



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If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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

PERMANENT LICENSE – APPLICATION PROCEDURES (12 AAC 44.290)

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

1. APPLICATION

A completed application, signed and notarized (#08-4112, pages 1-4).

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

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 NURSING PROGRAM

A completed Nursing Program Verification form (#08-4112b) sent directly from the school of nursing to the Alaska Board of Nursing, verifying successful completion of an approved nursing program.

5. OFFICIAL TRANSCRIPT

An official transcript sent directly from the college or school of nursing attended to the Alaska Board of Nursing. The graduation date and the type of degree conferred **must be posted** on the transcript. Send electronic transcripts to boardofnursing@alaska.gov.

Note: Documents not in English must be accompanied by a certified English translation.

TEMPORARY PERMIT – APPLICATION PROCEDURES (12 AAC 44.320)

A temporary permit may be issued at the discretion of the board.

To receive a temporary permit, numbers 1-4 in the section above must have been received by the Board of Nursing.

To be eligible for the temporary permit, an applicant must not have failed the NCLEX-RN examination, or failed to appear to take the NCLEX examination for which the applicant was registered. The permit is nonrenewable and valid for six months or until the results of the NCLEX is made available and notification of the results is received by the temporary permit holder, whichever occurs first. **If you are unsuccessful on the NCLEX-RN, the temporary permit becomes invalid.**

ENGLISH PROFICIENCY - FOREIGN GRADUATES ONLY

All foreign graduates must take the NCLEX. (Please read 12 AAC 44.290 & 310). All documents must be accompanied by certified English translations if the original documents are not in English. Practical nurse applicants from schools outside the U.S. or Canada (except Quebec, Canada) must submit an evaluation of the applicant's nursing education by the CGFNS Credentials Evaluation Service, with a full education, course-by-course report.

12 AAC 44.290(a)(3)(D)

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;

EXAMINATION INFORMATION

You may register with PearsonVUE Professional Testing to take the NCLEX at anytime during the application process. When your application has been approved and after you have registered with PearsonVUE, the Board will then notify the testing company that you are eligible to take the examination. Your Authorization to Test (ATT) from PearsonVUE will be issued approximately 48 hours after the Board makes you eligible. The candidate website for the examination is: www.pearsonvue.com/nclex

After you have passed the NCLEX-RN examination, your permanent license will be issued. If you did not achieve a passing score, you will be notified.

SPECIAL ACCOMMODATION NEEDS TO TAKE THE EXAM

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination (NCLEX), you must submit a completed Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the board's website at www.nursing.alaska.gov or contact the Division to request the form.

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.

LICENSE TERM:

Licenses are issued for a two-year period and expire on November 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 60 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

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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Website: ProfessionalLicense.Alaska.Gov/BoardofNursing

Registered Nurse License by Examination Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application, License, and Fingerprint Processing Fee (\$275 is Non-Refundable)	\$375.00
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PART II Temporary Permit

<input type="checkbox"/> In addition to permanent licensure, I would like to request a Temporary Permit. (If no, proceed to Part III.)			
1. Have you failed to appear to take the NCLEX examination for which you were registered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you failed the NCLEX examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State(s):		Date(s) Failed: (mm/yyyy)	
<i>If you have failed the NCLEX or failed to appear for the NCLEX you are not eligible for a temporary permit.</i>			

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).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> 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:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> 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 Initial RN Nursing Education

I attest I have graduated from or I am eligible to graduate from a nursing education program approved by the board.
(Sec 08.68.170)

PART V National Council Licensure Examination (NCLEX-RN)

Have you ever taken the National Council Licensure Examination (NCLEX-RN)? Yes No

State(s): _____ Date(s) Taken:
(mm/yyyy)

If yes, have exam certification and nursing program information forwarded to the Alaska Board of Nursing.

PART VI RN or LPN License

Have you ever applied for, or have you held an RN or LPN license in Alaska? RN LPN N/A

Date Granted: _____ Date Denied:
(If applicable)

PART VII Other Nursing or Healthcare License(s)

Please list any other nursing or healthcare-related licenses held.

State or Jurisdiction	License Type	License Status (Active, Lapsed, Etc.)

PART VIII Foreign Graduates

If a graduate of a Foreign School of Nursing, have you had your transcript evaluated by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and passed the English Language requirements? Yes No

You must submit the CGFNS and English language documentation.

PART IX 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 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 44.290 (a)(1) (E) 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 44.290 (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.

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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Nursing Program Verification



Applicant:

Complete the identifying information below and submit this form to the program or school where you received your nursing education. After the program or school completes the bottom portion, have them email or mail the form directly to the letterhead address.

Applicant Name:		Date of Birth:	
Other Names Used:			



Nursing School or Program Staff:

Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Nursing at the letterhead address.

School or Program Name:			
Mailing Address:	P.O. Box or Street	City	State Zip
Type of Program:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate	<input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	
State Board of Nursing:		Accredited at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACEN: (Formerly NLNAC)		Accredited at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Accrediting Body:		Accredited at Time of Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you recommend this applicant to sit for the National Council License Examination (NCLEX)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Seal	Signature:		Date Signed:
	Printed Name:		Title:
	Email:		Phone: