



THE STATE

of **ALASKA**

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

**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8161 ★ Fax: (907) 269-8156

Email: [boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)

Website: [www.nursing.alaska.gov](http://www.nursing.alaska.gov)

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## ENDORSEMENT APPLICATION: LICENSED PRACTICAL NURSE

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PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A TEMPORARY PERMIT OR PERMANENT LICENSE TO PRACTICE NURSING IN ALASKA.**

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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.

**If you previously held a license in Alaska, DO NOT** complete this form. You must complete an "Application for Reinstatement" and comply with the rules for reinstatement. See AS 08.68.251 and 12 AAC 44.317, Lapsed License, in the Board's statute and regulation booklet.

### APPLICATION PROCEDURES - 12 AAC 44.305

The following documents must be submitted:

1. A completed application that is signed and notarized.
2. Check or money order for \$375.00 (or \$475.00 to include a temporary permit) made payable to the State of Alaska. Fees: \$100.00 nonrefundable application fee, \$200.00 license fee, \$75.00 fingerprint processing fee and \$100.00 temporary permit fee (if permit requested).
3. Two properly completed fingerprint cards approved by the Alaska Board of Nursing (**Form FD-258**). 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.
4. Verification of licensure sent directly from (or made available via the National Council of State Boards of Nursing (NCSBN) online verification system at [www.nursys.com](http://www.nursys.com)): 1) the state or Canadian province where you received **initial** licensure and 2) from a state or province where you hold a **current** license.

**You must hold a current license in another state to be eligible for a nursing license by endorsement in Alaska. This license must be current at the time the board issues the permanent license. An inactive status is not a current license.**

Canadian nurses who passed the CNATS exam before August 1980, with a score of at least 350 on each of the five parts of the examination, or after July 1980 but before 1992, with a score of 400 may apply for a License by Endorsement. Applicants who took the CNATS after June 1992 must apply to take the NCLEX examination. (See 12 AAC 44.310(d)).

5. Verification, on a form provided by the Department, of at least 320 hours of employment in a nursing capacity within the last two years before the date the application is received by the Board. If you cannot document 320 hours of employment in the past two years, you must satisfy the continuing competency requirements of the Board or complete a Board approved refresher course.

If you have not practiced nursing within the past five years, you must submit proof of completion of a Board approved refresher course as required by 12 AAC 44.305(a) (4). Board approved refresher courses can be found at [www.nursing.alaska.gov](http://www.nursing.alaska.gov).

## APPLICATION PROCEDURES CONTINUED:

6. If the applicant graduated from a pre-licensure nursing program that was not taught with English as the primary language, English textbooks, and English testing modules, verification of passing one of the following English proficiency examinations, with at least the following minimum scores:
  - International English Language Testing System (IELTS) academic examination – overall score of 6.5 with a minimum of 6.0 on all modules;
  - 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;
  - 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;
  - Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) – overall score of 84 with a speaking score of 26.

**Note:** California LVNs who wrote the state examination after July 1974 through October 1986 must pass the NCLEX-PN licensing examination if they have not already done so.

### TEMPORARY PERMIT – 12 AAC 44.320

A temporary permit may be issued at the discretion of the board. To be eligible for the permit, in addition to the application documents and fees, submit:

1. An additional \$100 fee for the temporary permit,
2. A certified true copy of your current license in another state licensing jurisdiction, and
3. A completed employment verification form.

Temporary permits are valid for six months and are nonrenewable. Temporary permits are generally issued within 10 business days of receipt of a properly completed application, fees, fingerprint cards, completed employment verification form and certified true copy of a current license. **It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.**

To obtain a “certified true copy,” a notary public must compare the original to the photocopy. The notary must write “I certify this to be a true copy of the original document” on the photocopy and attest to that fact by signing and notarizing the document.

If the notary will not certify the copy, you may certify that it is a true copy of the original and have your signature notarized. Be sure that the notary signs and seals the document with an official seal.

### GENERAL INFORMATION

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.

**PROCESSING TIME** - Applications will be processed according to the date received and **generally** within the following time frame:

**All applications have an initial review within 2-3 weeks of receipt of the application.**

- If all documents for the permanent license are present, your permanent license will be issued at the time of the initial review. If documents are missing, notification will be sent to you by mail or e-mail.
- If a temporary permit is requested and documents for the permanent license are incomplete, a temporary permit may be issued. If you paid for a temporary permit and one is not needed, a refund of the \$100 fee will be processed.

**Wait for your first status letter to reach you before calling the Division to ask for status updates.**

**SOCIAL SECURITY NUMBERS** - Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the Request for Exception from Social Security Number Requirement form located on the board's website at [www.nursing.alaska.gov](http://www.nursing.alaska.gov) or contact the Division office for the form.

**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.

**FIRST DATE OF LICENSURE AND RENEWAL DATES** - All LPN licenses expire on September 30 of even-numbered years regardless of when the license is first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued effective through the next biennium.

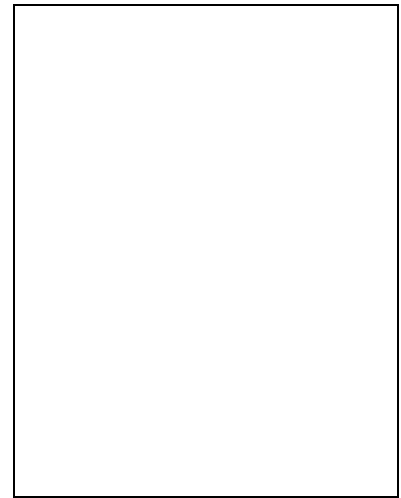


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ENDORSEMENT APPLICATION: LICENSED PRACTICAL NURSE

Please Print or Type

Form with four checkboxes: \$100.00 - Nonrefundable Application Fee, \$200.00 - License Fee, \$100.00 - Temporary Permit Fee, \$75.00 - Fingerprint Processing Fee

TEMPORARY PERMIT: YES NO

Enclose a check or money order payable to the STATE OF ALASKA for \$375.00 (or \$475.00 if you request a temporary permit).

Name: Last First Middle

Other Names: Maiden and/or Other

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

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

United States Social Security Number: - Required by AS 08.01.060.
(If you do not have a U.S. Social Security Number, contact the Division for further instructions.)

Date of Birth (mm/dd/yyyy): Sex: Daytime Number:

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

Have you ever been issued an LPN license in Alaska? Yes No

DO NOT SUBMIT THIS FORM IF YOU ANSWERED "YES." YOU NEED TO APPLY FOR REINSTATEMENT AND YOU ARE NOT ELIGIBLE FOR A TEMPORARY PERMIT.

INITIAL PRACTICAL NURSING EDUCATION:

Table with 4 columns: Type of Program (Certificate, Diploma, Associate), Name of School of Nursing, City and State, Dates Attended, Date of Graduation

**ORIGINAL LICENSURE:** Indicate the state and when you obtained **initial** licensure. Indicate the last name on your license, if different than your current name.

Date Exam Taken <i>(mm/yyyy)</i>	State	License Number	Year Granted	Expiration Date <i>(mm/dd/yyyy)</i>

**ADDITIONAL LICENSES:** List ALL other nursing licenses or permits which you hold or have ever held. Provide the state license number if available, and status (current, lapsed, etc.). Indicate last name on the license, if different than your current name.

State/Province	License No., if known	Expiration Date <i>(mm/dd/yyyy)</i> and Status <i>(Active, Expired, Probation, etc.)</i>

*(Use additional pages if necessary)*

**FOREIGN LICENCED:**

From Canada: Have you taken CNATS?  Yes  No Province: \_\_\_\_\_

Dates Taken *(mm/yyyy)*: \_\_\_\_\_ (If taken after June 1992, you are not eligible for a license by endorsement and you must take the NCLEX exam).

**DISCIPLINARY HISTORY:** The following must be answered pursuant to 12 AAC 44.305(a) (1) (D) and AS 08.68.270:

- Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject to any other restriction or disciplinary action?..... Yes  No
- Have you **ever** been convicted of a misdemeanor or felony (convictions include "suspended impositions of sentence")?..... Yes  No
- Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or for any violation or alleged violation of the Nursing Practice Act, or unprofessional or unethical conduct? ..... Yes  No

**If you answered "Yes" to questions 1, 2, or 3, you** must explain dates, locations, and circumstances on a separate piece of paper and send any supporting documents that are applicable (including court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

**PERSONAL HISTORY:** The following must be answered pursuant to 12 AAC 44.305(a) (1) (C) and AS 08.68.270:

- 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?..... Yes  No
- 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?..... Yes  No
- 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?..... Yes  No

**If you answered "Yes" to questions 4, 5, or 6, you** must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice nursing. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

**NURSING-RELATED EMPLOYMENT HISTORY:** List nursing-related employment for the immediate past five years, beginning with the most recent employer. One of the listed employers must match the employer on the Verification of Employment form. Please explain any gaps in your employment of 3 months or longer on a separate piece of paper.

Name of Employer	Address	Type of Work	Dates (mm/yyyy)	
			From	To

(Use additional pages if necessary)

**All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing address, is available on the Division website at [www.commerce.alaska.gov/cbp/Main/Search/Professional](http://www.commerce.alaska.gov/cbp/Main/Search/Professional).**

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 license to practice nursing 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 license may be subject to disciplinary action.

(NOTARY SEAL)

**SIGN HERE**   
In the presence  
of the notary

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public in  
and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**SIGN HERE** 

\_\_\_\_\_  
Signature of 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 license to practice nursing 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)

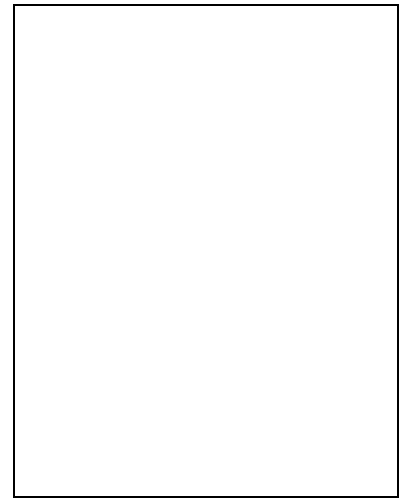


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VERIFICATION OF NURSING EMPLOYMENT

APPLICANT: 1) Complete the top (applicant) portion of this form. 2) Submit the form to an employer listed on your application who will be able to verify at least 320 hours of nursing employment within the last 2 years. 3) After the employer completes the bottom portion, have the employer email, fax or mail the form to the Board of Nursing at the address above.

PLEASE PRINT:

I, \_\_\_\_\_
Last Name First Middle Former
am applying for nursing licensure in Alaska. I hereby authorize you to release information as required on this form to the Alaska Board of Nursing.

I worked as a (check one): [ ] Registered Nurse -OR- [ ] Practical/Vocational Nurse.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

EMPLOYER: Please complete this form. DO NOT return it to the applicant. THIS FORM MUST BE SUBMITTED DIRECTLY FROM THE EMPLOYER TO THE ALASKA BOARD OF NURSING VIA EMAIL, FAX OR MAIL (FROM EMPLOYERS OFFICIAL WORK EMAIL, FAXED WITH A COVERSHEET OR MAILED FROM EMPLOYERS WORK ADDRESS). Please sign the form in ink (no stamps). Items 1, 2 and 3 must be answered as they are required by the Board of Nursing. Thank you for your cooperation.

Employee's Position/Title: \_\_\_\_\_

1. Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years? [ ] Yes [ ] No

2. If No, did the employee work in a nursing capacity a total of at least 320 hours within the past five (5) years? [ ] Yes [ ] No

3. Dates of Employment: From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy or Present) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name or Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Facility the applicant was contracted or assigned to: \_\_\_\_\_

Mailing address of that facility: \_\_\_\_\_
Street or P.O. Box Number City State Zip Code

THIS FORM MUST BE SUBMITTED DIRECTLY FROM THE EMPLOYER TO THE ALASKA BOARD OF NURSING VIA MAIL, SCAN OR FAX.