



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

Phone: (907) 269-8161 ★ Fax: (907) 269-8156

Email: boardofnursing@alaska.gov

Website: www.nursing.alaska.gov

APPLICATION FOR REINSTATEMENT OF NURSING LICENSE

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

If you received this application other than directly from the Board or its official website, the application may be outdated or not an official version.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

PROCEDURES FOR REINSTATING YOUR NURSING LICENSE (Pursuant to 12 AAC 44.317)

1. A completed signed and notarized application.
2. Check or money order for \$375.00 made payable to the State of Alaska. Fees: \$100.00 penalty fee, \$200.00 license fee, and \$75.00 fingerprint processing fee (if license has been lapsed for 1 year or more).
3. Verification of licensure sent directly from **each** jurisdiction where you held a license to practice nursing (or the verification made available via the NCSBN online verification system at www.nursys.com) during the time period your Alaska license was lapsed.
4. Fingerprinting & Background Reports - One original 8" x 8" card provided by the State of Alaska (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 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.

5. Continuing Competency: Document completion of **one (1) of the following four (4) methods** during the immediate **two years** before applying for reinstatement:

Method 1 - Proof of completion of **TWO** of the following three activities of continued competency

((a.) must be chosen if using method 1)

- a. 320 hours of nursing employment verified using the form included in this packet,
- b. 30 contact hours of continuing education in nursing verified by submitting official documentation of course completion,
- c. 60 hours of uncompensated professional activities in nursing verified using the form included in this packet

Method 2 - proof of completion of a nursing refresher course pre-approved by the board within 2 years of application,

Method 3 - attained a degree or certificate in nursing, or made progress toward one beyond the education requirements for your original license by successfully completing **at least two required courses** within 2 years of application and 320 hours of nursing employment verified using the form included in this packet, **or**

Method 4 - successful completion of the National Council Licensing Examination (NCLEX) within 2 years of application.

6. If you are **not** utilizing “nursing employment” (above) as one of the activities for satisfying continuing competency, submit verification, on a form provided by the Board, of at least 320 hours of employment in a nursing capacity **within the last five years** before application. **If you have not worked as a nurse within the preceding five years, you must submit proof of completion of method 2 or method 4 (above).**

PROCESSING TIME

Applications will be processed according to the date received and **generally** within the following time frame:
All applications have an initial review within 2-3 weeks of receipt of the application.

- If all documents are present for the permanent license, your reinstated license will be issued at the time of the initial review. If documents are missing, notification will be sent to you by mail or e-mail.

Wait for your first status letter to reach you before calling the Division to ask for status updates.

Note: Continuing Competency used to “reinstate” your license may not be used to “renew” your license for the next renewal period.

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.

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

Website: www.nursing.alaska.gov

☐ \$100.00 – Penalty Fee ☐ \$200.00 – License Fee

☐ \$75.00 – Fingerprint Processing Fee (only if license was lapsed 1-year or more)
(Enclose a check or money order payable to the State of Alaska for \$300.00 or \$375.00.)

Date of Birth: _____ Sex: _____ Daytime Telephone Number: _____

State/Province	License No. <i>(if known)</i>	Expiration Date <i>(mm/yyyy)</i>	Status <i>(Active, Expired, Probation, etc.)</i>

NURSING RELATED EMPLOYMENT

List nursing-related employment **during the past five years**, beginning with the most recent employer. **One of the listed employers must match the employer on the Verification of Employment form. Please explain any gaps in your employment of 3 months or longer on a separate piece of paper.**

Employer	City and State	Position	Dates (mm/yyyy)	
			From	To

If you have not been employed in nursing during the past five years, have you completed a Board approved refresher course within the immediate past two years? ☐ Yes ☐ No

If "Yes," before your application can be acted upon, a certificate of completion of the course needs to be submitted to the Board of Nursing, from the educational institution, and list the program below:

Program	City and State	Dates Attended (mm/yyyy)	
		From	To

CONTINUED COMPETENCY

Compliance with continued competency requirements is necessary for reinstatement of your license. **Nurses whose licenses have been lapsed for more than five years who have not worked during that time need to take a Board approved refresher course or pass the NCLEX licensing examination.**

Method 1: ☐ Indicate **two** of the following three options of continued competency completed in the two years preceding this request for reinstatement and provide copies of certificates and other appropriate proof.

((a.) must be chosen if using method 1)

- ☐ a. 320 hours of nursing employment. (The attached Verification of Employment form must be used to verify 320 hours of nursing employment obtained during the immediate two years before applying for reinstatement.)
- ☐ b. 30 contact hours of continuing nursing education earned during the immediate two years before applying for reinstatement. (Submit copies of certificates of completion or proof of attendance.)
- ☐ c. 60 hours of professional activities (performed without compensation). (The attached Professional Activities Verification form must be completed by the organization(s) where you completed professional activities within the immediate two years before applying for reinstatement.)

OR

Method 2: ☐ Proof of completion of a nursing refresher course pre-approved by the board within 2 years of application, **or**

Method 3: ☐ Attained a degree or certificate in nursing, or made progress toward one beyond the education requirements for your original license by successfully completing at least two required courses within 2 years of application and 320 hours of nursing employment verified using the form included in this packet, **or**

Method 4: ☐ Successful completion of the National Council Licensing Examination (NCLEX) within 2 years of application.

DISCIPLINARY HISTORY: The following must be answered pursuant to 12 AAC 44.317(a) (1) (D), 12 AAC 44.317 (b) (1) (D), and AS 08.68.270:

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 any supporting documents that are applicable (including court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PERSONAL HISTORY: The following must be answered pursuant to 12 AAC 44.317 (a) (1) (C), 12 AAC 44.317(b) (1) (C) and AS 08.68.270:

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 ☐ No
5. Are you currently participating in a substance abuse and /or alcohol or drug treatment program or 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 ☐ No
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 ☐ No

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

FINGERPRINTS & BACKGROUND REPORTS

☐

YOU MUST CHECK THIS BOX FOR THIS APPLICATION TO BE ACCEPTED

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). 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/R-I/Background/Home>. Please see the section Fingerprinting and Background Checks on page 1 of 4 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.

AFFIDAVIT

All information contained in this application will be considered “public” unless required to remain confidential by law. Current licensee information, including mailing address, is available on the Division’s website at www.commerce.alaska.gov/cbp/Main/Search/Professional.

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge and that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice nursing in the State of Alaska. 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 license may be subject to disciplinary action.

(Notary Seal)

SIGN HERE



Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public in and for the
state of _____, this _____ day of _____, 20_____.

SIGN HERE



Signature of Notary Public

My Commission Expires: _____

WARNING: The Alaska Board of Nursing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice nursing by fraud or deceit. The person may also be subject to criminal charge for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)



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PROFESSIONAL ACTIVITIES VERIFICATION

Applicant: Complete Section A and have the organization/agency where the professional activities were performed complete Section B. If you selected "professional activities" as one of the methods of satisfying continuing competency, then you must verify a minimum of 60 hours of professional activities required under 12 AAC 44.620 and obtained within the last biennial licensing period. Provide copies of this form to as many organizations/agencies as needed for verification.

Section A:

I, _____, am applying for an Alaska nursing license to practice as a

☐ registered or ☐ practical nurse and hereby authorize you to release information as required on this form.

Name: _____ Signature: _____

License Number: _____

Section B: To be completed by organization/agency where services were performed. Complete all sections below.

By my signature below, I attest that the above-named nurse performed "professional activities (without compensation)" using nursing knowledge that contributed to the health of individuals or the community during the time period below:

Dates of Professional Activities: _____ The number of hours performed: _____
(list month/year through month/year)

Professional activities must be performed without compensation and satisfied through one or more of the following methods (check all that apply):

- ☐ work with a professional nursing or health-related organization (what type of work?);
- ☐ authoring or contributing to an article, book, or publication related to health care;
- ☐ development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
- ☐ design and conduct a research study relating to nursing and/or health care;
- ☐ other professional activities approved by the board.

Describe the professional activities: _____

Verified by: _____

Title/Position: _____

Name of Organization: _____

Phone: _____

Address: _____

Date: _____



**PLEASE RETURN COMPLETED FORM DIRECTLY TO THE ALASKA BOARD OF NURSING.
FAXED COPIES NOT ACCEPTABLE.**

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VERIFICATION OF NURSING EMPLOYMENT

APPLICANT: **1)** Complete the top (applicant) portion of this form. **2)** Submit the form to an employer **listed on your application** who will be able to verify at least 320 hours of nursing employment within the last 2 years (or within the last 5 years if you are not utilizing “nursing employment” as part of your continuing competency). **3)** After the employer completes the bottom portion, have the employer email, mail or fax the form to the Board of Nursing at the address above.

PLEASE PRINT:

I, _____
Last Name First Middle Former
 am applying for reinstatement of my nursing license in Alaska. I hereby authorize you to release information as required on this form
 to the Alaska Board of Nursing.

I worked as a (check one): ☐ Registered Nurse ☐ Practical/Vocational Nurse ☐ APRN

Signature: _____ Date: _____

Address: _____ Birth Date: _____

EMPLOYER: Please complete this form. DO NOT return it to the applicant. THIS FORM MUST BE SUBMITTED DIRECTLY FROM THE EMPLOYER TO THE ALASKA BOARD OF NURSING VIA EMAIL, FAX OR MAIL (FROM EMPLOYERS OFFICIAL WORK EMAIL, FAXED WITH A COVERSHEET OR MAILED FROM EMPLOYERS WORK ADDRESS). Please sign the form in ink (no stamps). Items 1, 2 and 3 must be answered as they are required by the Board of Nursing. Thank you for your cooperation.

Employee's Position/Title: _____

1. Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years? ☐ Yes ☐ No

2. If No, did the employee work in a nursing capacity a total of at least 320 hours within the past five (5) years? ☐ Yes ☐ No

3. Dates of Employment: From: (mm/yyyy) _____ To: (mm/yyyy or Present) _____

Signature: _____ **Title:** _____

Printed Name: _____ Date: _____

Company Name or Agency: _____ **Phone Number:** _____

Mailing Address: _____
Street or P.O. Box Number City State Zip Code

Facility the applicant was contracted or assigned to: _____

Mailing address of that facility: _____

<i>Street or P.O. Box Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

THIS FORM MUST BE SUBMITTED DIRECTLY FROM THE EMPLOYER TO THE ALASKA BOARD OF NURSING VIA MAIL, SCAN OR FAX.

ARTICLE 6.
CONTINUING COMPETENCY.

Section

- 600. Purpose of continuing competency requirements**
- 610. Continuing education requirements**
- 620. Professional activities requirement**
- 630. Nursing employment requirement**
- 640. Alternative methods for continuing competency requirements**
- 650. Requirements for new licensees**
- 660. Audit and documentation**

12 AAC 44.600. PURPOSE OF CONTINUING COMPETENCY REQUIREMENTS.

The purpose of continuing competency requirements is to ensure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles, and concepts in the practice of registered or practical nursing as defined in AS 08.68.850. Before a license can be renewed each biennial period, a registered nurse or a licensed practical nurse must document either

- (1) compliance with 12 AAC 44.640; or
- (2) completion of two of the following three methods for maintaining continuing competency:
 - (A) continuing education as prescribed under 12 AAC 44.610;
 - (B) professional activities as prescribed under 12 AAC 44.620; and
 - (C) nursing employment as prescribed under 12 AAC 44.630.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.610 CONTINUING EDUCATION REQUIREMENTS.

(a) Except as provided in (d) of this section, the board will accept continuing education toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 contact hours of continuing education for renewal of a license or current certification by a national nursing certification body, during the two years before the licensing period for which the applicant seeks renewal; the applicant shall earn at least 20 of the contact hours in a continuing education program provided

(A) under the accreditation standards established or followed by one of the following organizations:

- (i) American Nurses Credentialing Center (ANCC);
- (ii) Accreditation Council for Continuing Medical Education (ACCME);
- (iii) Accreditation Council for Pharmacy Education (ACPE) – courses with a “P” designation or identification number;
- (iv) a nurse practitioner certifying body;
- (v) a nurse anesthetist certifying body; or

(B) by a sponsor for which an applicant or the executive administrator obtains board approval; the board will approve only those sponsors who offer continuing education as defined in (c)(2) of this section;

(2) that no more than 10 of the contact hours required under (1) of this subsection were earned through in-service nursing education offered by a licensed health care facility that does not meet the qualifications required under (1) of this subsection; and

(3) that the contact hours required under (1) of this subsection were earned in at least one of the following subject areas:

- (A) nursing practice areas and special health care problems;
- (B) biological, physical, or behavioral sciences;
- (C) legal or ethical aspects of health care;
- (D) management or administration of health care personnel and patient care;
- (E) subjects approved by the board that are required as part of a formal nursing program but that are more advanced than those completed for original licensure.

(b) The board will accept continuing education contact hours that are part of a mediated learning system such as educational television, audio or video cassettes, the Internet, or printed media, or that are part of an independent study program, if the system or program is accredited by an agency that the board has approved. The board will maintain a list of accrediting agencies and will approve an accrediting agency that is approved by a national certifying body.

(c) In this section,

(1) “contact hour” means a minimum of 50 minutes of actual organized instruction; academic credit will be converted to contact hours as follows:

- (A) one quarter academic credit equals 10 contact hours;
- (B) one semester academic credit equals 15 contact hours;

(2) “continuing education” means a systematic educational experience that grants academic credit or contact hours beyond the basic nursing program preparation.

(d) The board will not accept continuing education contact hours or in-service hours for the completion of courses in cardiopulmonary resuscitation (CPR) or basic life support (BLS). The board will accept continuing education for renewals of licenses of advanced cardiac life support (ACLS), pediatric advanced life support (PALS), and other advanced courses for registered nurses.

Authority: AS 08.68.100 AS 08.68.276 AS 08.68.330

12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT.

(a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and

(2) that the hours of participation in professional activities were earned in at least one of the following ways:

(A) work with a professional nursing or health-related organization;

(B) authoring or contributing to an article, book, or publication related to health care;

(C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;

(D) the design and conduct of a research study relating to nursing and health care;

(E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of “professional activities” in (b) of this section.

(b) In this section “professional activities” means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.

(c) Providing nursing care to the nurse’s immediate family members does not qualify to meet professional activities requirements. In this subsection, “immediate family member” means a parent, sibling, spouse, child, parent-in-law, sibling in-law, stepchild, or same-sex or opposite-sex domestic partner.

Authority: AS 08.68.100 AS 08.68.276 AS 08.68.300

12 AAC 44.630. NURSING EMPLOYMENT REQUIREMENT.

The board will accept nursing employment toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents at least 320 hours of practice of practical nursing or registered nursing, as defined in AS 08.68.850, during the two years before the licensing period for which the applicant seeks renewal. The applicant shall document those hours on a renewal survey form provided by the board and shall include the name of the nurse’s employer.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.640. ALTERNATIVE METHODS FOR CONTINUING COMPETENCY REQUIREMENTS.

A nurse may meet continuing competency requirements without meeting the requirements of 12 AAC 44.610 – 12 AAC 44.630 by documenting that after the last renewal date, the nurse has

(1) completed a nursing refresher course approved by the board; or

(2) attained a degree or certificate in nursing, or made progress toward one, beyond the education requirements for the nurse’s original license by successfully completing at least six academic credits in courses required for the degree or certificate; or

(3) successfully completed the National Council Licensing Examination.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.650. REQUIREMENTS FOR NEW LICENSEES.

(a) A licensee who receives his or her original license in the first year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.640 before the first license renewal.

(b) A licensee who receives his or her original license in the second year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600—12 AAC 44.640 before the second license renewal.

Authority: AS 08.68.100 AS 08.68.276

12 AAC 44.660. AUDIT AND DOCUMENTATION.

(a) A licensee must comply with all applicable requirements of 12 AAC 02.960 – 12 AAC 02.965. If selected for an audit of continued competency activities, the licensee must cooperate with the department and must submit all requested verifications of continued competency activities claimed by the licensee.

(b) Notwithstanding the requirements of 12 AAC 02.960 and this section, the board will request that the department randomly select 25 percent of the total advanced nurse practitioner authorizations for audit.

Authority: AS 08.68.100 AS 08.68.276

LIST OF CONTINUED COMPETENCY PROFESSIONAL ACTIVITIES

Uncompensated Professional Activities Requirement:

12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT.

(a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and

(2) that the hours of participation in professional activities were earned in at least one of the following ways:

(A) work with a professional nursing or health-related organization;

(B) authoring or contributing to an article, book, or publication related to health care;

(C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;

(D) the design and conduct of a research study relating to nursing and health care;

(E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of "professional activities" in (b) of this section.

(b) In this section "professional activities" means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.

- **Camp nurse or sport camp nurse**
- **Giving injections (flu shots, vaccines, insulin)**
- **Volunteering as a nurse i.e. overseas or with Peace Corps, Volunteer of America**
- **Utilizing assessment and treatment plan skills i.e. assessing students in a school without a licensed school nurse present**
- **Reviewing medications i.e. in an assisted living home**
- **Assisting with annual skills fair at a facility or teaching new skills**
- **Volunteering in a skills lab at a nursing school**
- **Providing health information, diabetic teaching i.e. at a health fair**
- **Taking vital signs, heights, weights**
- **Providing first aid**
- **Pioneer Home, Assisting living homes, or nursing homes helping with activities**
- **Volunteering in quality or infection control services in a facility with data entry or records keeping duties**
- **Volunteering as a doula**
- **End of Life comfort care, sitter**
- **Attending nursing board or professional association meetings**
- **Volunteering as a special needs assistant**
- **Providing respite care**
- **Providing comfort to families anywhere in a hospital, hospice center, long term care facility, home. Cannot be family members.**
- **Volunteering with the American Red Cross in medical/nursing related activities**
- **Volunteering in an HIV/AIDS clinics, needle exchange program, providing education, STI screening**

Not Accepted:

- **Working with a therapy dog**
- **Working as a medical assistant**
- **Working as a receptionist**

Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI (28 CFR 50.12(b)). Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be those provided by the State of Alaska (printed in the pale blue ink); you may also use the standard *FBI Form FD-258*. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Please follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

NAME: Applicant's last name (comma), first name, then middle name if any; suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

SIGNATURE OF PERSON FINGERPRINTED: Must be signed by the applicant.

RESIDENCE OF PERSON FINGERPRINTED: Enter the applicant's physical residence address.

DATE: Date fingerprinting was done.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the person who rolled the fingerprints.

EMPLOYER AND ADDRESS AND REASON FINGERPRINTED: These blocks to be completed by the State of Alaska.

ALIASES/AKA: List other names used by applicant that are different than that entered in NAME block; also list maiden names and all previous married names of females. Enter client number, 5097, at bottom of block.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States; otherwise, enter correct country abbreviation.

YOUR NO./OCA: Leave this space blank (Originating Agency Case Number).

FBI NO./FBI: Enter applicant's assigned FBI number, if known.

ARMED FORCES NO/MNU: Leave this space blank.

SOCIAL SECURITY NO/SOC: List applicant's Social Security number.

MISC. NO/MNU: If Alaska resident, enter applicant's Alaska driver's license or state ID # if applicable.

ORIGINATING AGENCY IDENTIFIER (ORI): Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

SEX: F (female) or M (male). Note: Indicate if applicant is a transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the Aliases/AKA block.

RACE: Race must be indicated by one of the following one-character alphabetic codes:

A= Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese
B= Black
I= American Indian, Alaskan Native, Eskimo
W= White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures
U= Unknown

HEIGHT: Must be shown in feet and inches, fractions rounded off to nearest inch (i.e., 5'11" entered as 511)

WEIGHT: Must be expressed in pounds, fractions rounded off to nearest pound.

EYES: Indicate eye color by one of the following three-character codes:

BLK = Black	GRY = Gray	MAR = Maroon
BLU = Blue	GRN = Green	PNK = Pink
BRO = Brown	HAZ = Hazel	UNK = Unknown

HAIR: Indicate hair color by one of the following three-character codes:

BAL = Bald	BRO = Brown	SDY = Sandy
BLK = Black	GRY = Gray	WHI = White
BLN = Blonde	RED = Red	XXX = Unknown

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county name as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of person 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

FINGERPRINT IMPRESSION BLOCKS: (Individual and Simultaneous): It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink nor too little nor too much pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail, and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the card is essential. Please double check your work before sending the card. Illegible, incomplete or incorrect cards will be rejected and returned unprocessed.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety <https://dps.alaska.gov/Statewide/R-I/Background/Home> to request to correct criminal justice information.

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b), and Alaska Regulation AAC 13.68.300.

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

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: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.