



THE STATE
of **ALASKA**

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

NUA

FOR DIVISION USE ONLY

Alaska Board of Nursing
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Phone: (907) 269-8161 • Fax: (907) 269-8156
Email: BoardOfNursing@Alaska.Gov
Website: Nursing.Alaska.Gov

Certified Nurse Aide Examination Request

<input type="checkbox"/> Reschedule my exam:	No fee
<input type="checkbox"/> I failed the WRITTEN portion of the exam. I want to schedule a retest:	\$50.00
<input type="checkbox"/> I failed the SKILLS portion of the exam. I want to schedule a retest:	\$50.00
<input type="checkbox"/> I failed BOTH portions of the exam. I want to schedule a retest:	\$100.00

Exam Location:	<input type="checkbox"/> Anchorage	<input type="checkbox"/> Fairbanks	<input type="checkbox"/> Juneau	Other: _____
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The month I want to reschedule my exam: <i>(available months vary by location; you will be scheduled for the month closet to your request)</i>
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

Full Legal Name:	_____
Mailing Address:	_____
Contact Phone:	_____

EMAIL AGREEMENT: 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.	
Email Address:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

Signature: _____

Date: _____