



Online Instructions

Initial Application for Advanced Practice Registered Nurse License

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A PERMANENT RN LICENSE AND APRN LICENSE TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE IN ALASKA.**

The following must be received by the division before your application for APRN license can be reviewed:

1. NOTARY SIGNATURE PAGE

Submit the notarized signature page (#08-4028, page 4 ONLY) to complete the online application.

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. NATIONAL CERTIFICATION

Proof 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. PROFESSIONAL REFERENCE

A completed Reference Form (form #08-4028a) 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.

5. 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.

6. 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, please submit one of the following: **(CONTINUED ON NEXT PAGE)**

- (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 (TOEFL), 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.

7. 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.

LICENSE STATUS:

Licenses are issued for a two-year period and expire on November of EVEN-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 60 days before license expiration to the last known address of record.

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.

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:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the Division for a copy of the form.

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)

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.

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*

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 program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



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

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfNursing

Professional Reference

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to the appropriate individuals. *Make additional copies of this form, as needed.*

Full Legal Name:	
Applicant Signature:	

→ **Reference:** Please provide the information requested below for the applicant identified in this form and send this document directly to the Alaska State Board of Nursing at the letterhead address.

I was professionally associated with the above-named applicant, within the past two years, during the following dates:			
Start Date: (mm/yyyy)		End Date: (mm/yyyy)	
Please give your rating of the applicant's competence:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Do you recommend this applicant for authorization as an Advanced Practice Registered Nurse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
By my signature below, 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 Printed Name:		Title:	
Reference Signature:		Date:	
Agency:		Email Address:	
Institution Address:		Phone Number:	