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 ★ *Fax:* (907) 269-8156
Email: boardofnursing@alaska.gov
Website: www.nursing.alaska.gov

LICENSED PRACTICAL NURSE BY ENDORSEMENT ONLINE 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 previously held a license in Alaska, DO NOT complete this form. You must complete an "Application for Reinstatement" and comply with the rules for reinstatement. See AS 08.68.251 and 12 AAC 44.317, Lapsed License, in the Board's statute and regulation booklet.

APPLICATION PROCEDURES – 12 AAC 44.305
The following documents must be submitted:

1. A completed online application, including payment of fees.

   Fees: $375.00 total ($100.00 nonrefundable application fee, $200.00 license fee, and $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 (#08-4014, page 4 **only**).

   The original notarized signature page must be mailed to our office in order to complete the initial application (12 AAC 44.305(a)(1)(F)).

3. 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 packet will be sent to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 08.24.120). 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 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.**

   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).

5. Verification, on a form provided by the Department, of at least 320 hours of employment in a nursing capacity within the two years before the date the application is received by the Board. If you cannot document 320 hours of employment in the past two years, you must satisfy the continuing competency requirements of the Board or complete a Board approved refresher course.

   If you have not practiced nursing within the preceding five years, you must submit proof of completion of a board approved refresher course as required by 12 AAC 44.305(a)(4). Board approved refresher courses can be found at *www.nursing.alaska.gov*.

APPLICATION PROCEDURES CONTINUED:

6. If the applicant graduated from a pre-licensure nursing program that was not taught with English as the primary language, English textbooks, and English testing modules, verification of passing one of the following English proficiency examinations, with at least the following minimum scores:
   - International English Language Testing System (IELTS) academic examination – overall score of 6.5 with a minimum of 6.0 on all modules;
   - Test of English as a Foreign Language, paper-based test (TOEFL-PBT) – overall score of 560 with a score on the Test of Spoken English (TSE) of 50;
   - Test of English as a Foreign Language, computer-based test (TOEFL-CBT) – overall score of 220 with a score on the Test of Spoken English (TSE) of 50;
   - Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) – overall score of 84 with a speaking score of 26.

TEMPORARY PERMIT – 12 AAC 44.320

A temporary permit may be issued at the discretion of the board. To be eligible for the permit, in addition to the application documents and fees, submit:

1. Request for Temporary Permit by answering "yes" to the question "in addition to permanent licensure, I would like to obtain a temporary permit" within the Online Initial Application.
2. An additional $100 fee for the temporary permit,
3. A <u>certified true copy</u> of your current license in another state or jurisdiction or release official license verification for participating states via the National Council of State Boards of Nursing (NCSBN) online verification system at www.nursys.com; and
4. The completed employment verification form (#08-4014a).

Temporary permits are valid for six months and are nonrenewable. Temporary permits are generally issued within 15 business days of receipt of a <u>properly</u> completed application, fees, fingerprint cards, completed employment verification form and certified true copy of a current license. **It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.**

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.

Be sure that the notary signs and seals the document with an official seal.

GENERAL INFORMATION

Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

PROCESSING TIME - Applications will be processed according to the date received and **generally** within the following time frame:

All applications have an initial review within 15 business days of receipt of the application.

- If all documents are present for the permanent license, your permanent license will be issued at the time of the initial review. If documents are missing, notification is sent to you by mail or e-mail.
- If a temporary permit is requested and documents for the permanent license are incomplete, a temporary permit may be issued. If you paid for a temporary permit and one is not needed, a refund of the $100 permit fee will be processed.

<u>Wait</u> for your first status letter to reach you <u>before</u> calling the Division to ask for status updates.

SOCIAL SECURITY NUMBERS - Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the Request for Exception from Social Security Number Requirement form located on the board's website at *www.nursing.alaska.gov* or contact the Division office for the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS - 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.

FIRST DATE OF LICENSURE AND RENEWAL DATES - All LPN licenses expire on September 30 of even-numbered years regardless of when first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued effective through the next biennium.

Full Name _____
Last First

AFFIDAVIT

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing address, is available on the Division website at *www.commerce.alaska.gov/cbp/Main/Search/Professional*.

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge and that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice nursing in the State of Alaska. I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action.

SIGN HERE
In the presence of the notary

_____
Signature of Applicant

(NOTARY SEAL)

SUBSCRIBED AND SWORN before me, a Notary Public in

and for the State of _____

this _____ day of _____ 20_____

SIGN HERE

_____
Signature of Notary Public

My Commission Expires: _____

WARNING: The Alaska Board of Nursing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice nursing by fraud or deceit. The person may also be subject to criminal charge for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

NUR

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 ★ *Fax:* (907) 269-8156
Email: boardofnursing@alaska.gov
Website: www.nursing.alaska.gov

VERIFICATION OF NURSING EMPLOYMENT

APPLICANT: 1) Complete the top (applicant) portion of this form. **2)** Submit the form to an employer **listed on your application** who will be able to verify at least 320 hours of nursing employment within the last 2 years. **3)** After the employer completes the bottom portion, have the employer email, fax or mail the form to the Board of Nursing at the address above.

PLEASE PRINT:

I, _____
Last Name *First* *Middle* *Former*

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.

I worked as a (check one): ☐ Registered Nurse ☐ Practical/Vocational Nurse ☐ APRN

Signature: _____ Date: _____

Address: _____ Birth Date: _____

EMPLOYER: Please complete this form. DO NOT return it to the applicant. THIS FORM MUST BE SUBMITTED DIRECTLY FROM THE EMPLOYER TO THE ALASKA BOARD OF NURSING VIA EMAIL, FAX OR MAIL (FROM EMPLOYERS OFFICIAL WORK EMAIL, FAXED WITH A COVERSHEET OR MAILED FROM EMPLOYERS WORK ADDRESS). Please **sign the form in ink** (no stamps). Items 1, 2 and 3 must be answered as they are required by the Board of Nursing. Thank you for your cooperation.

Employee's Position/Title: _____

1. Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years? ☐ Yes ☐ No
2. If No, did the employee work in a nursing capacity a total of at least 320 hours within the past five (5) years? ☐ Yes ☐ No
3. Dates of Employment: From: *(mm/yyyy)*_____ To: *(mm/yyyy or Present)* _____

Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____

Company Name or Agency: _____ **Phone Number:** _____

Mailing Address: _____
Street or P.O. Box Number *City* *State* *Zip Code*

Facility the applicant was contracted or assigned to: _____

Mailing address of that facility: _____
Street or P.O. Box Number *City* *State* *Zip Code*

THIS FORM MUST BE SUBMITTED DIRECTLY FROM THE EMPLOYER TO THE ALASKA BOARD OF NURSING VIA EMAIL, FAX OR MAIL.

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). Fingerprint cards submitted must be those provided by the State of Alaska (printed in the pale blue ink); you may also use the standard *FBI Form FD-258*. Take the card, the instructions and 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. Also 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 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.

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 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 correct country abbreviation.

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

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

ARMED FORCES NO/MNU: Leave this space blank.

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

MISC. NO/MNU: If Alaska resident, enter 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 a 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 inch (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 name as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of person 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 little nor too much 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 individual 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 card 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 associated 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 record 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 https://dps.alaska.gov /Statewide/R-I/Background/Home to request to correct criminal justice information.

---

[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