

**ALASKA BOARD OF NURSING  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
550 WEST 7<sup>TH</sup> AVENUE, SUITE 1500  
ANCHORAGE, ALASKA 99501  
Telephone: (907) 269-8161  
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**CONTINUING EDUCATION DOCUMENTATION**

Name of Licensee: \_\_\_\_\_

License No.: \_\_\_\_\_

If you completed continuing education as one of the methods in satisfying the continuing competency requirements for licensure, please complete this form **and** submit copies of the certificates confirming compliance with 12 AAC 44.600-.610. Note: At least 30 contact hours earned within the last biennial licensing period must be in a program sponsored or approved by an organization referenced in 12 AAC 44.610 with not more than 10 of the contact hours earned through in-service nursing education offered by a licensed health care facility. (Copy this form as needed to document required education.)

	COMPLETE NAME AND ADDRESS OF PROGRAM SPONSOR, i.e., SCHOOL FIRM OR ORGANIZATION CONDUCTING PROGRAM, INCLUDING CHAPTER LOCATION OR BRANCH OFFICE, etc.	<b>CONTINUING EDUCATION MUST BE EARNED IN AT LEAST ONE OF THE FOLLOWING AREAS:</b> NURSING PRACTICE AREAS & SPECIAL HEALTH CARE PROBLEMS; BIOLOGICAL, PHYSICAL, OR BEHAVIORAL SCIENCES; LEGAL OR ETHICAL ASPECTS OF HEALTH CARE; MANAGEMENT OR ADMINISTRATION OF HEALTH CARE PERSONNEL & PATIENT CARE OR 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. IDENTIFY THE SUBJECT AREA(S) IN WHICH CE RECEIVED.	DATES ATTENDED (DAY, MONTH, YEAR)	HOURS CLAIMED	
				TOTAL HOURS EARNED	OF THE HOURS CLAIMED, HOW MANY ARE IN-SERVICE?
1					
2					
3					
4					
5					
6					
7					
8					
<b>REMINDER: <u>Certificates must be attached for each course listed above.</u></b>				<b>TOTAL</b>	