



## Online Instructions

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference.

**Only Licensed Practical Nurses (LPN), Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN) may use this form to apply for an Emergency Courtesy License.**

*In an urgent situation, the board will issue an emergency courtesy license to practice nursing to an applicant who meets the requirements of this section. The board may restrict the license to only those nursing services required to respond to the urgent situation. The licensee may not practice nursing outside the scope of the limited purpose for which the emergency courtesy license is issued. "Urgent situation" means a health crisis requiring an increased availability of nurses or nurses with specialized education. — Sec. 12 AAC 44.318*

One emergency courtesy license may be issued per individual within an 18-month period. The license is valid for the period specified by the board and may not exceed 120 consecutive days. An emergency courtesy license may be renewed for one additional period specified by the board, not to exceed 120 consecutive days.

The board will not issue, and an emergency courtesy license holder may not use, an emergency courtesy license as a substitute for a temporary license or other license required under AS 08.68.

**The following must be received by the division before your application can be reviewed:**

**1. APPLICATION**

A completed, signed, and notarized application.

**2. FEES**

Payment of the required fees in accordance with 12 AAC 02.280.

Non-refundable Application Fee: \$50

Emergency Courtesy License Fee: \$50

**3. LICENSE VERIFICATION**

Verification of a current license in good standing to practice nursing in another state or jurisdiction including verification that the applicant is not under investigation in the state or jurisdiction in which the applicant is licensed.

You must hold a current license in another state or Canadian province to be eligible for an emergency courtesy nursing license in Alaska. This license must be current at the time the board issues the emergency courtesy license. An inactive status is not a current license.

APRN Applicants: A certified true copy of your current APRN license showing the current expiration date and notary seal must be submitted.

**“YES” RESPONSES:**

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

**PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at *ProfessionalLicense.Alaska.gov* under License Search.

**ADDRESS OR NAME CHANGE:**

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

**SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the Division for a copy of the form.

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

**REGULATIONS SPECIALIST**

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



THE STATE of ALASKA

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

NUR

FOR DIVISION USE ONLY

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

(907) 269-8161

Email: BoardofNursing@Alaska.Gov

Website: Nursing.Alaska.Gov

Notary Signature Page

Applicant Name: [ ]

PART VIII Notarized Signature

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

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

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

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Table with 4 columns: Notary Stamp, Applicant's Printed Name, Applicant's Signature, Notary Public for State of, Subscribed and Sworn to Before me on this Day, Notary's Signature, My Commission Expires.



**Alaska Board of Nursing**  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99501  
Phone: (907) 269-8161 • Fax: (907) 269-8196  
Email: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [nursing.alaska.gov](http://nursing.alaska.gov)

## Authorization to Discuss Application and Share Information

Nursing Board staff is authorized to communicate only with the applicant. If the applicant is using a credentialing agency, or is accepting assistance from a staffing or employment agency, then the Board staff must have a signed release from the applicant to discuss the application and share information.

If you wish to authorize such a communication, please complete this form and file with your application.

<b>Name of Applicant</b>			
<b>Profession</b>	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> NP, CNS, CNM, CRNA <input type="checkbox"/> CNA
<b>Applicant's Email</b>		<b>Phone</b>	
<b>Authorized Agency</b>		<b>Phone</b>	
<b>Authorized Agent</b>		<b>Email</b>	

I hereby authorize staff of the Alaska Board of Nursing to share and exchange information relating to my licensing application with the above-named authorized agent and agency.

This release applies to status updates and documents and information required to complete my application for licensure in the State of Alaska.

**Applicant's Signature:**

**Date:**

### Information for credentialing, staffing or employment agencies:

- *Licensing staff will respond to one inquiry from agencies each week. Staff will respond as quickly as possible, though it may not be possible to respond the same day as the inquiry is received. More than one inquiry per week will not be accepted.*
- *Applicants are sent a written status letter and may contact staff to query application status at any time.*
- *The Board will not accept applications that list an agency address as the practice address, and will likewise not accept the telephone numbers or email addresses for such agencies as the applicant's own. The Board may only accept those addresses, phone numbers, and email addresses if the applicant is actually practicing in that office. Alaska law requires the applicant to provide their information, not the agency information.*