



THE STATE  
of **ALASKA**

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

**Nursing Home Administrators Program**

PO Box 110806, Juneau, AK 99811

(907) 465-2550

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

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

**NHA**

FOR DIVISION USE ONLY

## Nursing Home Administrators Renewal

### January 1, 2021 – December 31, 2022

- Your license lapses after December 31, 2020. There is no grace period - it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

#### PART I Payment of Fees

Renewal Type:	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(for licenses first issued on or before December 31, 2019)</i>	<b>\$250.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after January 1, 2020)</i>	<b>\$125.00</b>

#### PART II Personal Information

Alaska Nursing Home Administrator License Number:		
Full Legal Name: Name change: <input type="checkbox"/>		
<i>If you have had a legal name change since your last license was issued, you must complete a <a href="#">Change of Name form</a>.</i>		
Mailing Address: Address change: <input type="checkbox"/>		
Contact Phone:		
Birthdate:		
<p><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.</p>		
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 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.</p>		

## **PART III Professional Fitness Questions**

The following professional fitness questions must be answered.

“Yes” answers may not automatically result in license denial. If you answer “Yes” to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

### ***When in doubt, disclose and explain.***

***Since the date your last license was issued or renewed:***

- |            |  |   |
|------------|--|---|
| <b>1.</b>  | Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>2.</b>  | Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>3.</b>  | Secured a license through deceit, fraud, or intentional misrepresentation?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>4.</b>  | Engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>5.</b>  | Advertised professional services in a false or misleading manner?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>6.</b>  | Intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee’s supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>7.</b>  | Failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the department?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>8.</b>  | Continued to practice after becoming unfit due to professional incompetence, an addiction or severe dependency on alcohol or other drugs that impairs the licensee’s ability to practice safely, and/or a physical or mental disability?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>9.</b>  | Sold or furnished a license to another?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>10.</b> | Practiced as a nursing home administrator or used a designation tending to imply that the licensee is a nursing home administrator without a license issued under this chapter unless exempted from licensure requirements under AS 08.70.080?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |



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## Signature Page

<b>Applicant Name:</b>	
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### **PART IV** Agreement

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, certificate, 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.

<b>Applicant's Signature:</b>		<b>Date:</b>	
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# APPLICATION INFORMATION

## NHA Information

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### LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 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 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

## General Information

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### APPLICATION PROCESSING:

The average time to process an application is 4-6 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid a certificate will be issued and sent to you. If the application is not approved for certification, a status letter will be sent to you. 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.

### “YES” RESPONSES

A “Yes” response in the application does not automatically 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.

### DENIAL OF APPLICATION

Please 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.

### RANDOM AUDIT

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### 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 Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

## **SPECIAL ACCOMMODATIONS FOR EXAMINATION**

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an Application for Examination Accommodations for Candidates with Disabilities form (08-4449).

## **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](http://ProfessionalLicense.Alaska.gov) under License Search.

## **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.

## **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.

## **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 contact: (907) 465-2550 or [BusinessLicense.Alaska.gov](http://BusinessLicense.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). 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 the address below.

### **REGULATIONS SPECIALIST**

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov)

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806

# Regulations

**12 AAC 46.070. APPLICATION FOR LICENSE RENEWAL.** A licensee applying for renewal of a nursing home administrator license shall submit to the department

- (1) a completed license renewal application form;
- (2) proof of continued competence consisting of a signed statement completed by the licensee, on a form provided by the department, responding to questions about any violations of the provisions of AS 08.70.155 and providing an explanation of those responses that demonstrates to the satisfaction of the department that the licensee is fit to practice as a nursing home administrator; and
- (3) the biennial license renewal fee established in 12 AAC 02.290.

**Sec. 08.70.155. Grounds for imposition of disciplinary sanctions.** The department may impose the disciplinary sanctions authorized for boards under AS 08.01.075 or otherwise authorized for the department under AS 08.01 when it finds that a licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
- (5) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the department;
- (6) continued to practice after becoming unfit due to
  - (A) professional incompetence;
  - (B) addiction or severe dependency on alcohol or other drugs that impairs the licensee's ability to practice safely;
  - (C) physical or mental disability;
- (7) sold or furnished a license to another;
- (8) practiced as a nursing home administrator or used a designation tending to imply that the licensee is a nursing home administrator without a license issued under this chapter unless exempted from licensure requirements under AS 08.70.080.