



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 Nurse Aide Emergency Courtesy Certification Instructions

You must hold a temporary certification, permanent certification, or an emergency courtesy certification to practice as a Certified Nurse Aide in Alaska.

In an urgent situation, the board may issue an emergency courtesy certification to practice as a certified nurse aide (CNA) to an applicant who meets the requirements of this section. The board may restrict the certification to only those nurse aide services required to respond to the urgent situation. A CNA may not practice with an emergency courtesy certification under this section outside the scope of the limited purpose for which the emergency courtesy certification is issued. Sec. 12 AAC 44.806.

An emergency courtesy certification is valid for the period specified by the board and may not exceed 120 consecutive days. An emergency courtesy certification may be renewed for one additional period specified by the board, not to exceed 120 days, and provided the additional period expires within 18 months of the date the certification is first issued.

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

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

1. APPLICATION

A completed application (pages 1-3), signed and notarized.

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.105.

Nonrefundable Application Fee: \$ 50.00

Emergency Courtesy Certification Fee **(Waived)**: \$ 0.00

TOTAL FEES DUE \$ **50.00**

3. VERIFICATION OF NURSE AIDE CERTIFICATION

Complete Section I of the Verification of Nurse Aide Certification form (#08-4835a). Mail the form to the Nurse Aide Registry for the **current state of certification**.



THE STATE
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Division of Corporations, Business and Professional Licensing

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Nurse Aide Emergency Courtesy Certification Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$ 50.00	
	<input type="checkbox"/> Emergency Courtesy Certification Fee	\$ 0.00	Fee Waived

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 Current Certification

State in Which You Are Currently Certified:	
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PART IV Professional Fitness Questions

The following professional fitness questions must be answered in accordance with AS 08.68.270 and 12 AAC 44.318(b).

“Yes” answers may not automatically result in license denial. If you answer “Yes” to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

If you answer “Yes” to questions 4, 5, or 6, you must also submit a statement from your health care provider indicating your ability to safely practice nursing. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have you ever been convicted of a misdemeanor or felony (convictions include “suspended impositions of sentence”)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 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"/> |

PART V Documentation of “Urgent Situation”

Describe the urgent situation (e.g., COVID) and/or specialized education for which the emergency courtesy certification is needed:

Provide the requested practice location(s):

Facility Name:

Facility Address:



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Notary Signature Page

PART VI 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).

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 Certification

➔ **Applicant:** Complete Section I and mail a copy of this form to the current state of certification. The state agency will then mail it directly back to the Alaska Board of Nursing, Nurse Aide Registry.

Full Legal Name: (Last, First, Middle)		Birth Date: (mm/dd/yyyy)	
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➔ **State Agency:** 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).

Graduate of: (Nurse Aide Training Program)			
Graduation Date:		Program Approved by OBRA at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Classroom Instruction:		Hours of Clinical/Skill Instruction:	
Date Certificate Issued:		Certificate Number:	
Certificate Status:	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed	Expiration Date:	
Has the Certificate Ever Been Encumbered in Any Way?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:			
Issued By:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Deemed		
Printed Name:		Title:	State/Board Seal
Signature:		Agency:	
State:		Date:	



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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 |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> 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!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>