person or through telecommunication but may not be delegated.

2. Who may order and administer cosmetic injectables?

A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may order and administer Botox within the scope of practice of dentistry, such as to treat symptoms of TMJ. A dental hygienist is not allowed to administer Botox, fillers, or other cosmetic injectables.

12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

The Board of Nursing has issued an advisory opinion on cosmetic injectables;

https://www.commerce.alaska.gov/web/Portals/5/pub/NUR_AO_Medical_Aesthetic_2024.pdf

An esthetician, chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive authority may not order prescription medication. They may not administer prescription medication without proper delegation. Refer to the statutes and regulations for each license type for details about each scope of practice.



Medical Spa Services Work Group

Alaska Division of Corporations, Business and Professional Licensing

Minutes for Wednesday, June 11, 2025, at 4:00 PM AKDT

Held via Teams videoconference

Work group members present: April Erickson, Board of Nursing; Ramsey Bell for Ashley Schaber, Board of Pharmacy; Shannon Thompson, Board of Barbers and Hairdressers; John Lloyd, Board of Chiropractic Examiners; David Paulson, State Medical Board

Work group members excused: Kenley Michaud, Board of Dental Examiners

Staff present: Sara Chambers, facilitator; Sylvan Robb, Reid Bowman, Natalie Norberg, Patty Wolf

Members of affiliated boards present: Kevin McKinley and Mae Canady, Board of Barbers and Hairdressers

Public: Approximately half a dozen members of the public were present.

CALL TO ORDER

As facilitator, Ms. Chambers called the Work Group to order at 4:00 p.m. by calling the roll. She noted that a quorum was present and welcomed staff and members of the public who were present. She mentioned that Dr. Michaud could not attend the meeting due to a work commitment, which he had shared with the group when the meeting was scheduled.

She clarified the purpose of the Work Group:

- Identify “lifestyle enhancement” services that have a medical nexus and are currently performed or likely to be performed outside of a medical clinic or without appropriate supervision.
- Identify existing statutes and regulations that govern current requirements for training, licensure, and supervision of these procedures.
- Clarify how licensing boards could—jointly or in part—explain existing statutes and regulations that would help the public and licensees understand how these procedures should be safely administered according to the current laws of the state.
- Suggest changes in statute that would allow defensible and transparent pathways forward for appropriately trained and supervised individuals to provide these services without imposing undue economic or regulatory barriers.
- Carry forward Work Group updates and work products to the member boards for their subsequent review and action.

AGENDA OVERVIEW

Ms. Chambers outlined the meeting agenda, which included a review of an FAQ summarizing the group's work and a discussion on Botox, fillers, and cosmetic injectables. She emphasized the importance of staying on task and invited public comments.

REVIEW CORRESPONDENCE and PUBLIC COMMENT

No public comment or correspondence was received for review.

BOTOX AND COSMETIC INJECTABLES DISCUSSION

Ms. Chambers led a discussion on Botox, fillers, and cosmetic injectables, focusing on who can evaluate, diagnose, and administer these treatments. The group agreed that physicians, physician assistants, and APRNs are qualified to perform these tasks. Dr. Paulson raised a question about dentists' ability to use Botox for cosmetic procedures. Ms. Chambers clarified that the Board of Dental Examiners had explored this topic within the last year and determined dentists, but not dental hygienists, can use Botox within the scope of dentistry, such as for TMJ treatment, but not for general cosmetic purposes. Dr. Erickson supported this clarification.

Delegation and Certification: The group discussed the delegation of tasks to medical assistants and the certification requirements for administering injectables. Ms. Wolf provided information on a specific regulation (12 AAC 44.966) that allows APRNs to delegate injectable medication administration to certified medical assistants. However, upon discussion, it did not seem that the restriction to an “ambulatory care” setting was relevant to medical spas. There was also a question about whether this would be relevant to Botox placement since that is a different procedure than a typical injectable medication. Dr. Erickson will take this topic back to the Board of Nursing to see if additional definition or clarification would be helpful.

Dr. Paulson was interested in exploring licensure of medical assistants beyond the private certification currently addressed in Board of Nursing regulations. Ms. Chambers recounted the proposed legislation attempting to license medical assistants in or around 2018, which was defeated by the medical industry. Dr. Erickson mentioned that medical assistant training was a topic the Board of Nursing was already discussing.

DRAFT MEDICAL SPA SERVICES FREQUENTLY ASKED QUESTIONS REVIEW

The group walked through most of the areas of the draft FAQ Ms. Chambers had provided, stating that for the most part, they thought it was well-written and was ready for further review by each board.

Medical Director and Clinic Oversight: Ms. Chambers explained the roles and responsibilities of a medical director, emphasizing that they must have the legal authority to supervise or delegate medical or nursing activities. She clarified that “medical spa” and “medical director” are not legally defined in the state. The group discussed the qualifications and scope of practice for medical directors, with concerns raised by Dr. Paulson and Dr. Erickson regarding whether a physician assistant could serve as a medical director since they cannot practice independently. Ms. Chambers said she would note that concern for the Medical Board to discuss, particularly whether that service could be included in the collaborative agreement and, if so, what the legal impact would be to the supervising physician.

Chiropractic Scope of Practice: Dr. Lloyd raised concerns about the inclusion of laser and tattoo removal services in the FAQ, arguing that these services fall within the scope of chiropractic practice. The group discussed who would be “an appropriate health care provider trained and licensed under AS 08 to perform the treatment” per the Medical Board’s regulation 12 AAC 40.967(32). There was also discussion about whether chiropractic statutes and regulations permitted or prohibited these practices. They agreed to seek clarification from the Medical Board on this issue. Dr. Lloyd also asked how other practices that are not specifically called out in statute or regulation are regulated, such as acoustical soundwave therapy for treatment of erectile dysfunction. He said he did not agree that use of lasers is restricted to those who hold a medical license; it is part of the practice of chiropractic since it addresses whole body wellness. Ms. Chambers said she would request clarification on that and reiterated that the current goal of this work group is to clarify what the existing statutes and regulations say about common medical spa practices; proposed changes to current statutes and regulations can be addressed in the near future.

EMS Professionals and Work in Medical Spas

Ms. Chambers mentioned that she worked with the State EMS Medical Director to clarify that EMS professionals and paramedics may not work within a medical spa setting. It is not covered within their license and puts their certification at risk.

Future Meetings

Ms. Chambers encouraged work group members to provide feedback and announced plans to schedule a follow-up meeting in mid-July, pending feedback from the Department of Law on the questions raised at this meeting. The goal would be to perfect a draft for each board to review at their upcoming August meetings.

ADJOURN

Having no further business to come before it, the work group adjourned the meeting at approximately 5:00 p.m.

Alaska Board of Nursing



For the Good of the Order

Alaska Board of Nursing



Chair Final Comments/Adjourn