



**Nurse Aide Registry**  
PO Box 110806, Juneau AK 99811  
(907) 269-8161  
Email: [BoardofNursing@Alaska.Gov](mailto:BoardofNursing@Alaska.Gov)  
Website: [Nursing.Alaska.Gov](http://Nursing.Alaska.Gov)

## Verification of Employment

**12 AAC 44.815(c):** 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 or territory of Canada, performing CNA duties for monetary compensation for 160 hours or more during the concluding certification period.

Complete this top part and then forward it to the employer for completion of the bottom portion. Applications will be held in a pending status and will not be processed until our office receives this form.

**Applicant:**  
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If you are self-employed, a Verification of Employment form must be 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 submitted by you and may be considered on a case-by-case basis.

<b>Legal Name:</b>			
<b>Other Names Used:</b>	(previous/maiden)		
<b>Certificate Number:</b>		<b>Date of Birth:</b>	

**Employer:**  
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Please complete this bottom part for the applicant identified above and return to the applicant or send the form directly to the Board of Nursing at the email address or mailing address above. **Do not fax.**

<b>Employer Name:</b>		<b>Employer Title:</b>	
<b>Organization Name:</b>			
<b>Company Address:</b>			
<b>Phone Number:</b>			
<i>I herby certify the afore mentioned applicant performed CNA duties for monetary compensation for the hours and dates listed below.</i>			
<b>Total Hours of Employment <u>Between April 1, 2018 and March 31, 2020:</u></b>			
<b>Employer Signature:</b>		<b>Date:</b>	