



**Nurse Aide Registry**  
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8161  
Email: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [Nursing.Alaska.Gov](http://Nursing.Alaska.Gov)

## Verification of Employment

**12 AAC 44.815:** *A nurse aide certification will be renewed if the applicant was employed in a state or territory of the United States, or in a province of Canada as a certified nurse aide for monetary compensation for 160 hours or more during the concluding licensing period of April 1, 2014 through March 31, 2016.*

Complete this top part and then forward it to the employer for completion of the bottom portion. This form must be attached to your renewal application. Renewal applications submitted without a completed Verification of Employment form will be held in a pending status, and will not be processed until this form is received.

→ **Applicant:** If you are self-employed, you may submit a Verification of Employment form completed by a client for whom you provided services, a client's legal guardian, or by one of your client's health care providers (physician, nurse, case manager, etc.). A certified copy of the health care reimbursement document that reflects payment for services provided, or other such documentation, may be considered on a case-by-case basis.

**This is my authorization to release information as necessary to complete this form for compliance with the nurse aide renewal requirement:**

<b>Full Legal Name</b>		<b>Certificate Number</b>	
<b>Mailing Address</b>			
<b>Applicant's Signature</b>		<b>Date of Signature</b>	

→ **Employer:** Please complete this bottom part for the applicant identified above and return the form back to the application to attach to the renewal application.

I hereby certify that \_\_\_\_\_ worked as a certified nurse aide for monetary compensation for at least \_\_\_\_\_ hours between the dates of April 1, 2014 and March 31, 2016.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_