



**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfNursing](http://ProfessionalLicense.Alaska.Gov/BoardOfNursing)

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## Reinstatement of Advanced Practice Registered Nurse License Application Instructions

To practice as an Advanced Practice Registered Nurse (APRN), you must first be licensed as a Registered Nurse (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.

Registration with the Prescription Drug Monitoring Program (PDMP) is required within 30 days of obtaining controlled substance prescriptive authority or a DEA registration number, whichever is later. If you have a DEA registration number, and only legend drug prescriptive authority in Alaska then you do not need to register with the PDMP. For more information, visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov).

***The following must be received by the division before your application for Reinstatement of Advanced Practice Registered Nurse License can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4867, pages 1-4).

### 2. FEES

Fees made payable to “State of Alaska.”

Nonrefundable Application Fee (Only if Lapsed Over 1 Year): \$100.00

APRN License Fee: \$100.00

Prescriptive Authority Fee – Legend Drugs ONLY: \$100.00\*

Prescriptive Authority Fee – Controlled Substances and Legend Drugs: \$200.00\*

***\* Fees required only if prescriptive authority was not previously held.***

### 3. NATIONAL CERTIFICATION

A 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.

### 4. VERIFICATION OF CLINICAL PRACTICE

A completed Verification of Clinical Practice form (#08-4867b), verifying at least 320 hours of clinical practice as an APRN within the two years before the date the application is received by the board. If you cannot document 320 hours of clinical practice in the past two years, you must satisfy the preceptorship requirements as stated in 12 AAC 44.475(c-e).

### 5. 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 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 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.

**TO PRESCRIBE AND DISPENSE FEDERALLY SCHEDULED II - V 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, following approval by the board to prescribe and dispense controlled substances, you MUST register with the Prescriptive Drug Monitoring Program (PDMP).** To create an account, go to: *alaska.pmpaware.net*. For more information, visit *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 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.

### **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](http://ProfessionalLicense.Alaska.Gov).

### **PUBLIC INFORMATION:**

All information on the application will be available as 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](http://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 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.

### **PRESCRIPTION DRUG MONITORING PROGRAM:**

Registration with the Prescription Drug Monitoring Program (PDMP) is required within 30 days of obtaining controlled substance prescriptive authority or a DEA registration number, whichever is later. If you have a DEA registration number and only legend drug prescriptive authority in Alaska, then you do not need to register with the PDMP. Practitioners must use the PDMP to review a patient's prescription history each time before prescribing, administering, or dispensing a federally scheduled II or III controlled substance. For more information, visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov).

**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](http://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](mailto:RegulationsAndPublicComment@Alaska.Gov).



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

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**Reinstatement of Advanced Practice Registered Nurse License Application**

**PART I Payment of Fees**

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee (Only if Lapsed Over 1 Year)	\$100.00
	<input type="checkbox"/> Initial License Fee	\$100.00
Optional Prescriptive Authority Fees:	<input type="checkbox"/> Legend Drugs ONLY - OR -	\$100.00*
	<input type="checkbox"/> Controlled Substances and Legend Drugs	\$200.00*

\*Fees required only if prescriptive authority was not previously held.

**PART II 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
Alaska RN License Number:			<input type="checkbox"/> RN Reinstatement Application in Process
Alaska APRN License Number:			
Contact Phone:		Date of Birth:	
<b>EMAIL AGREEMENT:</b> 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
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>			
<b>SOCIAL SECURITY NUMBER:</b> 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**

<b>Name of Nursing School:</b>			
<b>Date Entered:</b>	YYYY	<b>Date Completed:</b>	YYYY
<b>Name of Certifying Body:</b>			
<b>For which role are you applying?</b>	<input type="checkbox"/> NP	<input type="checkbox"/> CNM	<input type="checkbox"/> CNS <input type="checkbox"/> CRNA
<b>What National Certification(s) do you hold? Check all that apply:</b>			
<input type="checkbox"/> Acute Care/Emergency	<input type="checkbox"/> Family	<input type="checkbox"/> Pediatric	
<input type="checkbox"/> Adult	<input type="checkbox"/> Family/Individual Across Lifespan	<input type="checkbox"/> Psychiatric/Mental Health	
<input type="checkbox"/> Adult/Gerontology	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Women's Health	
<input type="checkbox"/> Adult Psychiatric/Mental Health	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Women's Health/Gender	

**PART IV Prescriptive and Dispensing Authority**

If prescriptive authority was not previously held, you must 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.

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

<b>Do you want prescriptive and/or dispensing authority for legend drugs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, do you also want prescriptive authority for controlled substances?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PART V DEA Registration and PDMP Acknowledgment

1. Providers applying for legend drug prescriptive authority **only** do not need to register or comply with PDMP requirements (Skip to Part VI). Providers applying for controlled substance prescriptive authority are required to register with the PDMP. **Providers with a DEA registration number valid to use in any state or practice location and controlled substance prescriptive authority must register with the PDMP. Do you have a DEA Registration number?**

- NO**, I do not have a DEA registration number. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will comply with mandatory use and refer to all applicable authorizing statutes and regulations. (Skip to Part VI)
- YES**, I have a DEA registration number. 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.
- I acknowledge I must review a patient's prescription history prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance.
- I understand I must submit proof of completion for 2 hours in pain management and opioid use and addiction completed in the two-year period immediately before the date of application as required by 12 AAC 44.445(i)(1). A course description may be needed if the course does not specify pain management and opioid use and addiction.

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).

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

DEA Registration Number:	Issue Date:	Expiration Date:

2. **Providers who directly dispense a federally scheduled II - IV controlled substance are required to report daily. Do you plan to directly dispense?** Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

*Reporting does not apply to you if you directly dispense an outpatient supply of 24-hours or less in practice locations exempt under AS 17.30.200(t). Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, inpatient pharmacies, and emergency departments.*

*Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.*

- YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- NO**, I do not plan to directly dispense and acknowledge if I begin directly dispensing, I must report daily. (If you are not directly dispensing, the reporting criteria do not apply to you.)

## PART VI Clinical Practice as an APRN

- I attest to having worked at least 320 hours of clinical practice as an APRN within the two years before the date of this application.
- I have NOT worked at least 320 hours of clinical practice as an APRN within the two years before the date of this application. I understand I must satisfy the preceptorship requirements as stated in 12 AAC 44.475(c-e).

## PART VII 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).



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**Notary Signature Page**

<b>Applicant Name:</b>	
<b>Alaska License Number (if known):</b>	

**PART VIII 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	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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## Verification of Clinical Practice as an APRN

→ **Applicant:**

Complete the top portion of this form and submit to an employer who is able to verify at least 320 hours of clinical practice as an APRN within the last 2 years. After the employer completes the bottom portion, have the employer email or mail the form directly to the Board of Nursing at the letterhead address.

<b>Applicant Full Legal Name:</b>		<b>Date of Birth:</b>	
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→ **Employer:**

Complete this form and submit it directly to the Alaska Board of Nursing via email or mail (either from your official work email or mailed from your work address). **DO NOT return it to the applicant.** This form must be signed and dated.

<b>Did the employee complete at least 320 hours of clinical practice as an APRN within the immediate past two (2) years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Company Name or Agency:</b>		
<b>Mailing Address:</b>	P.O. Box or Street	City State Zip

<b>Employer Printed Name:</b>		<b>Title:</b>	
<b>Employer Signature:</b>		<b>Date:</b>	
<b>Employer-Issued Email Address:</b>		<b>Phone:</b>	



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## Approved Advanced Practice Registered Nurse Certification Programs

**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)
- Child and Adolescent Psychiatric and Mental Health Clinical Nurse Specialist
- 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
- Emergency Nurse Practitioner
- Family Nurse Practitioner

***If certified or licensed as of January 1, 2024, may continue to practice if that certification is maintained:***

- Gerontological Nurse Practitioner

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

- Acute Care Nurse Practitioner



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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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.**

1. Credit Card Number:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		