



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) 269-8160

Email: BoardofNursing@Alaska.Gov

Website: Nursing.Alaska.Gov

Verification of Employment

12 AAC 44.815: *A nurse aide certification will be reinstated or renewed if the applicant was employed in a state or territory of the United States, or in a province or territory of Canada, performing CNA duties for monetary compensation for 160 hours or more during the concluding certification period.*

Complete this top part and then forward it to the employer for completion of the bottom portion. Applications will be held in a pending status and will not be processed until our office receives this form.

Applicant:



If you are self-employed, a Verification of Employment form must be completed by a client for whom you provided services, a client's legal guardian, or by one of your client's health care providers (physician, nurse, case manager, etc.). A certified copy of the health care reimbursement document that reflects payment for services provided, or other such documentation, may be submitted by you and may be considered on a case-by-case basis.

Full Legal Name:			
Applicant Address:			
License Number:			
Applicant Signature:		Date:	

Employer:



Please complete this bottom part for the applicant identified above and return to the applicant or send the form directly to the Board of Nursing at the email address or mailing address above. **(do not fax)**

Employer Name:		Title:	
Organization Name:			
Company Address:			
Phone Number:			
<i>I hereby certify the afore mentioned applicant performed CNA duties for monetary compensation for the hours and dates listed below.</i>			
Dates of Employment:	Between April 1: _____ and March 31: _____	Total Hours:	
Employer Signature:		Date:	