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

Online Instructions

Initial Application for Practical Nurse License by Endorsement

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A TEMPORARY OR PERMANENT LICENSE TO PRACTICE AS A PRACTICAL NURSE IN ALASKA.**

The following must be received by the division before your application for LPN by Endorsement can be reviewed:

1. **A COMPLETED ONLINE APPLICATION, INCLUDING PAYMENT OF FEES.**
   Fees: $375.00 total ($100.00 nonrefundable application fee, $200.00 license fee, $75.00 fingerprint processing fee). Note: You may only pay with a credit card when submitting an online application. The online application is not complete until you have completed the credit card payment online.

2. **NOTARIZED SIGNATURE PAGE**
   The original notarized signature page (#08-4014, page 5 ONLY) must be uploaded to your myAlaska account or mailed to our office in order to complete the initial application (12 AAC 44.305(a)(1)(F)).

3. **FINGERPRINTS & 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. **LICENSE VERIFICATION**
   Verification of licensure sent directly from (or made available via the National Council of State Boards of Nursing (NCSBN) online verification system at www.nursys.com): 1) the state or Canadian province where you received initial licensure and 2) from a state or Canadian province where you hold a current license. You must hold a current license in another state to be eligible for a nursing license by endorsement in Alaska. This license must be current at the time the board issues the permanent license. An inactive status is not a current license. **(CONTINUED ON NEXT PAGE)**

Canadian nurses who passed the CNATS exam before August 1980, with a score of at least 350 on each of the five parts of the examination, or after July 1980 but before July 1992, with a score of 400 may apply for a License by Endorsement. Applicants who took the CNATS after June 1992, must apply to take the NCLEX examination. See 12 AAC 44.310(d).

Note: For temporary permit, applicants who are using Michigan or Pennsylvania as their current state of licensure need to submit a certified true copy of their current license OR request an official license verification be sent directly to the state to Alaska. This can be emailed directly from the state to: Boardofnursing@alaska.gov (if available). To obtain a "certified true copy," a notary public must compare the original to the photocopy. The notary must write "I certify this to be a true copy of the original document" on the photocopy and attest to the fact by signing and notarizing the document. If the notary will not certify the copy, you may certify that it is a true copy of the original and have your signature notarized.

5. **VERIFICATION OF EMPLOYMENT**
   A completed Verification of Employment form (#08-4014b), verifying at least 320 hours of employment in a nursing capacity within the five years before the date the application is received by the Board. If you cannot document 320 hours of employment in the past five years, you must satisfy the continuing competency requirements of the Board or complete a Board approved refresher course.
   Board approved refresher courses can be found at www.nursing.alaska.gov

6. **ENGLISH PROFICIENCY - FOREIGN GRADUATES ONLY**
   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 (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.

TEMPORARY PERMIT – 12 AAC 44.320

A temporary permit may be automatically issued once items #1 - #4 are received and processed (this includes review of professional fitness questions). Items #5 and #6 are not required for a temporary permit. Temporary permits are valid for six months and are nonrenewable. It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.

LICENSE STATUS:

Licenses are issued for a two-year period and expire on September 30 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.

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 in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation

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

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FOR DIVISION USE ONLY

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*

Notary Signature Page

PART XI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that 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 or permit to practice in the state of Alaska.

I further understand that 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:**	

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*

Verification of Nursing Employment

1) Complete the top portion of this form.
2) Submit this form to an employer who is able to verify at least 320 hours of nursing employment within the last 5 years.
3) After the employer completes the bottom portion, have the employer email, fax or mail the form directly to the Board of Nursing at the letterhead address.

Applicant Name:		**Date of Birth:**	
I worked as a: (Select ONE)	☐ Registered Nurse ☐ Practical/Vocational Nurse ☐ APRN		
☐ I am applying for nursing licensure in Alaska. I hereby authorize you to release information as required on this form to the Alaska Board of Nursing.			

→ **Employer:**

Please complete this form. **DO NOT return it to the applicant.**

This form MUST be completed and submitted directly from the employer to the Alaska Board of Nursing via email, fax, or mail (either from employer's official work email, faxed with a cover sheet, or mailed from employer's work address). This form must be signed and dated.

Company Name or Agency:			
Mailing Address:	P.O. Box or Street City State Zip		
Facility applicant was contracted or assigned to:			
Facility Mailing Address:	P.O. Box or Street City State Zip		
Employee Position/Title:			
Employment Start Date: (mm/yyyy)		**Employment End Date:** (mm/yyyy or present)	
Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past five (5) years?			☐ Yes ☐ No
Signature:		**Date:**	
Printed Name:		**Title:**	
Email:		**Phone:**	

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). Fingerprints submitted must be on the standard FBI Form *FD-258*. These forms can be found for purchase online or often at local law enforcement or other authorized agencies that offer fingerprinting. Take the card, the instructions, and your 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. 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 by 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. *Be sure to write your name in clear handwriting. Unclear handwriting may result in misspellings on the required background report and/or may require new fingerprint cards to be submitted.*

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 the 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 the correct country abbreviation.

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

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

ARMED FORCES NO./MNU: Leave this space blank.

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

MISC. NO./MNU: If Alaska resident, enter the 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 as 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 inches (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 names as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of persons 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 much nor too little 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 individua 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 cards 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 notification[1] 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 associate 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 records 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 at *https://DPS.Alaska.Gov/Statewide/R-I/background/Home* to request to correct criminal justice information.

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[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