



Nurse Aide Registry

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

Phone: (907) 269-8160

Email: BoardofNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/NurseAideRegistry

Application for Certified Nurse Aide by Examination

Temporary Certification by Emergency Waiver under 12 AAC 44.835(k)

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. Please read the application instructions, statutes, and regulations before completing your application.

REQUIREMENTS

One of the following requirements must be met to be eligible for the examination:

- 1.** Proof of successful completion, not earlier than two years immediately before the date of the completed application, of a state approved certified nurse aide training program with a minimum of 75 hours of training that includes a minimum of 16 hours of classroom instruction and 59 hours of clinical/skills training; or
- 2.** Possession of an unencumbered nursing license, either current or lapsed, issued by a state or territory of the United States or by a province or territory of Canada; or
- 3.** Successful completion not earlier than two years immediately before the date of the completed application, of one year or more of nursing education that includes both clinical and classroom instruction in nursing fundamentals from a nursing school approved by a state or territory of the United States or by a province or territory of Canada; or
- 4.** Successful completion, not earlier than five years immediately before the date of the completed application, of a United States corpsman or medic training program and service in the United States military forces as a corpsman or medic not earlier than five years immediately before the date of application; or
- 5.** Successful completion of a nursing training program in a foreign country other than Canada. Applicants must submit all required documents accompanied by certified English translations if the original documents are not in English.

and

an applicant applying under (1), (2), (3) or (5) above, will need to submit verification of passing one of the following English proficiency examinations, with at least the following minimum scores:

(A) International English Language Testing System (IELTS) academic examination – overall score of 6.5 with a minimum of 6.0 on all modules;

(B) Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) – overall score of 84 with a speaking score of 26.

Your nurse aide application must be approved before you will be allowed to sit for the examination. You will be notified in writing approximately two weeks after receipt of your completed application concerning the status of your application.

An applicant who meets one of the above requirements of this section must also successfully complete the certified nurse aide competency evaluation as described in 12 AAC 44.850. The examination can be administered in a written or oral format.

The board will deny permission to take the competency evaluation to an applicant who has committed an act or omission that would constitute grounds for denial of certification under 12 AAC 44.818 if the board determines that the gravity of the act or omission supports a denial of permission to take the competency evaluation.

The following documents must be on file with our office before the Board will consider your application for Certification:

1. APPLICATION

A completed application (pages 1-4), signed and notarized.

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
Certificate Fee:	\$100.00
Nonrefundable Fingerprint Processing Fee:	\$ 75.00
Exam Fee:	\$ 55.00

TOTAL FEES DUE **\$330.00**

3. VERIFICATION OF NURSE AIDE TRAINING: DIDACTIC INSTRUCTION

Complete Section I of the Verification of Nurse Aide Training form (#08-4834a). 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 TRAINING: CLINICAL INSTRUCTION

Complete Section I of the Verification of Nurse Aide Training form (#08-4834b). 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.

5. FINGERPRINTING & BACKGROUND CHECK

Submit Fingerprinting & Background Reports - One original 8" x 8" card (FD-258). An incorrect card will be automatically rejected. The fingerprint card submitted as part of this application packet will be sent to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 08.24.120).

Please note that the fingerprint card will be rejected for the following reasons (28 CFR 50.12(b)):

- Incorrect type of card,
- Incomplete personal information or signatures, or
- 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 (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 the department of an adverse report.

SOCIAL SECURITY REQUIREMENT

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States social security number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to a foreign citizen who is unable to obtain a United States Social Security Number. To apply for exemption from the social security number requirement, contact the Licensing Examiner at (907) 269-8169 or download the form from the Board of Nursing web site at Nursing.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.

SPECIAL ACCOMODATIONS TO TAKE THE EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a form requesting Examination Accommodations for Candidates with Disabilities and Accommodation History for Candidate Requiring Exam Accommodation. You may obtain these forms by contacting the Nurse Aide Registry Licensing Examiner at 907-269-8169 or you may download the forms from our web site at Nursing.Alaska.Gov

Requests for Exam Accommodations must be submitted on or before the exam deadline; however, applicants are encouraged to submit accommodation requests in advance of the deadline so sufficient time for accommodation arrangements can be made.

General Information

CERTIFICATION RENEWAL

Nurse aide certificates are renewed every two years in even-numbered years regardless of when a certificate was issued. Nurse aide certificates **lapse** on March 31 of even-numbered years. Renewal notices are mailed at least 60 days prior to the expiration date. New certificates issued within 90 days of the renewal expiration will be effective through the next biennial period. You cannot work as a CNA with a certification that has lapsed.

CONTINUED COMPETENCY REQUIREMENTS

There are continued competency requirements for each renewal period. When you renew for the first time, if you have held your certification for over a year but less than two years, you are required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment. If you hold your certification for less than a year, you are not required to complete the 160 hours or more of monetarily compensated employment nor the contact hours of continuing education. All licensees who have held their certification for two years or more, must complete 24 contact hours of continuing education and 160 hours of monetarily compensated employment.

ADDRESS CHANGE

It is the certificate holder's responsibility to notify the Division, in writing, of any change of address. **Failure to receive a renewal notice does not relieve a certificate holder of the responsibility to renew his/her certification prior to the expiration date.**

BUSINESS LICENSES

All certified nurse aides who are conducting business or offering services in Alaska and who are not considered an employee must obtain a business license. If you are unsure if you are an independent contractor or an employee, please discuss this matter with the person for whom you are working or an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550** or visit the Business Licensing web site at *BusinessLicense.Alaska.Gov*

BOARD OF NURSING

If you are interested in trends and issues facing certified nurse aides, you are invited to attend a Board of Nursing meeting. The Board of Nursing meets at least four times per year and the meetings are open to the public. Contact the Board of Nursing for further information at (907) 269-8161.

PUBLIC INFORMATION

All information on this form will be available to the public unless required to be kept confidential by law. Current licensee information, including the mailing address, is available on the Division's website at *ProfessionalLicense.Alaska.Gov*

DENIAL OF APPLICATION

Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division.

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 specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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Application for Certified Nurse Aide by Examination

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> Certificate Fee	\$100.00
	<input type="checkbox"/> Nonrefundable Fingerprint Processing Fee	\$ 75.00
	<input type="checkbox"/> Exam Fee	\$ 55.00

PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: -----			
Mailing Address:			
Contact Phone:		Birth Date: (mm/dd/yyyy)	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
SOCIAL SECURITY NUMBER: 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

Nurse Aide Training Program:			
Mailing Address:			
Length of Program:		Type of Program (Check One):	<input type="checkbox"/> Facility Based <input type="checkbox"/> Non-Facility Based
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	

PART IV Professional Fitness Questions (The following must be answered pursuant to AS 08.68.334).

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

For each "Yes" response to any question, you must provide an **explanation and documentation**. Provide your explanation on a separate sheet of paper labeled with your name and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board, or license actions, etc. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

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

If you answered "Yes" to questions 1, 2, or 3, you must explain dates, locations, and circumstances on a separate piece of paper **and send supporting documents** that are applicable (e.g., court charging documents, judgments, and police reports for each conviction). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART V Professional Fitness Questions (The following must be answered pursuant to AS 08.68.334).

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

For each "Yes" response to any question, you must provide an **explanation and documentation**. Provide your explanation on a separate sheet of paper labeled with your name and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court records, judgments, charging documents, etc. You must also have your treating physician submit a letter directly to the Board; the letter must include the following information:

- Summary of your diagnoses (including explanation, dates of onset and significant events, and frequency of contact with you)
- Medication history
- Impact on your ability to practice safely and competently

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

- | | | | |
|-----------|---|------------------------------|-----------------------------|
| 4. | Within the past five years, have you been or are you currently being treated, or on medication for, any mental or emotional illness which may impair or interfere with your ability to practice safely and in a competent and professional manner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have you been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Do you have a physical disability or physical illness which may impair or interfere with your ability to practice safely and in a competent and professional manner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "Yes" to questions 4, 5, or 6, you must submit a personal statement from yourself and 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.

PART VI Fingerprints and Background Reports Section

I hereby certify that I have read and understand that my fingerprint card will be sent to the Department of Public Safety (DPS) with the State of Alaska, and to the Federal Bureau of Investigations (FBI) to perform a criminal history background report (AS 08.24.120). *You must check this box for this application to be accepted.*

I may also decide to challenge an adverse report on my criminal history background report by contacting either the FBI at www.FBI.gov or the Department of Public Safety with the State of Alaska at <https://dps.alaska.gov/Statewide/RI/Background/Home>. Please see the section Fingerprinting and Background Checks on page 2 of the Instructions.

Further information may be found under Fingerprinting Requirements, Noncriminal Justice Applicant's Privacy Rights, and the Privacy Act Statement located at the end of this application packet.



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Notary Signature Page

PART VII Notarized Signature

I certify that the information in this application is true and correct to the best of my knowledge. I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my certification may be subject to disciplinary action. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph below is a true likeness of me taken within the past 60 days.

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).

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:	



State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: License@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 public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



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

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

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.

Full Name:			
Signature:		Date:	



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Verification of Nurse Aide Training: Didactic Instruction

→ **Applicant:**

Please complete the top section of this form and mail it or take it to the facility or school where you received your nurse aide training. The facility or school will then mail the completed form directly back to the Board of Nursing, Nurse Aide Registry.

Full Legal Name: (Last, First, Middle)		Birth Date: (mm/dd/yyyy)	
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→ **Training Program:**

The above applicant is applying for certification as a nurse aide in Alaska. Please complete the information (below) and **return it directly to the Alaska Board of Nursing, Nurse Aide Registry (address above).**

Nurse Aide Training Program:			
Mailing Address:			
Telephone Number:		State Program Approval Number:	
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	
Hours of Didactic Instruction:			
Nurse Aide Instructor's Name:		RN License Number:	

Notary Seal	Nurse Aid Instructor Signature:		Date:	
	Printed Name:		Title:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Verification of Nurse Aide Training: Clinical Instruction

→ **Applicant:**

Please complete the top section of this form and mail it or take it to the facility or school where you received your nurse aide training. The facility or school will then mail the completed form directly back to the Board of Nursing, Nurse Aide Registry.

Full Legal Name: (Last, First, Middle)		Birth Date: (mm/dd/yyyy)	
--	--	------------------------------------	--

→ **Training Program:**

The above applicant is applying for certification as a nurse aide in Alaska. Please complete the information (below) and **return it directly to the Alaska Board of Nursing, Nurse Aide Registry (address above).**

Nurse Aide Training Program:			
Mailing Address:			
Telephone Number:		State Program Approval Number:	
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	
Hours of Clinical Instruction:			
Nurse Aide Instructor's Name:		RN License Number:	

Notary Seal	Nurse Aid Instructor Signature:		Date:	
	Printed Name:		Title:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
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: _____

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

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

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Account Number: _____	All four fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Billing ZIP Code: _____	
4. Security Code: _____	