



THE STATE  
of **ALASKA**

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

**NUR**

FOR DIVISION USE ONLY

**Board of Nursing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 269-8161

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

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

## Advanced Practice Registered Nurse Renewal

**December 1, 2022 – November 30, 2024**

- Your license lapses after November 30, 2022. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- 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

<b>Renewal Fee:</b>	<input type="checkbox"/> Biennial License Renewal	<b>\$100.00</b>
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### PART II RN Renewal

<b>RN Renewal Status:</b>	<input type="checkbox"/> I have not yet renewed my RN license.
	<input type="checkbox"/> I have renewed my RN license online.
	<input type="checkbox"/> I have renewed my RN license by paper application.

### PART III Personal Information

<b>Full Legal Name:</b> Name change: <input type="checkbox"/>	<b>Alaska APRN License Number:</b>	
If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.		
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
<b>Contact Phone:</b>	<b>Date of Birth:</b>	
<b>Social Security Number (Required):*</b>		
<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.		
<b>Email Address:</b>	<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</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.

## PART IV Current Specialty Certification

You must have a current national certification to renew.

**Do you have proof of current national specialty certification/recertification as required by 12 AAC 44.470?**

- ☐ Yes, I have proof of current national specialty certification/recertification as required by 12 AAC 44.470
- ☐ No, I do not have proof of current national specialty certification/recertification as required by 12 AAC 44.470.

**If no, STOP — Do not renew!**

Random Audit

The board will audit 10% of APRN renewals per 12 AAC 44.02.960. If your APRN license is randomly selected for audit, you must submit a copy of your current National Certification or Recertification Card in your specialty area(s) of practice. (If you have more than one specialty, submit proof of certification in all specialties.)

## PART V DEA Registration and PDMP Acknowledgment

**1. Do you have controlled substance prescriptive authority?**

- ☐ NO (Skip to Part VII.)
- ☐ YES

**2. Providers with a DEA registration number valid to use in any state or practice location and controlled substance prescriptive authority issued by the board must register with the PDMP. Do you have a DEA Registration number?**

- ☐ NO, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will comply with mandatory use and refer to all applicable authorizing statutes and regulations. (Skip to part VII.)
- ☐ YES, I have an active DEA registration number valid to use in any state or practice location.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

*If you're unsure of the DEA issue date, indicate January 1st of the estimated year.*

DEA Registration Number:		Issue Date:		Expiration Date:	
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**3. Have you registered with the PDMP?**

- ☐ YES, I am registered with the PDMP.

*Due to changes in 12 AAC 02.107, providers will no longer be issued a PDMP Registration number. PDMP registration status will be reflected on the professional license record.*

- ☐ NO, I have not registered with the PDMP.

**4. Have you completed 2 hours in pain management and opioid use and addiction between 12/1/2020 and 11/30/2022, in accordance with 12 AAC 44.470?**

- ☐ YES
- ☐ NO

**5. Providers who directly dispense a federally scheduled II - IV controlled substance are required to report daily. Do you plan to directly dispense?** Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

*Reporting does not apply to you if you directly dispense a 3-day supply or less, or in practice locations exempt under AS 17.30.200(t). Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, inpatient pharmacies, and emergency departments.*

## PART V DEA Registration and PDMP Acknowledgment (continued)

Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.

- ☐ **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ **NO**, I do not plan to directly dispense and acknowledge that if I begin directly dispensing, I must report daily. (If you are not directly dispensing, the reporting criteria do not apply to you.)

Random Audit

The board will audit 10% of APRN renewals per 12 AAC 44.02.960. If your APRN license is randomly selected for audit, you will be notified to submit proof of completion for 2 contact hours in pain management and opioid use and addiction, completed between 12/1/2020 and 11/30/2022, in accordance with 12 AAC 44.470.

## PART VI AWAReE

### ACCOUNT

Before proceeding with this application, login to your PDMP account at [alaska.pmpaware.net](http://alaska.pmpaware.net) and indicate the following:

- ☐ I have logged into my account.
- ☐ I have verified my healthcare specialty is accurately listed and appropriate to my profession.
- ☐ I have verified my contact information is correct.
- ☐ I have verified my DEA number is accurate.

### DELEGATES

Please review and verify the delegates listed on your account. Select only one (1) of the options below:

- ☐ I have verified no delegates exist in my account.

-OR-

- ☐ I have verified that all delegates listed on my account are accurate.

Please list the delegate(s) name and license number(s). Be sure to include alpha-characters, if applicable.

Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
Delegate Name:		License Number:	
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## Signature Page

**Applicant Name:**

### **PART VII** 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.

**Applicant Signature:**

**Date Signed:**



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## Authorization to Discuss and Share Information

Nursing Board staff is authorized to communicate only with the applicant. If the applicant is using a credentialing agency, or is accepting assistance from a staffing or employment agency, then the Board staff must have a signed release from the applicant to discuss the application and share information.

To authorize communication, please complete this form and file with your application.

### PART I Applicant/Agency Information

Name of Applicant:			
Profession:	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> APRN (ANP, CNM, CRNA) <input type="checkbox"/> CNA
Applicant Email:		Applicant Phone:	
Authorized Agency:		Agency Phone:	
Authorized Individual:		Email Address:	

### PART II Signature

I hereby authorize staff of the Alaska Board of Nursing to share and exchange information relating to my licensing application with the above-named authorized individual and agency.

This release applies to status updates, documents and information required to complete my application for licensure in the State of Alaska. This authorization expires one year from the date of signature.

Applicant Signature:		Date:	
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#### Information for credentialing, staffing or employment agencies:

- Licensing staff will respond to one inquiry from agencies each week. Staff will respond as quickly as possible, though it may not be possible to respond the same day as the inquiry is received. More than one inquiry per week will not be accepted.
- Applicants are emailed with a status update and may contact staff to query application status at any time.
- The board will not accept applications that list an agency address as the practice address, and will likewise not accept the telephone numbers or email addresses for such agencies as the applicant's own. The board may only accept those addresses, phone numbers, and email addresses if the applicant is actually practicing in that office. Alaska law requires the applicant to provide their information, not the agency information.



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## Name Change and/or Address Change

If you have multiple professional license numbers, only the ones you list will be updated. You can view your updated professional license record online at: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

☐ 1. I want to change my address:

**\$0.00**

☐ Physical Address    ☐ Mailing Address

- To change a business license address, browse to: [BusinessLicense.Alaska.Gov](http://BusinessLicense.Alaska.Gov)
- To change an entity address, browse to: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

Full Name:				
New Address:	P.O. Box or Street	City	State	Zip
License Number		License Type		
Signature:			Date Signed:	

☐ 2. I want to change my name:

**\$0.00**

Previous Name:	First	Middle	Last
New Name:	First	Middle	Last
You must attach a copy of the court order or marriage certificate showing your former and current name.			
License Number		License Type	
Signature:			Date Signed:

## General Information

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### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. 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.

### 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 November 30 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 60 days before license expiration to the last known address of record.

### 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, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. 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 (#08-4372) located at *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.

### 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* under License Search.

### 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*.

### 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*

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 specific 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*

**12 AAC 44.470. RENEWAL OF ADVANCED PRACTICE REGISTERED NURSE LICENSE.** An applicant for renewal of an advanced practice registered nurse license shall submit to the board

- (1) a completed renewal application on a form provided by the department;
- (2) documentation that the applicant
  - (A) holds national certification for each of the roles and population focus areas in which the applicant is seeking renewal;
  - (B) if the applicant is seeking to renew prescriptive authority under 12 AAC 44.440, holds a current national certification that indicates completion of the continuing education mandated by that body, and a completed prescriptive authority renewal application and fee;
- (3) the biennial authorization renewal fee established by 12 AAC 02.280; and
- (4) evidence of a current license in good standing to practice as a registered nurse in this state;
- (5) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has
  - (A) completed no less than two hours of continuing education in pain management and opioid use and addiction during the licensing cycle; and
  - (B) registered with the Prescription Drug Monitoring Program (PDMP) controlled substance prescription database under AS 17.30.200 and 12 AAC 52.855.

**12 AAC 44.440. PRESCRIPTIVE AUTHORITY.** (a) The board will, in its discretion, authorize an advanced practice or "APRN" to prescribe and dispense legend drugs in accordance with applicable state and federal laws.

- (b) An advanced practice registered nurse who applies for authorization to prescribe and dispense
  - (1) must be currently designated as an APRN in this state at the time of application;
  - (2) shall provide evidence of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy within the two-year period immediately before the date of application; and
  - (3) shall submit a completed application as required in 12 AAC 44.400(a)(6) accompanied by the application fee established in 12 AAC 02.280.
- (c) Authorized prescriptions by an APRN must
  - (1) comply with all applicable state and federal laws; and
  - (2) contain the signature of the prescriber followed by the initials "APRN" and the prescriber's identification number assigned by the board.
- (d) The board may limit, restrict, deny, suspend, or revoke prescriptive authorization or APRN licensure if the APRN has
  - (1) not maintained current licensure as an APRN;
  - (2) not maintained current national certification from the national certifying body within their scope of practice;
  - (3) prescribed, dispensed, administered, or distributed drugs in an unsafe manner or without adequate instruction to patients according to acceptable and prevailing standards;
  - (4) sold, purchased, traded, or offered to sell, purchase, or trade drug samples;
  - (5) prescribed, dispensed, administered, or distributed drugs for other than therapeutic or prophylactic purposes;
  - (6) prescribed or dispensed drugs to individuals who are not patients of the APRN or who are not within the nurse's role and population foci; or
  - (7) violated any provision of state or federal statutes and regulations pertaining to nursing practice.
- (e) An APRN's prescriptive authority must be renewed biennially with the APRN licensure.
- (f) An APRN may receive, sign for, record, and distribute medication samples to patients. The distribution of drug samples must be in accordance with state laws and United States Drug Enforcement Administration laws guidelines.
- (g) Contact hours used for initial licensure as an APRN may not be used again for renewal of the licensure unless the initial licensure is within 180 days of the renewal deadline.
- (h) In this section, "prescriptive authority" includes authority to dispense prescriptions.

**12 AAC 44.445. CONTROLLED SUBSTANCE PRESCRIPTIVE AND DISPENSING AUTHORITY.** (a) In addition to legend drug prescriptive and dispensing authority under 12 AAC 44.440, the board may authorize an advanced practice registered nurse "APRN" to prescribe and dispense schedule II – V controlled substances in accordance with applicable state and federal laws if an applicant

(1) submits a completed application on a form provided by the department; the completed application must include the applicant's

(A) name, address, and phone number;

(B) license number as an APRN;

(C) date of birth;

(D) repealed 12/27/2012; and

(E) notarized signature certifying that the information in the application is correct to the best of the applicant's knowledge;

(2) repealed 12/27/2012; and

(3) pays the application fee established by 12 AAC 02.280.

(b) All the provisions of 12 AAC 44.440 apply to an APRN with controlled substance prescriptive authority under this section.

(c) Written, verbal, or electronic controlled substance prescriptions and orders must comply with all applicable state and federal laws.

(d) An advanced practice registered nurse with controlled substance prescriptive and dispensing authority must register with the controlled substance prescription database under AS 17.30.200(o).

(e) An advanced practice registered nurse with authority to prescribe controlled substances may only delegate to a registered nurse or licensed practical nurse to access the database on the practitioner's behalf.

(f) When prescribing a drug that is a controlled substance, as defined in AS 11.71.900, the APRN shall create and maintain a complete, clear, and legible written record of care that includes

(1) a patient history and evaluation sufficient to support a diagnosis;

(2) a diagnosis and treatment plan for the diagnosis;

(3) a plan for monitoring the patient for side effects of the drug and results of the drug;

(4) a record of each drug prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills.

(g) The APRN shall check the controlled substance prescription database, established under AS 17.30.200, before a controlled substance designated schedule II or III under federal law is initially dispensed, prescribed, or administered to a patient, at least once every 30 days for up to 90 days, and at least once every three months if a course of treatment continues for more than 90 days. This subsection does not apply if

(1) the patient is currently receiving treatment in a licensed health care facility and that prescription is non-refillable;

(2) the patient is currently receiving treatment in the emergency room in a licensed health care facility and that prescription is non-refillable;

(3) the controlled substance is dispensed or prescribed to a patient immediately before, during, or within the first 48 hours of undergoing a medical or surgical procedure in a licensed health care facility, and that prescription is non-refillable;

(4) the controlled substance is dispensed or prescribed to a patient currently receiving care in hospice;

(5) the quantity of the controlled substance prescribed does not exceed an amount that is adequate for a single three-day treatment period, the prescription does not allow a refill, and no subsequent prescriptions are written for or dispensed for the next 15 days; or

(6) the controlled substance prescription database is not operational due to a temporary technological or electrical failure or natural disaster.

(h) A licensee treating a patient with a prescription for a controlled substance that was initially written at least 90 days before May 16, 2018 shall check the controlled substance prescription database established under AS 17.30.200 at least once every three months for the duration of the prescription.

(i) An applicant who holds a valid federal Drug Enforcement Administration registration number, shall provide verification that the applicant has

(1) completed no less than two hours of education in pain management and opioid use and addiction within the two-year period immediately before the date of application; and

(2) registered with the prescription drug monitoring program (PDMP) controlled substance prescription database under AS 17.30.200, and 12 AAC 52.855.

**Authority:** AS 08.68.100

AS 08.68.850



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Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.