



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Nurse Aide Registry • (907) 269-8161
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
Email: license@alaska.gov • Website: Nursing.Alaska.Gov

NUA

FOR DIVISION USE ONLY

Now Available!
Renew Online:
• Fast
• Easy

Prorated Biennial Nurse Aide Renewal

April 1, 2016 — March 31, 2018

- Online renewal is available at: Nursing.Alaska.Gov
- Your Alaska nurse aide certification lapses after March 31, 2016.
- There is no grace period — it is illegal to work if your certification has lapsed. Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a three- to four-week processing time for correct and complete renewal applications.
- If your certified nurse aide certificate was issued on or after April 1, 2015, you are not required to provide proof of continuing competency for this renewal. You will be required to complete the continued competency requirements for your 2018-2020 renewal in accordance with regulations 12 AAC 44.815, .825 and .895.

PART I Payment of Fees

Renewal Fee	<input type="checkbox"/> My certificate number is 14768 or higher: <i>(If your certificate number is 1-14767, use Form 08-4188)</i>	\$50.00
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PART II Personal Information

Full Legal Name	Last	First	Middle
Certificate Number		Phone	
Mailing Address Check box if this is an address change <input type="checkbox"/>	Address		
	City	State	ZIP Code
Email Address		Birthdate	
Social Security Number: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)		Social Security Number	

PART III Professional Fitness

"Yes" answers may not automatically result in certification denial. If you answer "Yes" to any of the questions, you must explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). If you answered, "Yes" to questions 4, 5, or 6, in addition to your personal statement, you must submit a statement from the appropriate health care provider indicating your ability to safely practice as a certified nurse aide. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Applications submitted without the required attachments will be considered incomplete and will not be processed.

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Since the date of your last application, have you had a professional certificate or license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license or certificate, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional certificate or license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Since the date of your last application, have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever been placed on a state registry for committing abuse, neglect, or misappropriation of property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Since the date of your last application, have you been or are you currently being treated, or on medication, for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (excluding situational or reactive depression) or any other mental or emotional illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Since the date of your last application, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit forming drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Do you currently have a physical disability or physical illness which may impair or interfere with your ability to practice as a certified nurse aide? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you checked "Yes" to any of the above questions, you must attach a detailed explanation.

! If you answered "Yes" to questions 4, 5, or 6, in addition to your personal statement, you must submit a "fit to practice letter" from your appropriate health care provider indicating your ability to safely practice as a certified nurse aide.

WARNING — Grounds for denial, suspension, or revocation: The Board may deny, suspend, or revoke the certification of a person who has obtained or attempted to obtain a certification to practice the duties of a nurse aide by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification under AS 11.56.210 and AS 11.56.230.

I certify that I am the person referred to in this application and that the information contained in this application is true and correct to the best of my knowledge. I further certify that all my credentials supplied by me are true and correct. I understand that any false or misleading information or falsification of credentials may result in failure to obtain certification or subsequent revocation of certification as a nurse aide in the State of Alaska.

Applicant's Signature:

Date:

RENEWAL INSTRUCTIONS FOR CERTIFIED NURSE AIDES

RENEWAL PERIOD February 1, 2016 - March 31, 2016

Licenses not renewed before March 31, 2016 will lapse on April 1, 2016

Online and paper renewals will be accepted from February 1, 2016-March 31, 2016

APPLICATION PROCESSING:

The average time to process an application is 3-4 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid a certificate will be issued and sent to you. If the application is not approved for certification, a status letter will be sent to you. 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. **Your certified nurse aide certificate will lapse on 03/31/2016.**

THERE IS NO GRACE PERIOD.

CERTIFICATE 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 are issued to the next biennial expiration date. One renewal notice will be mailed at least 60 days before certificate expiration to the last known address of record.

EMPLOYMENT VERIFICATION FORM:

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 (12 AAC 44.815).

- **APPLICANT:** Complete Section 1; forward to Employer for completion of Section II. The Employer must return the completed form to you so that it can be attached and submitted with your completed 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 the Verification of Employment is received.
- **SELF-EMPLOYED:** 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.

"YES" RESPONSES:

"Yes" answers may not automatically result in certification denial. If you answer "Yes" to any of the questions, you must explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). If you answered, "Yes" to questions 4, 5, or 6, in addition to your personal statement, you must submit a statement from the appropriate health care provider indicating your ability to safely practice as a certified nurse aide. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

ADDRESS/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 *ProfessionalLicense.Alaska.Gov*. 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. If you have had a legal name change since your last certificate was issued, you must complete a Change of Name form and enclose a certified true copy of the marriage certificate, court document, or other legal document verifying the change of name. You may download the Change of Name form at: *ProfessionalLicense.Alaska.Gov*

SOCIAL SECURITY NUMBERS:

In accordance with AS 08.01.100, the department is not authorized to renew a certificate unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at *ProfessionalLicense.Alaska.Gov* or contact the division. If you previously qualified for a waiver to this requirement, you must still requalify to renew.

EXPIRED CERTIFICATES:

There is no "inactive" certificate status. If you choose not to renew your certificate before it expires, you may renew the certificate at a later date only after satisfying the requirements which may include retesting.

PAYMENT OF CHILD SUPPORT AND STUDENT LOAN:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary certificate valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION:

Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law.

BUSINESS LICENSE:

Business licenses are processed separately. For more information about business licenses, call (907) 465- 2550, or go to the Business licensing Section at: *BusinessLicense.Alaska.Gov*

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Board of Nursing website www.Nursing.Alaska.Gov

CONTINUING EDUCATION REQUIREMENTS:

An applicant for renewal as a nurse aide must have successfully completed 24 contact hours of continuing education during the concluding renewal period (applies to applicants who have held their certification for two years or more).

An applicant who is a first-time renewal applicant, who has held their certification for less than 24 months, but more than 12 months, must complete 12 contact hours.

An applicant who is a first-time renewal applicant and who has held their certification for less than 12 months is not required to complete continuing education requirements for the initial renewal only.

CONTINUING COMPETENCY

12 AAC 44.815. ISSUANCE AND RENEWAL OF CERTIFICATION.

- (a) An initial nurse aide certification is valid for the remainder of the current biennial certification period. A nurse aide certification must be renewed biennially on or before March 31 of even-numbered years. A certification that is not renewed lapses.
- (b) To renew a nurse aide certification, a certified nurse aide must submit
 - (1) a completed application for renewal on a form provided by the department
 - (2) the certification renewal fee established in 12 AAC 02.282; and
 - (3) verification that the applicant has met the continuing education requirements of 12 AAC 44.825 and the requirements of (c) or (d) of this section.
- (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 of Canada as a certified nurse aide for monetary compensation for 160 hours or more during the concluding certification period.
- (d) An applicant who was employed as a certified nurse aide for monetary compensation for less than 160 hours during the concluding certification period may not obtain the required experience after the applicant's nurse aide certificate has lapsed and must successfully complete a competency evaluation under 12 AAC 44.850 before the certification will be renewed.
- (e) A certified nurse aide who is issued an initial nurse aide certification less than 12 months before the next renewal period is not required to satisfy the requirements of (c) and (d) of this section.
- (f) A nurse aide certification that has been lapsed for 12 months or less may be renewed under this section.
- (g) An applicant who was not employed as a certified nurse aide for monetary compensation during the concluding certification period and whose certified nurse aide training program was successfully completed more than two years ago, must complete another certified nurse aide training program approved under 12 AAC 44.835, or equivalent in content to the requirements of 12 AAC 44.835(c).

12 AAC 44.825. CONTINUING EDUCATION REQUIREMENTS.

- (a) Except as provided in (b) of this section, an applicant for renewal of a nurse aide certification must have successfully completed 24 contact hours of continuing education during the concluding certification period.
- (b) An applicant for renewal of a nurse aide certification for the first time
 - (1) must have successfully completed 12 contact hours of continuing education during the concluding certification period, if the applicant has been certified for at least one year during that period; and
 - (2) is not required to complete continuing education requirements for the concluding certification period, if the applicant has been certified for less than one year during that period.
- (c) Repealed 12/23/2009.
- (d) An applicant for renewal or reinstatement of a nurse aide certification may not submit credit for the same course more than once to meet the continuing education requirements for a certification period.

12 AAC 44.895(4). "Continuing education" means a systematic educational experience that contributes directly to the skills and knowledge needed to satisfactorily perform the duties of a certified nurse aide, and that is obtained in a program that offers academic credit or contact hours beyond the basic nurse aide training program.

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
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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Division of Corporations, Business and Professional Licensing

Nurse Aide Registry

550 West 7th Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8161

Website: *Nursing.Alaska.Gov*

Name Change Affidavit

If you have had a name change since your last certificate was issued, please complete this form showing your current and former name. You can choose to either attest to your name change with a notarized statement, or submit a certified copy of the legal document showing the name change (marriage certificate, divorce decree, court ruling). 12 AAC 44.930

If you submit this form with your renewal, there is no additional fee for name change. If you request a name change after renewal, a \$5.00 fee is required. 12 AAC 02.105(3)

Previous Name:	
Certificate Number:	
Mailing Address:	

<input type="checkbox"/> I have attached a certified copy of the legal document showing the change of name (marriage certificate, divorce decree, or court ruling). Notarization not required.	
<p style="text-align: center;">— or —</p>	
<input type="checkbox"/> I certify that I have changed my name to:	
Current Name:	
Effective Date of Change:	
Signature:	
Notary Stamp	Notary Public for State of:
	Subscribed and Sworn to Before me on this Day:
	My Commission Expires:
	Notary's Signature:



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FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
Phone: (907) 269-8160

CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- Application Fee
License (or renewal) Fee
Fine
Other (specify):

Amount

Total: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.