



Board of Nursing

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

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofNursing

Registered Nurse License by Endorsement Application Instructions

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A TEMPORARY PERMIT OR PERMANENT LICENSE TO PRACTICE NURSING IN ALASKA.**

If you previously held a license in Alaska, not including an emergency courtesy license or a courtesy license, **DO NOT** complete this application. You must complete an "Application for Reinstatement" and comply with the rules for reinstatement. See AS 08.68.251 and 12 AAC 44.317, Lapsed License, in the Board's statute and regulation booklet.

PERMANENT LICENSE – APPLICATION PROCEDURES (12 AAC 44.305)

The following must be received by the division before your application for Registered Nurse License by Endorsement can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4016, pages 1-5).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$200.00
License Fee:	\$100.00
Fingerprint Processing Fee:	\$ 75.00
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Total Fees Due:	\$375.00

Note: Once a permit or license is issued, you are no longer eligible for a refund.

3. FINGERPRINT & BACKGROUND REPORTS

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 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) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 12.62.400).

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 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.

4. VERIFICATION OF LICENSURE

Verification of licensure sent directly from (or made available via the National Council of State Boards of Nursing (NCSBN) online verification system at www.nursys.com): 1) the state or Canadian province where you received initial licensure and 2) from a state or Canadian province where you hold a current license. **You must hold a current license in another state to be eligible for a nursing license by endorsement in Alaska. This license must be current at the time the board issues the permanent license. An inactive status is not a current license.**

Canadian nurses who passed the CNATS exam before August 1980, with a score of at least 350 on each of the five parts of the examination, or after July 1980 but before July 1992, with a score of 400 may apply for a License by Endorsement. Applicants who took the CNATS after June 1992, must apply to take the NCLEX examination. See 12 AAC 44.310(d).

5. VERIFICATION OF EMPLOYMENT

A completed Verification of Employment form (#08-4016b), verifying at least 320 hours of employment in a nursing capacity within the five years before the date the application is received by the board. If you cannot document 320 hours of employment in the past five years, you must satisfy the continuing competency requirements of the board or complete a board approved refresher course. Board approved refresher courses can be found at www.nursing.alaska.gov.

6. ENGLISH PROFICIENCY - FOREIGN GRADUATES ONLY

If you graduated from a pre-licensure nursing program outside of the United States or Canada, except Quebec, Canada, please submit one of the following:

- (i) Verification of having ever passed the International English Language Testing System (IELTS) - overall score of 6.5 with a minimum of 6.0 on all modules;
- (ii) Verification of having ever passed the Test of English as a Foreign Language, Internet-based test- overall score of 84 with a speaking score of 26;
- (iii) A valid evaluation of your nursing education by the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service, with a full education, course-by-course report that indicates your nursing education was taught in English;
– or –
- (iv) An official International Commission on Healthcare Professions (ICHP) certificate verifying successful completion of the VisaScreen: Visa Credential Assessment Service.

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

TEMPORARY PERMIT (12 AAC 44.320)

A temporary permit may be issued once items #1 - #4 are received and processed (this includes review of professional fitness questions). Items #5 and #6 are not required for a temporary permit.

Temporary permits are valid for six months and are nonrenewable. **It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.**

General Information

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 license may be issued. 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.

FIRST DATE OF LICENSURE AND RENEWAL DATE:

All RN licenses expire on November 30 of even-numbered years regardless of when first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued effective through the next biennium.

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 (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

Be aware that the denial of an application of licensure 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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the license must be your current legal name.

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:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license 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.

PUBLIC INFORMATION:

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

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, 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 address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov

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)

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. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.



THE STATE of ALASKA

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

NUR

FOR DIVISION USE ONLY

Board of Nursing

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Registered Nurse by Endorsement Application

PART I Payment of Fees

Required Fees:

Application, License, and Fingerprint Processing Fee (\$275 is Non-Refundable)

\$375.00

PART II Temporary Permit

Select ONE (1) of the following:

- I want to be issued a temporary permit if I become eligible for one. A temporary permit is valid for 6 months, is non-renewable, and does not expedite the review process. No additional fees are required for temporary permits.
I do NOT want to be issued a temporary permit if I become eligible for one. I only want to be issued a permanent license.

PART III Personal Information

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). 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).

- Not Applicable
Other Names Used:

Mailing Address:

P.O. Box or Street City State Zip

Contact Phone:

Date of Birth:

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:

Select One: Send my Correspondence Electronically
Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

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 IV Alaska License History

Have you ever been issued an RN license in Alaska, not including an emergency courtesy license or a courtesy license?

No Yes

DO NOT SUBMIT THIS APPLICATION IF YOU ANSWERED "YES."

You must apply for reinstatement - You are not eligible for a temporary permit.

PART V Initial RN Nursing Education

Initial RN Degree:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Generic Master
Name of Nursing School:			Location: (City, State)	

PART VI Professional License(s)

Provide the state you obtained initial licensure. Indicate the last name on your license, if different than your current name.

State/Jurisdiction:			
Have you taken the NCLEX (National Council Licensing Examination) or SBTPE (State Board Test Pool Examination)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is the initial license listed above a current, active license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If no, provide the state you obtained your current unencumbered state license.			
State/Jurisdiction:		Status: (Active, Probation, Etc.)	

PART VII Foreign Licensed

From Canada: Have you taken the CNATS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Province:		Date Taken:	
If taken after June 1992, you are not eligible for a license by endorsement and you must take the NCLEX exam.			

PART VIII 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) with the State of Alaska, and to the Federal Bureau of Investigations (FBI) to perform a criminal history background report (AS 12.62.400). To challenge an adverse report on your criminal history background report, contact either the FBI at www.FBI.gov or the Alaska Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

PART IX Five Years of Nursing-Related Employment History

I attest to having worked at least 320 hours of nursing employment in the past five years.

- or -

I have NOT worked at least 320 hours of Nursing employment within the past FIVE (5) years because I took the NCLEX within the past TWO (2) years and have not gained employment in Nursing.

- or -

I have not worked at least 320 hours of nursing employment in the past five years. One of the following must be selected:

Option 1: Verification of 30 contact hours of continuing education prescribed under 12 AAC 44.610 **AND** 30 hours of participation in uncompensated professional activities (form #08-4067b) prescribed under 12 AAC 44.620.

I understand it is my responsibility to submit verification of 30 contact hours of continuing education prescribed under 12 AAC 44.610 AND 30 hours of participation in uncompensated professional activities (form #08-4067b) prescribed under 12 AAC 44.620.

- or -

Option 2: Request approval for alternative methods of continuing competency pursuant 12 AAC 44.640.

I understand it is my responsibility to submit any documentation required to determine my eligibility for alternative methods of continuing competency pursuant 12 AAC 44.640.

- or -

Option 3: Proof of completion of a board approved refresher course must be submitted as required by 12 AAC 44.305(a)(4). Board approved refresher courses can be found at www.nursing.alaska.gov.

I understand it is my responsibility to have proof of completion of a board approved refresher course submitted directly by the school as required by 12 AAC 44.305(a)(4).

PART X 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 XI Professional Fitness Questions – Disciplinary History (12 AAC 44.305(a)(1)(D) and AS 08.68.270)

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**. 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

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART XII Professional Fitness Questions – Personal History (12 AAC 44.305(a)(1)(C) and AS 08.68.270)

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**. 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.

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 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 any of the above questions, in addition to your personal statement, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

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

PART XIII Notarized Signature

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.

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 Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Verification of Nursing Employment

- 1) Complete the top portion of this form.
- 2) Submit this form to an employer who is able to verify at least 320 hours of nursing employment within the last 5 years.
- 3) After the employer completes the bottom portion, have the employer email or mail the form directly to the Board of Nursing at the letterhead address.

Applicant Name:		Date of Birth:	
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Please complete this form. **DO NOT** return it to the applicant.



Employer:

This form **MUST** be completed and submitted directly from the employer to the Alaska Board of Nursing via email or mail (either from employer's official work email or mailed from employer's work address). This form must be signed and dated.

Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past five (5) years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Position/Title:			
Employment Start Date: (mm/yyyy)		Employment End Date: (mm/yyyy or present)	
Company Name or Agency:			
Mailing Address:	P.O. Box or Street	City	State Zip

Employer Printed Name:		Title:	
Employer Signature:		Date:	
Employer-Issued Email Address:		Phone:	