



THE STATE  
of

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

**Nurse Aide Registry**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/NurseAideRegistry](http://ProfessionalLicense.Alaska.Gov/NurseAideRegistry)

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## Certified Nurse Aide by Endorsement Application Instructions

Alaska Statute 08.68 is the statute related to nursing in Alaska; 12 AAC 44.800-12AAC 44.895 are the regulations set forth by the Board of Nursing that govern certified nurse aides. Read the application instructions, statutes, and regulations before completing your application.

### REQUIREMENTS

An applicant is eligible for certification as a nurse aide by endorsement if the applicant meets ALL the following requirements:

1. Proof of successful completion of a state-approved certified nurse aide training program that meets minimum federal standards.  
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152>

- AND -

2. Possession of an unencumbered nurse aide certification or registration issued by a state or territory of the United States, or by a province or territory of Canada, that is current on the date the application is approved by the Board of Nursing;

\*If applicant does not have a current certificate but has completed a CNA program in the last 2 years, they may be eligible for certification by exam.

- AND -

3. Successful completion of a competency evaluation.

***The following must be received by the division before your application for Certified Nurse Aide by Endorsement can be reviewed:***

#### 1. APPLICATION

A signed, completed application (#08-4070, pages 1-4).

#### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
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Certification Fee:	\$100.00
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Nonrefundable Fingerprint Processing Fee:	\$ 75.00
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<b>Total Fees Due:</b>	<b>\$275.00</b>
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#### 3. VERIFICATION OF NURSE AIDE TRAINING OR NURSING SCHOOL TRAINING

Complete Section I of the Verification of Nurse Aide Training form (#08-4070b). Submit the form to the school or facility where you completed your nurse aide training program. The training program will complete the form and return it to the Alaska Nurse Aide Registry.

#### 4. VERIFICATION OF NURSE AIDE CERTIFICATION

Complete Section I of the Verification of Nurse Aide Certification form (#08-4070c). Submit the form to the Nurse Aide Registry for your **initial and current state of certification**. The Nurse Aide Registry will complete the form and return it to the Alaska Nurse Aide Registry.

## 5. FINGERPRINT & BACKGROUND CHECK

Submit one original 8" x 8" fingerprint card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. The fingerprint card submitted as part of this application should be sent directly to the Alaska Board of Nursing (550 W. 7th Ave., Ste. 1500 Anchorage, AK 99501) who will submit it to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).

The fingerprint card will be rejected, and a new card and fee may be required for any of the following reasons:

- Incorrect type of card
- Incomplete or incorrect personal information or signatures
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at [www.FBI.gov](http://www.FBI.gov) (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may be directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>. Challenges may be given no later than 30 days after you have been notified by DPS of an adverse report.

## 6. ENGLISH PROFICIENCY

If you graduated from a foreign prelicensure education program NOT taught in English, you must submit ONE (1) of the following:

- (A) verification you have passed an English proficiency examination that includes components on reading, speaking, writing, and listening;
- (B) an evaluation of your nursing education by the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service (CGFNS), including a full education, course-by-course report that indicates your nursing education was taught in English; or
- (C) an official International Commission on Healthcare Professions (ICHP) certificate that verifies you have successfully completed the VisaScreen: Visa Credential Assessment Service.

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

## General Information

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### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the applicant may take the exam. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **CERTIFICATION TERM:**

Certificates are issued for a two-year period and expire on March 31 of even-numbered years, regardless of the date of issuance, except certificates issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 60 days before certification expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a certificate holder from the responsibility of renewing a certificate on time.

### **PROFESSIONAL FITNESS QUESTIONS:**

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### **DENIAL OF APPLICATION:**

The denial of an application for certification may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:**

It is the applicant's responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the certificate must be your current legal name. The name change notification form is available on the division's website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

A U.S. Social Security Number must be on file with the division before a professional certificate is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.060)

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

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

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### **BUSINESS LICENSES:**

The status of a professional certificate will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. A professional certificate does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional certificate is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov*.

### **PAYMENT OF CHILD SUPPORT:**

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

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division's website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.



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## Certified Nurse Aide by Endorsement Application

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Application, Certification and Fingerprint Processing Fee (\$175 is Non-Refundable)	<b>\$275.00</b>
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### PART II Personal Information

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you do not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.			
<b>Email Address:</b>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

### PART III Education

<b>Name of Nurse Aide Training Program:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Length of Program:</b>		<b>Type of Program:</b> (Check One)	<input type="checkbox"/> Facility Based <input type="checkbox"/> Non-Facility Based
<b>Date Entered:</b> (mm/yyyy)		<b>Date Completed:</b> (mm/yyyy)	

## PART IV English Proficiency

Select ONE (1) of the following:

- ☐ I did NOT graduate from a foreign prelicensure education program.
- ☐ I am a graduate of a foreign prelicensure education program that was taught in English.
- ☐ I am a graduate of a foreign prelicensure education program that was NOT taught in English. I understand I must meet one of the requirements listed in 12 AAC 44.800(a)(2).

## PART V Certification History

Provide the state/jurisdiction you obtained initial certification. Indicate the last name on your certificate, if different than your current name.

State/Jurisdiction:

Have you taken and passed a competency evaluation?

☐ Yes ☐ No

Is the initial certification listed above a current, active certification?

☐ Yes ☐ No

If no, provide the state you obtained your current, unencumbered professional certification.

State/Jurisdiction:

Status:  
(Active, Probation, Etc.)

## PART VI Fingerprints and Background Reports

- ☐ I hereby certify I have read and understand my fingerprint card will be sent to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).
- ☐ I understand the fingerprint card will be rejected and a new card and fee may be required for any of the following reasons:
  - Incorrect type of card
  - Incomplete or incorrect personal information or signatures
  - Improperly rolled prints

## PART VII Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.68 and 12 AAC 44).

## PART VIII Professional Fitness Questions (AS 08.68.334 and 12 AAC 44.810)

The following questions must be answered. "Yes" answers may not automatically result in certification denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

1. Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject to any other restriction or disciplinary action? ☐ Yes ☐ No
2. Have you ever been convicted of a misdemeanor or felony? (Convictions include "suspended impositions of sentence.") ☐ Yes ☐ No
3. Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or for any violation or alleged violation of the Nursing Practice Act, or unprofessional or unethical conduct? ☐ Yes ☐ No
4. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a nurse aide in a competent, ethical and professional manner? ☐ Yes ☐ No
5. Are you currently participating in an alcohol and/or drug treatment program or been diagnosed with a substance use disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? ☐ Yes ☐ No

"Yes" Answers

**If you answered "yes" to questions 4 or 5** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a nurse aide. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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## Signature Page

Applicant Name:		
Alaska Certificate Number (if known):		<input type="checkbox"/> Application in Process

### PART IX Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

Applicant Signature:		Date Signed:	
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## Verification of Nurse Aide Training



**Applicant:**

Complete the identifying information below and forward a copy of this form to the facility or school where you received your nurse aide training. The facility or school will then mail or email the completed form directly back to the Alaska Board of Nursing, Nurse Aide Registry.

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Maiden or Other Names Used:</b>			



**Training Program:**

Complete this bottom part of the form for the applicant identified above and return the form directly to the Alaska Nurse Aide Registry. The form must be sent from the training program/school's mailing address to Alaska Nurse Aide Registry, 550 W 7th Ave, Ste 1500, Anchorage, AK 99501 or emailed from the training program/school's professional email address to [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov).

<b>Nurse Aide Training Program:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Program State Approved?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>State Program Approval Number*:</b>	
<b>Date Entered:</b> (mm/yyyy)		<b>Date Completed:</b> (mm/yyyy)	
<b>Hours of Classroom Instruction**:</b>		<b>Hours of Clinical Instruction**:</b>	
<b>Nurse Aide Instructor Name:</b>		<b>RN License Number:</b>	

\*Depending on which State Registry approved your training program, you may need to contact that Registry directly for your State Program Approval Number or equivalent.

\*\*Pursuant to 42 CFR 483.152, the training program must consist of no less than 75 clock hours of training with a minimum 16 hours of classroom instruction and a minimum of 16 hours of clinical instruction.

### Signature

I certify the above information is true and correct.

<b>Form Preparer's Name:</b>		<b>Form Preparer's Title:</b>	
<b>Form Preparer's Signature:</b>		<b>Date Signed:</b>	
<b>Email:</b>		<b>Phone Number:</b>	



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## Verification of Nurse Aide Certification



**Applicant:**

Complete the identifying information below and forward a copy of this form to the initial and current state of certification. If you are certified in more than one state, make additional copies of this document.

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Maiden or Other Names Used:</b>			



**Licensing Agency  
or State Board:**

Complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Nursing, Nurse Aide Registry at the letterhead address.

<b>Name of Training Program Graduated From:</b>			
<b>Date Graduated:</b>		<b>Program approved by OBRA at time of graduation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hours of Classroom Instruction:</b>		<b>Hours of Clinical Instruction:</b>	
<b>Date Certificate Issued:</b>		<b>Certificate Number:</b>	
<b>Certificate Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed		<b>Expiration Date:</b>
<b>Issued By:</b>	<input type="checkbox"/> Exam (Competency Evaluation) <input type="checkbox"/> Endorsement <input type="checkbox"/> Deemed		
<b>Name of Exam Taken:</b> (If Applicable)			
<b>Has the certificate ever been encumbered in any way?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b>			
<div>Board Seal</div>	<b>Signature:</b>		<b>Date Signed:</b>
	<b>Printed Name:</b>		<b>Title:</b>
	<b>Email:</b>		<b>Phone:</b>

# Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI [28 CFR 50.12(b)]. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be one original 8" x 8" card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also, do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected by DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

**NAME:** Applicant's last name (comma), first name, then middle name (if any); suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

**SIGNATURE OF PERSON FINGERPRINTED:** Must be signed by the applicant.

**RESIDENCE OF PERSON FINGERPRINTED:** Enter the applicant's physical residence address.

**DATE:** Date fingerprinting was done.

**SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** Signature of the person who rolled the fingerprints.

**EMPLOYER AND ADDRESS AND REASON FINGERPRINTED:** These blocks to be completed by the State of Alaska.

**ALIASES/AKA:** List other names used by the applicant that are different than that entered in NAME block; also, list maiden names and all previous married names of females.

**CITIZENSHIP/CTZ:** Enter US if a citizen of the United States; otherwise, enter the correct country abbreviation.

**YOUR NO./OCA:** Leave this space blank (Originating Agency Case Number).

**FBI NO./FBI:** Enter the applicant's assigned FBI number, if known.

**ARMED FORCES NO./MNU:** Leave this space blank.

**SOCIAL SECURITY NO./SOC:** List the applicant's Social Security Number.

**MISC. NO./MNU:** If Alaska resident, enter the applicant's Alaska driver's license or state ID# (if applicable).

**ORIGINATING AGENCY IDENTIFIER (ORI):** Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

**SEX:** F (Female), M (Male) or U (Unknown). Note: Those are the only codes recognized by the FBI. Recommendation is to use the sex declared on the State driver's license or identification card, if applicable.

**RACE:** Race must be indicated by one of the following one-character alphabetic codes:

*A = Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese*

*B = Black*

*I = American Indian, Alaskan Native, Eskimo*

*W = White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures*

*U = Unknown*

**HEIGHT:** Must be shown in feet and inches, fractions rounded off to nearest inches (i.e., 5'11" entered as 511).

**WEIGHT:** Must be expressed in pounds, fractions rounded off to nearest pound.

**EYES:** Indicate eye color by one of the following three-character codes:

*BLK = Black*

*GRY = Gray*

*MAR = Maroon*

*UNK = Unknown*

*BLU = Blue*

*GRN = Green*

*MUL = Multicolored*

*BRO = Brown*

*HAZ = Hazel*

*PNK = Pink*

**HAIR:** Indicate hair color by one of the following three-character codes:

*BLK = Black*

*BRO = Brown*

*ONG = Orange*

*RED = Red or Auburn*

*XXX = Unknown or*

*BLN = Blonde or Strawberry*

*GRN = Green*

*PLE = Purple*

*SDY = Sandy*

*Completely Bald*

*BLU = Blue*

*GRY = Gray or Partially Gray*

*PNK = Pink*

*WHI = White*

**PLACE OF BIRTH/POB:** List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county names as a POB.

**DATE OF BIRTH/DOB:** Enter birth date as month, day, year. Fingerprint cards of persons 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

**FINGERPRINT IMPRESSION BLOCKS:** (Individual and Simultaneous) It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink, nor too much nor too little pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch, or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the cards is essential. Double check your work before sending the card. Illegible, incomplete, or incorrect cards will be rejected, and a new card and fee may be required.

## Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associate personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history records check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34).

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety at <https://DPS.Alaska.Gov/Statewide/R-I/background/Home> to request to correct criminal justice information.

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<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b) and Alaska Regulation AAC 13.68.300.

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## Privacy Act Statement

***This privacy act statement is located on the back of the FD-258 Fingerprint Card.***

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



THE STATE  
of

# ALASKA

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

## Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## Letter of Explanation for a Professional Fitness “Yes” Answer

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

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

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

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

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

### Did you attach all applicable documents associated with this incident?

- ☐ Court Orders      ☐ Consent Agreements      ☐ Disciplinary Actions      ☐ Charging Documents
- ☐ Court Records      ☐ Fitness to Practice      ☐ All Other Documentation Related to This Incident
- ☐ I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



THE STATE  
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FOR DIVISION USE ONLY

State of Alaska  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

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

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		