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

Board of Nursing
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
(907) 269-8161
Email: *BoardofNursing@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardofNursing*

Advanced Practice Registered Nurse Application

To practice as an Advanced Practice Registered Nurse (APRN), you must first be licensed as a RN in Alaska, 12 AAC 44.400(a)(2).

Advanced Practice Registered Nurse is defined by statute as "a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board" in accordance with AS 08.68.850(1). An advanced practice registered nurse is a licensed independent practitioner who is licensed to practice as a nurse midwife, a clinical nurse specialist, a nurse practitioner, or a certified registered nurse anesthetist, or in more than one role. The individual must be licensed to practice in the role for which the individual has received specialized education, in accordance with 12 AAC 44.380.

SCOPE OF PRACTICE
The Scope of Practice statement published by the national professional organization determines the scope of practice for the Advanced Practice Registered Nurse in accordance with 12 AAC 44.430.

The following must be received by the division before your application can be reviewed in accordance with 12 AAC 44.400:

1. APPLICATION
A completed, signed, and notarized application.

2. FEES
Payment of the required fees in accordance with 12 AAC 02.280.

Non-Refundable Application Fee:	$100.00
APRN Licensure Fee:	$100.00
Prescriptive Authority Fee - Legend Drugs:	$100.00
Controlled Substances Prescriptive Authority Fee:	$100.00

3. OFFICIAL TRANSCRIPTS
Official transcripts must be received directly from your program of study evidencing successful completion of a course of study in accordance with 12 AAC 44.400 (a)(1)(A). We do not accept copies from the applicant.

The transcript must indicate three distinct course offerings of three graduate credits or more in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment. If your transcripts do not indicate 3 graduate credits, a letter on school letterhead sent directly from the school needs to be submitted indicating the courses and number of hours where the missing credits are embedded.

4. NATIONAL CERTIFICATION
Copy of current national certification in your role and population focus. This must be received directly from the certifying body; we do not accept copies from the applicant.

5. PROFESSIONAL REFERENCE
A completed Reference Form (form #4028b) by one of the three references listed on your application who is qualified to verify the applicant's competency to practice as an Advanced Practice Registered Nurse. The reference must indicate that the applicant has demonstrated competency to practice as an APRN within the two years immediately before the date of the application.

6. CONTINUING EDUCATION

Submit proof of 60 hours of continuing education within the previous two years of the date of your application. Copies of CEU certificates are required. A transcript with a course listing is not accepted. If you are a new graduate, your transcript courses can be used towards the 60 hours if the courses were completed within the past 2 years.

For Prescriptive Authority: Pursuant to 12 AAC 44.440, you must submit copies of certificates of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy obtained within the past two years. If the certificates do not list pharmacology hours separately, include a course outline or any other documentation indicating actual hours of pharmacology. For new graduates, your advanced pharmacology course may be used to meet the 15 hours of pharmacology education requirement provided it was completed within the past 2 years from the date of your application.

If you have a DEA registration you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

7. CONSULTATION & REFERRAL PLAN

A completed Consultation and Referral Plan Form (form #4028a) which needs to:

- Describe the clinical practice including geographical location, age range and gender of clients, and the focus of care you will be providing on a regular basis.
- List the method of routine consultations and referrals and the method of documenting routine consultations and referrals in the patient record. Include the names and title of health care providers you plan to use. List the method of emergency referrals.
- Describe the process for quality assurance you will use to evaluate your practice. You must state the national standards that you will use (ex. AANP, NBCRNA, etc.), the method for a concurrent or retrospective review of practice, any use of pre-established criteria, and how a written evaluation will occur and the follow-up plan for any corrective action is needed.

8. IELTS/TOEFL EXAM – *FOREIGN GRADUATES ONLY*

If you graduated from an advanced practice registered nurse program outside of the United States or Canada, except Quebec, Canada, verification of passing one of the following English proficiency examinations, with at least the following minimum scores:
(i) International English Language Testing System (IELTS) examination- overall score of 6.5 with a minimum of 6.0 on all modules;
(ii) Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) - overall score of 84 with a speaking score of 26;

A credentials evaluation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) verifying that the foreign advanced practice registered nurse education program is equivalent to an accredited advanced practice registered nurse education program in the United States must be submitted.

9. ADULT OR FAMILY PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS

An applicant for an authorization to practice as an adult or family psychiatric mental health nurse practitioner must submit:

- Certification issued by the American Nurses Credentialing Center before January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for:
    - psychiatric mental health clinical nurse specialist; or
    - adult or family psychiatric mental health practitioner; or
- Certification issued by the American Nurses Credentialing Center on or after January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for adult or family psychiatric mental health nurse practitioner or clinical nurse specialist.

TEMPORARY ADVANCED PRACTICE REGISTERED NURSE PERMIT (12 AAC 44.450)

A non-renewable, temporary permit may be issued to an applicant who holds a current license to practice as a registered nurse in Alaska and is either currently licensed or authorized as an advanced practice registered nurse in another state or jurisdiction, has been accepted to take the next certifying board examination, or is awaiting certification results. An applicant who fails the certifying examination shall notify the board and surrender the non-renewable permit issued under this section.

To be eligible for the permit, in addition to the application documents and fees, submit:

1. FEES

Payment of the required fees in accordance with 12 AAC 02.280.
Temporary Permit: $100.00

2. OFFICIAL TRANSCRIPTS

Official transcripts must be received directly from your program of study evidencing successful completion of a course of study in accordance with 12 AAC 44.400 (a)(1)(A). We do not accept copies from the applicant.

The transcript must indicate three distinct course offerings of three graduate credits or more in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment. If your transcripts do not indicate 3 graduate credits, a letter on school letterhead sent directly from the school needs to be submitted indicating the courses and number of hours where the missing credits are embedded.

3. PROFESSIONAL REFERENCE

A completed Reference Form (form #4028b) by one of the three references listed on your application who is qualified to verify the applicant's competency to practice as an Advanced Practice Registered Nurse. The reference must indicate that the applicant has demonstrated competency to practice as an APRN within the two years immediately before the date of the application.

4. CONTINUING EDUCATION

Submit proof of 60 hours of continuing education within the previous two years of the date of your application. Copies of CEU certificates are required. A transcript with a course listing is not accepted. If you are a new graduate, your transcript courses can be used towards the 60 hours if the courses were completed within the past 2 years.

For Prescriptive Authority: Pursuant to 12 AAC 44.440, you must submit copies of certificates of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy obtained within the past two years. If the certificates do not list pharmacology hours separately, include a course outline or any other documentation indicating actual hours of pharmacology. For new graduates, your advanced pharmacology course may be used to meet the 15 hours of pharmacology education requirement provided it was completed within the past 2 years from the date of your application.

If you have a DEA registration you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

5. EXAM APPROVAL LETTER

Submit a copy of the exam approval scheduling letter from the national certifying body which includes the date of examination.

TO PRESCRIBE AND DISPENSE SCHEDULE 2-5 CONTROLLED SUBSTANCES (12 AAC 44.445 & 12 AAC 44.447)

You must apply for registration with the Federal Drug Enforcement Agency. Registration applications are available from the DEA at 400 Second Avenue West, Seattle, WA 98119, (888) 219-1418. Prescriptions must be signed by the prescriber with the initial "APRN," the prescriber's identification number assigned by the Board and the prescriber's DEA number.

Within 30 days of receiving a DEA registration number, you MUST register with the Prescriptive Drug Monitoring Program (PDMP). You must initiate the registration process through AWARxE at Alaska.pmpaware.net and then submit the initial registration and payment form, when can be found at *www.PDMP.Alaska.Gov*.

Failure to register for the PDMP is considered unprofessional conduct by the Board of Nursing and may result in a licensing action.

General Information

APPLICATION PROCESSING

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid the license may be issued and 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.

"YES" RESPONSES

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION

Please 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/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. 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.

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant's Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement (Form #08-4372), from the division web site at *www.commerce.alaska.gov/occ/.*

PUBLIC INFORMATION

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.gov* under License Search.

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

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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Advanced Practice Registered Nurse License Application

PART I Payment of Fees

Fees:	☐ Nonrefundable Application Fee	**$100.00**
	☐ Initial License Fee	**$100.00**
	☐ Prescriptive Authority Fee – Legend Drugs	**$100.00**
	☐ Controlled Substances Prescriptive Authority Fee	**$100.00**
	☐ Temporary Permit Fee	**$100.00**
PDMP Fees:	☐ I hold a valid federal DEA registration number, in any state or practice location, and need to register with the prescription drug monitoring program (PDMP)	**$25.00**
	☐ I do not hold a valid federal DEA registration number in any state or practice location.	**No Fee**

Temporary Permit?	☐ Yes	☐ No

PART II Applicant Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). ☐ Not Applicable ☐ Other Names Used: _____			
AK RN License Number:		☐ ***Application In Process***	
Mailing Address:			
Contact Phone:		**Birth Date:**	

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:		☐ Send my Correspondence by Email ☐ 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 Educational Program

Name of School of Nursing:			
Dates Attended: (yyyy)	From: _____ To: _____		
Do you hold a national certification?	☐ Yes ☐ No	**Date of Original Certification:** (yyyy)	
Name of Certifying Body:			
If not certified, have you been accepted to take the exam?	☐ Yes ☐ No	**Exam to be Administered by:**	
Date of Scheduled Exam:		Please Include a copy of the exam approval scheduling letter.	
For what role are you applying?	☐ NP ☐ CNM ☐ CNS ☐ CRNA		

What National Certification(s) do you hold? Check all applicable:

☐ Acute Care/Emergency	☐ Neonatal	☐ Family/Individual Across Lifespan
☐ Adult	☐ Pediatric	☐ Family
☐ Adult/Gerontology	☐ Women's Health	☐ Psychiatric/Mental Health
☐ Geriatric	☐ Women's Health/Gender	☐ Adult Psychiatric/Mental Health

PART IV Prescriptive and Dispensing Authority – Legend Drugs

Do you want prescriptive and/or dispensing authority for legend drugs?	☐ **Yes** ☐ **No**

Submit copies of the certificates of attendance for 15 contact hours of advanced education obtained during the past two years. If the course was not specifically a pharmacology course include an outline of the course which identifies the section relevant to pharmacology. Practitioners who are recent graduates may use a copy of their transcript, which shows a pharmacology course in the last two years.

PART V Prescriptive Authority – Controlled Substances

Do you want prescriptive authority for controlled substances?	☐ **Yes** ☐ **No**

Note: you must hold legend drug authority in order to hold controlled substance authority.

PART VI APRN Work Experience

Name of Employer	Employer Address (City and State)	Summary of Scope of Practice	Dates (mm/yyyy)	
			From	To (Present)

PART VII Professional References

List names and complete mailing addresses or email of three professional references. Send the enclosed form (#4028c) to one of the references listed who is qualified to verify your competency to practice as an advanced practice registered nurse and is able to verify that you have demonstrated competency as an APRN within the two years immediately before the date of the application: A reference must be a peer (APRN, PA-C, MD, etc.)

Name	Address OR Email
1.	
2.	
3.	

PART VIII DEA Registration and PDMP Acknowledgement

Do you have a DEA Registration?

☐ **1.** **NO**, I do not have an active DEA registration valid to use in any state or practice location. I understand if I obtain a DEA registration, I must register no later than 30 days of obtaining a DEA registration as required by the board. I will refer to all applicable authorizing statutes, regulations cited above, and comply with mandatory use.

☐ **2.** **YES**, I have an active DEA registration valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days as required by the board and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

<u>If YES to above</u>, do you plan to directly dispense a federally scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(u)?

Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, in-patient pharmacies, and emergency departments.

☐ **a)** **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.

☐ **b)** **NO,** I do not plan to directly dispense and acknowledge that if at any time after my permit or license is issued and I begin directly dispensing any federally-scheduled II – IV controlled substance for more than 3 days unless exempt by AS 17.30.200(u), I must submit a data request through PMP ClearingHouse or report directly to AWARxE for any controlled substance issued. If you are not directly dispensing, you must report to PMP ClearingHouse or directly to AWARExE. Please visit *pdmp.alaska.gov.*

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	

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Notary Signature Page

Applicant Name:	

PART IX 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 if information is provided in the Criminal History Reportfrom the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action.

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:**	

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Advanced Practice Registered Nurse Consultation & Referral Plan

Note: If you are a new graduate you can base your consultation and referral plan on your preceptorship/clinicals.

If you have not established an employer in Alaska yet you can base your consultation and referral plan on your previous employer.

1. Description of Clinical Practice Give a brief description of your clinical practice. Your clinical practice must be within the role, population foci, and scope defined by your education and certification. The statement should be clear and concise.

2. Geographical location, age range, and gender of clients.

3. List your method of routine consultations and referrals and how these will be documented in the patient's record. Include names and titles of health care providers you will utilize for consultation and referral.

4. List your method for emergency referrals which includes practitioners, clinics, hospitals, paramedics, etc., to be used in case of emergency.

5. Describe the process for quality assurance you will use to evaluate your practice.

A. State the national standards that you will use in your practice which apply to your role and population focus (AANP, NBCRNA, etc.);

B. The method to be used for concurrent or retrospective review of practice;

C. Any use of pre-established criteria; and

D. How a written evaluation of review with a plan for corrective action if indicated with follow-up will occur.

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Professional Reference

→ Applicant: Complete this top part and then forward it to your reference.

Applicant Name:	
Applicant Signature:	

→ Reference: The following information must be completed in full and sent directly to the Division.

1. Dates I was professionally associated with the above-named applicant within the past two years:

Start Date:	mm/yyyy	**End Date:**	mm/yyyy (or present)

2. Please give your rating of the applicant's competence:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. Do you recommend this applicant for authorization as an Advanced Practice Registered Nurse? ☐ YES ☐ NO

I hereby certify I have observed the above-named applicant during the dates provided above. I further certify the above-named applicant has demonstrated competency to practice as an advanced practice registered nurse in accordance with 12 AAC 44.400(a)(6)(B).

Reference Name (print):		**Title:**	
Reference Signature:		**Date:**	
Agency:		**Email:**	
Institution Address:		**Phone #:**	

Alaska Board of Nursing

Advanced Practice Registered Nurse Certification Programs

Approved certification programs for advanced practice registered nurses:

1. **National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)**
    - Initial and renewal certifications for nurse anesthetists

2. **National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)**
    - Woman's Health Care Nurse Practitioner (formerly OB/GYN Nurse Practitioner)
    - Neonatal Nurse Practitioner

3. **The Pediatric Nursing Certification Board (PNCB)** Formerly National Certification Board of Pediatric Nurse Practitioners & Nurses (NCBPNP/N)
    - Pediatric Nurse Practitioner

4. **American Midwifery Certification Board (AMCB)**
    - Nurse Midwives

5. **American Nurses Credentialing Center (ANCC)**
    - Family/Individual across the lifespan
    - Adult-Gerontology Acute Care Nurse Practitioner
    - Adult-Gerontology Primary Care Nurse Practitioner
    - Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan)
    - Adult-Gerontology Clinical Nurse Specialist
    - Pediatric Primary Care Nurse Practitioner

    If licensed as of January 1, 2024, may continue to practice if that certification is maintained:
    - Adult Health
    - Family Health
    - Gerontological Nurse Practitioner
    - Acute Care / Emergency Nurse Practitioner
    - Adult Psychiatric/Mental Health
    - Family Psychiatric/Mental Health
    - Women's Health

6. **American Academy of Nursing Practitioners (AANP)**
    - Adult-Gerontology Nurse Practitioner

    If certified or licensed as of January 1, 2024, may continue to practice if that certification is maintained:
    - Emergency Nurse Practitioner
    - Family Nurse Practitioner
    - Gerontological Nurse Practitioner

7. **American Association of Critical-Care Nurses (AACN)**
    - Acute Care Nurse Practitioner