



THE STATE

of **ALASKA**

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

Nurse Aide Registry

550 West 7th Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8169 ★ Fax: (907) 269-8196

Email: license@alaska.gov

Website: www.nursing.alaska.gov

APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

Alaska Statute 08.68 is the statute related to nursing in Alaska; 12 AAC 44.800-12AAC 44.895 are the regulations set forth by the Board of Nursing that govern certified nurse aides. Please read the application instructions, statutes, and regulations before completing your application.

REQUIREMENTS

An applicant is eligible for certification as a nurse aide by endorsement if the applicant meets **all** of the following requirements:

1. Proof of successful completion of a state approved certified nurse aide training program with a minimum of 140 hours of training that includes a minimum of 60 hours of classroom instruction and 80 hours of clinical/skills training; and
2. Possession of an unencumbered nurse aide certification or registration that is issued by a state or territory of the United States, or by a province or territory of Canada, that is current on the date of application; and
3. Successful completion of the competency evaluation required in 12 AAC 44.850.
4. If the nurse aide program was taken outside of the United States including territories or Canada, except Quebec, Canada, where English is not the primary language of the country or at a school in the United States and territories where English is not the primary language, verification of passing one of the following English proficiency examinations, with at least the following minimum scores:
 - (A) International English Language Testing System (IELTS) academic examination – overall score of 6.5 with a minimum of 6.0 on all modules;
 - (B) 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;
 - (C) 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;
 - (D) Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) – overall score of 84 with a speaking score of 26.

APPLICATION PROCEDURES

1. Submit a completed application, **signed** and **notarized**, along with all supplemental documentation that is required pursuant to the Professional Conduct and Personal History questions (1 through 6) on page 4 of this application.
2. Attach a check or money order for \$260 made payable to the **STATE OF ALASKA**. If your endorsement fee is being paid at a later date by another entity other than yourself, please submit a copy of the voucher or purchase order completed by the responsible party. The examination can be administered in a written or oral format.
3. Attach one (1) recent passport (2x2) photograph on photography paper, **with your name** and **date taken** on the back of the photograph, to page 2 of the application form.
4. Complete Section I of the Verification of Nurse Aide certification form. Mail the form to the Nurse Aide Registry in **the initial and current state of certification**.
5. Complete Section I of the Verification of Nurse Aide Training form. Mail the form to the school or facility where you completed your nurse aide training program. The training program will complete the form and return it to the Alaska Nurse Aide Registry.
6. Submit one (1) completed fingerprint card (FD 258) containing the applicant's fingerprints and other information required by the Department of Public Safety. The completed fingerprint card will be used to check the criminal history records of the State of Alaska and the FBI per A.S. 12.62.400. National Criminal History Record Checks For Employment, Licensing, and Other Noncriminal Justice Purposes.
7. The Board of Nursing must approve your application before you may become certified. You will be notified in writing approximately two weeks after receipt of your completed application concerning the status of your application.

SOCIAL SECURITY REQUIREMENT

Alaska Statute (AS) 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to a person who does not have a United States Social Security Number. To apply for exemption from the social security number requirement, contact the Licensing Examiner at (907) 269-8169 or you may download the form from the Board of Nursing web site at www.commerce.alaska.gov/web/portals/5/pub/adm4372a.pdf.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

(Please clip and save)

GENERAL INFORMATION

1. Nurse aide certificates are renewed every two years in even-numbered years **REGARDLESS** of when a certificate was issued. Nurse aide certificates **LAPSE** on March 31 of even-numbered years. Renewal notices are mailed at least 60 days prior to the expiration date. New certificates issued within 90 days of the biennial expiration date will be effective through the next biennial period. You cannot work as a CNA with a certification that has lapsed.
2. There are continued competency requirements for each renewal period. When you renew for the first time, if you have held your certification for over a year but less than two years, you **are** required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment. If you hold your certification for less than a year, you are **not** required to complete the 160 hours or more of monetarily compensated employment nor the contact hours of continuing education. All licensees who have held their certification for two years or more, must complete 24 contact hours of continuing education and 160 hours of monetarily compensated employment.
3. It is the certificate holder's responsibility to notify the Division of Occupational Licensing, **IN WRITING**, of any change of address. **Failure to receive a renewal notice does not relieve a certificate holder of the responsibility to renew his/her certification prior to the expiration date.**
4. All certified nurse aides who are conducting business or offering services in Alaska and who are not considered an employee must obtain a business license. If you are unsure if you are an independent contractor or an employee, please discuss this matter with the person for whom you are working or with an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550, or www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx** for further business license information.
5. If you are interested in trends and issues facing certified nurse aides, you are invited to attend Board of Nursing meetings. The Board of Nursing meets at least four times per year and the meetings are open to the public. Contact the Board of Nursing for further information at (907) 269-8161.
6. All information on this form will be available to the public unless required to be kept confidential by law. Current licensee information, including the mailing address, is available on the Division's website at www.commerce.alaska.gov/cbp/Main/Search/Professional under License Search.
7. 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.
8. If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division.

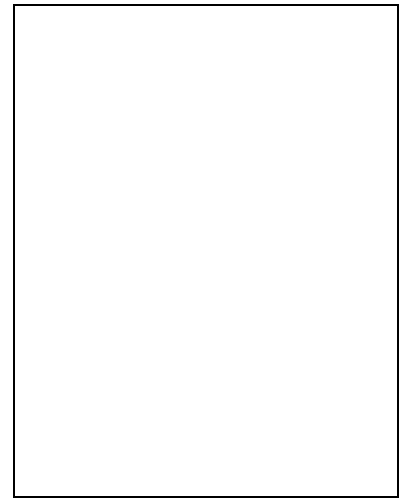


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APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

Please be aware that application fees are nonrefundable. If you submit an application and are unable to complete the process or meet all the requirements, your application fee is not refundable in any circumstance.

Application, License, and Certification Fee must be paid in full. Make check or money order payable to the State of Alaska.

Nonrefundable Application Fee: \$50

Initial Certification Fee: \$100

Fingerprint Processing Fee: \$60

Examination Fee: \$ 50

Total Fee: \$260

(PLEASE TYPE OR PRINT IN INK - all questions must be answered if they don't apply indicate with N/A)

Name: Last Name First Name M.I.

Former Name(s):

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

Telephone Number: Social Security Number (Required by AS 08.01.060)

Date of Birth: Sex: Eyes: Hair:

E-mail Address: (Please complete if you prefer to be notified of initial application status via e-mail)

Location in Alaska you would like to test: (Not all areas have a testing site)

EDUCATION:

Nurse Aide Training Program:

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

Date Entered: (mm/yyyy) Date completed: (mm/yyyy) Length of Program:

Type of Program (check one): Facility Based Non-Facility Based

Please list all states where you have previously held certification: _____

NURSE AIDE RELATED WORK HISTORY:

Last or Current Place of Employment as a Nurse Aide: _____

Name of Supervisor: _____

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

Telephone Number: _____ Dates Employed: From (mm/yyyy) _____ to (mm/yyyy) _____

PROFESSIONAL CONDUCT (The following must be answered pursuant to AS 08.68.334).

NOTE: If you answer "YES" to any of the following questions, **you** must explain dates, locations and circumstances on a separate piece of paper **and send supporting documents** that are applicable (court charging documents, judgments and police reports for each conviction). **Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your professional certificate or license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject of any other restriction or disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of any misdemeanor or felony (including suspended imposition of sentence)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other certifying agency concerning a violation or alleged violation of any state or federal regulation, statute, law or for any violation or alleged violation of the Nurse Practice Act, or unprofessional or unethical conduct? | <input type="checkbox"/> | <input type="checkbox"/> |

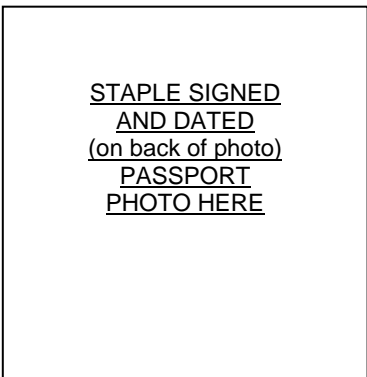
PERSONAL HISTORY (The following must be answered pursuant to AS 08.68.334). YES NO

- | | | |
|--|--------------------------|--------------------------|
| 4. Within the past five years, have you been or are you currently being treated, or on medication for, any mental or emotional illness which may impair or interfere with your ability to practice safely and in a competent and professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently participating in a substance abuse and /or alcohol or drug treatment program or been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a physical disability or physical illness which may impair or interfere with your ability to practice safely and in a competent and professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: If you answered "YES" to any of the above questions, **you** must explain dates, locations, and circumstances on a separate piece of paper **and** send any supporting documents that are applicable (including court records, judgment, charging documents, etc), **and** in addition, if you answered "YES" to questions 4, 5, or 6 **you must submit a statement from your health care provider indicating your ability to safely practice as a certified nurse aide.** Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

AFFIDAVIT

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 certification to practice as a nurse aide 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 certification may be subject to disciplinary action.



Applicant's Signature

SUBSCRIBED AND SWORN to before me, a notary public, in the State of _____, this _____ day of _____, 20____.

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 certification to practice as a nurse aide 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)

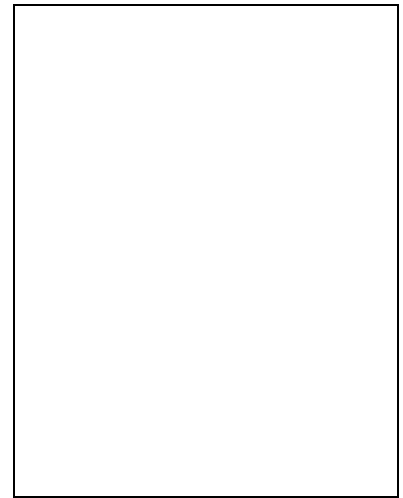


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VERIFICATION OF NURSE AIDE CERTIFICATION

SECTION I:

APPLICANT: Complete section I and mail a copy of this form to the initial and current state of certification. The state agency will then mail it directly back to the Alaska Board of Nursing, Nurse Aide Registry. (If you are certified in more than one state, please photocopy additional copies of this document.)

Name: Other Names Used:

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

Social Security Number: Date of Birth:

Last Place of Employment (include Name, City & State):

(OFFICIAL USE ONLY)

SECTION II:

The above applicant is applying for certification as a nurse aide in the State of Alaska. Please complete the following information and return it directly to the Board of Nursing, Nurse Aide Registry.

1. Graduate of: on (date)

Program approved by OBRA at time of graduation? Yes No

2. Hours of Classroom Instruction: Hours of Clinical/Skills Instruction:

3. Date Certificate Issued: Certificate Number:

Issued by: Examination Endorsement Deemed

4. Has the certificate ever been encumbered in any way? Yes No

(If yes, please explain):

5. Certificate Status: Current Lapsed Expiration Date:

Signature: Printed Name:

Board/State Seal Title: Agency:

State: Date:

(Please mail directly to the Alaska Board of Nursing at the above address.)

NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

- ALABAMA**
AL Dept. of Public Health
Div. of Licensure & Certification
P.O. Box 303017
Montgomery, AL 36130-3017
(334) 206-5169
- ALASKA**
Alaska Nurse Aide Registry
550 W. 7th Ave, Suite 1500
Anchorage, AK 99501-3567
(907) 269-8169
- ARIZONA**
Nurse Aide Registry
AZ State Board of Nursing
1651 E. Morten, Suite 210
Phoenix, AZ 85020
(602) 889-5150
- ARKANSAS**
Office of Long-Term Care
Slot 405
P.O. Box 8059
Little Rock, AR 72203-8059
(501) 682-28484
- CALIFORNIA**
CA Nurse Aide Registry
Public Address Secured
(916)-327-2445
- COLORADO**
CO Board of Nursing
Nurse Aide Registry
1560 Broadway, Ste. 880
Denver, CO 80202
303-894-2816
- CONNECTICUT**
Dept. of Public Health & Svcs.
410 Capitol Av., MS #12MQA
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7596
- DELAWARE**
Health Facilities Lic. & Certif.
Div. of Long Term Care
3 Mill Road, Suite 308
Wilmington, DE 19806
(302) 577-6666
1-800-204-6179 – Verification
- DISTRICT OF COLUMBIA**
ASI, Dist. of Columbia Nurse Aide
Registry,
3 Bala Plaza West
Philadelphia, PA 19101-3481
1-800-566-8668 – Verification
- FLORIDA**
Dept. of Health
MQA / C.N.A. Program
4052 Bald Cypress Way
Bin #C13
Tallahassee, FL 32399-3263
(850) 245-4567
- GEORGIA**
Nurse Aide Program
P. O. BOX 105753
ATLANTA, GA 30348
(800) 414-4358
www.mmis.georgia.gov
- HAWAII**
Hawaii Nurse Aide Reg.
American Red Cross
4155 Diamond Head Road
Honolulu, HI 96816-4417
(808) 734-2101
- IDAHO**
ID Board of Nursing
PO Box 83720
Boise, ID 83720-5864
(208) 334-3110
- ILLINOIS**
IL Dept. of Public Health
Ed. & Training Section
525 W. Jefferson Street
Springfield, IL 62761
(217)782-3070
- INDIANA**
IN State Department of Health
Division of Long-Term Care
2 North Meridian Street, Sec. 4B
Indianapolis, IN 46204
(317) 233-7479
- IOWA**
Dept. of Inspections & Appeals
Health Facilities Div.
Lucas State Office Bldg.
Des Moines, IA 50319-0083
(515) 281-4964
- KANSAS**
Dept. of Health
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365
(913) 296-6877
- KENTUCKY**
KY Nurse Aide Registry
Kentucky Board of Nursing
312 Whittington Pkwy, Suite 300-A
Louisville, KY 40222
(502) 329-7147
- LOUISIANA**
LA Board of Examiners for NFA
Nurse Aide Registry
5615 Corporate Blvd., Suite 8-D
Baton Rouge, LA 70808
(504) 925-4132
- MAINE**
CNA Registry
Dept. of Human Services
Lic. & Certification
State House Station #11
35 Anthony Avenue
Augusta, ME 04333-0111
(207) 624-5205
- MARYLAND**
Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215-2298
(410) 764-2770
- MASSACHUSETTS**
Nurse Aide Registry
MA Dept. of Public Health
Division of Health Care Quality
10 West Street
Boston, MA 02111
(617) 753-8000
- MICHIGAN**
The Chauncey Group Int'l.
664 Rosedale
Princeton, NJ 08540
(800) 748-0252 or
(517) 371-9091
- MINNESOTA**
Promissor MS
Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101
(651) 215-8705
- MISSISSIPPI**
Promissor
PA Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101
(800)852-0518
- MISSOURI**
MO Division of Aging
Health Education Unit
P.O. Box 1337
Jefferson City, MO 65102
(573) 751-3082 – Verification
(573) 526-5686
- MONTANA**
MT Dept. of Public Health & Human
Services
Certification Bureau
Nurse Aide Registry
2401 Colonial Drive
Helena, MT 59620-2953
(406)-444-4980
- NEBRASKA**
NE Hlth & Human Services
Dept. of Reg. & Licensure
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-0537
- NEVADA**
Nurse Assist Coord.
NV Board of Nursing
4330 South Valley View, Suite 106
Las Vegas, NV 89103
(702) 486-5800
Fax (702) 486-5803
- NEW HAMPSHIRE**
NH Board of Nursing
21 S. Fruit Street
Concord, NH 0330
(603) 271-6599
- NEW JERSEY**
Dept. of Health
Senior Services
P.O. Box 367
Trenton, NJ 08625-0367
(609) 633-9051
- NEW MEXICO**
Division of Health Improvement
Nurse Aide Registry
2040 South Pacheco Street
Santa Fe, NM 87505
(505) 476-9040
- NEW YORK**
Prometric
Attn: New York Nurse Aide Program
1260 Energy Lane
St. Paul, MN 55108
(800) 805-9128
- NORTH CAROLINA**
NC Div. of Health &HR
Nurse Aide Registry
PO Box 29530
Raleigh, NC 29530
919-733-2786/715-0562
- NORTH DAKOTA**
ND State Dept. of Health
Div. of Health Facilities-CNA
Registry
600 E. Boulevard Ave. Dept.301
Bismarck, ND 58505-0200
(701) 328-2353
- OHIO**
OH Dept. of Health
246 North High Street
3rd Floor
Columbus, OH 43215-2412
(614) 752-9500
(800) 582-5908 (In-state only)
- OKLAHOMA**
Oklahoma Dept. of Health
Special Health Svcs.
1000 NE 10th Street
Oklahoma City, OK 73117-1299
(405) 271-4085 or
(800) 695-2157
- OREGON**
OR Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012
(971) 673-0685
- PENNSYLVANIA**
PA Nurse Aide Registry
C/O ASI
PO Box 13785
Philadelphia, PA 19101-3785
- RHODE ISLAND**
Division of Prof. Regulation
RI Department of Health
3 Capitol Hill, Room 105
Providence, RI 02908-5097
(401) 222-5888
- SOUTH CAROLINA**
South Carolina Nurse Registry
3 Bala Plaza West, Suite 300
Philadelphia, PA 19101-3481
1-800-475-8290
- SOUTH DAKOTA**
SD Board of Nursing
4300 South Louise, Suite C-1
Sioux Fall, SD 57106
(605) 362-2760
- TENNESSEE**
Tennessee Board of Nursing
Department of Health
Cordell Hull Building, 1st Floor
425 Fifth Avenue, North
Nashville, TN 37247-0508
(888)-310-4650
- TEXAS**
TX Dept. of Human Services
Credentialing Program
MCY-977
P.O. Box 149030
Austin, TX 78714-9030
(512) 231-5829
- UTAH**
UT Health Technology Certification
Center
550 E. 300 South
Kaysville, UT 84037-2699
(801) 547-9947
- VERMONT**
Office of Professional Regulation
VT Board of Nursing
National Life Bldg., North FL 2
Montpelier, VT 05620-3402
(802) 828-2396 or 828-3089
(800) 439-8683 (In-state only)
- VIRGINIA**
VA Board of Nursing
6606 West Broad Street, 4th Floor
Richmond, VA 23230-1717
(804) 662-7310
- VIRGIN ISLANDS**
VI Board of Nurse Licensure
P.O. Box 4247
Veterans Drive Station
St. Thomas, VI 00803
(340) 776-7397
(809) 777-4003 Fax
- WASHINGTON**
Aging & Adult Services Adms.
Residential Care Services Div.
OBRA-NA Registry
P.O. Box 45600
640 Woodland Square Lp. SE
Olympia, WA 98504-5600
(360) 725-2596
- WEST VIRGINIA**
NAECP Program Coord.
HFL & C
350 Capital St., Room 206
Charleston, WV 25301-3718
(304) 558-0688)
- WISCONSIN**
WI Nurse Aide Registry
C/O ASI
PO Box 13785
Philadelphia, PA 19101-3785
- WYOMING**
WY Board of Nursing
2020 Carey Avenue, Suite 110
Cheyenne, WY 82002
(307) 777-7601

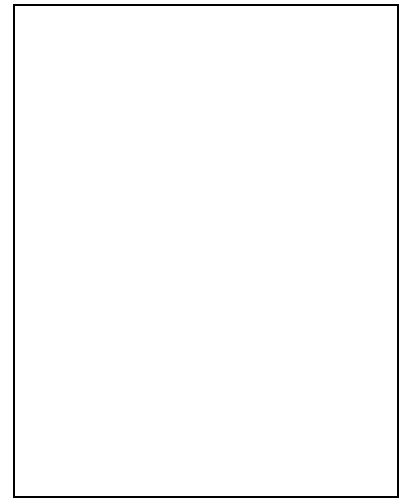


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VERIFICATION OF NURSE AIDE TRAINING

SECTION I:

APPLICANT: Complete section I of this form and mail it or take it to the facility or school where you received your nurse aide training. The facility or school will then mail the completed form directly back to the Board of Nursing, Nurse Aide Registry.

Name: Other Names Used:

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

Social Security Number: Date of Birth:

(OFFICIAL USE ONLY)

SECTION II:

The above applicant is applying for certification as a nurse aide in Alaska. Please complete the information (below) and return it directly to the Alaska Board of Nursing, Nurse Aide Registry (address above).

Name of Nurse Aide Training Program:

Address: Street Address or P.O. Box City State Zip Code

Date Entered: (mm/dd/yyyy) Date Completed: (mm/dd/yyyy)

Hours of classroom instruction: Hours of clinical instruction/skills instruction:

Nurse Aide Instructor's Signature

RN License Number:

Telephone Number:

Program Approval Number:

NOTARY SEAL

SUBSCRIBED AND SWORN to before me, a notary public, in the State of, this day of, 20

Notary Public
My Commission Expires:

(Please mail directly to the Alaska Board of Nursing at the above address.)