Applications must be received directly from the Board or its official website. Outdated or non-official applications will not be accepted. To ensure you have the official version, please contact the Board of Nursing.

To practice as an Advanced Practice Registered Nurse (APRN), you must first be licensed as a RN in Alaska. (12 AAC 44.400(a)(2)) Advanced Practice Registered Nurse is defined by statute as “a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board” (AS 08.68.850(1)). An advanced practice registered nurse is a licensed independent practitioner who is licensed to practice as a nurse midwife, a clinical nurse specialist, a nurse practitioner, or a certified registered nurse anesthetist, or in more than one role. The individual must be licensed to practice in the role for which the individual has received specialized education. (12 AAC 44.380)

SCOPE OF PRACTICE – The Scope of Practice statement published by the national professional organization determines the scope of practice for the Advanced Practice Registered Nurse (12 AAC 44.430).

APPLICATION PROCEDURES (Pursuant to 12 AAC 44.400) the following documents must be submitted:

1. A completed application, signed and notarized.
2. Check or money order made payable to the State of Alaska or credit card (see application for fee schedule).
3. Certified transcripts must be received directly from your program of study evidencing successful completion of a course of study in accordance with 12 AAC 44.400 (a)(1)(A). We do not accept copies from the applicant.
   - The transcript must indicate three distinct course offerings of three graduate credits or more in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment. If your transcripts do not indicate 3 graduate credits, a letter on school letterhead sent directly from the school needs to be submitted indicating the courses and number of hours where the missing credits are embedded. Note the regulation is currently under review. If you do not meet this regulation contact the Board of Nursing at 907-269-8161
4. Copy of current national certification in your role and population focus. This must be received directly from the certifying body, we do not accept copies from the applicant.
5. Submit proof of 60 hours of continuing education within the previous two years of the date of your application. Copies of CEU certificates are required. A transcript with a course listing is not accepted. If you are a new graduate, your transcript courses can be used towards the 60 hours as long as they were within the past 2 years.
6. Reference form (enclosed) completed by one of the three references listed on your application who is qualified to verify the applicant’s competency to practice as an Advanced Practice Registered Nurse. The reference must indicate that the applicant has demonstrated competency to practice as an APRN within the two years immediately before the date of the application and must be received directly from the person giving the reference.
7. Consultation and Referral Plan needs to:
   - Describe the clinical practice including geographical location, age range and gender of clients, and the focus of care you will be providing on a regular basis.
   - List the method of routine consultations and referrals. Include the names and title of health care providers you plan to use. List the method of emergency referrals.
   - Describe the process for quality assurance you will use to evaluate your practice. You must state the national standards that you will use, the method for a concurrent or retrospective review of practice, any use of pre-established criteria, and how a written evaluation will occur and the follow-up plan for any corrective action is needed.
8. Application for a temporary permit requires a certified true copy of current Advanced Practice Registered Nurse license or authorization in another state or jurisdiction.

9. For Prescriptive Authority: Pursuant to 12 AAC 44.440, you must submit copies of certificates of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy obtained within the past two years. If the certificates do not list pharmacology hours separately, include a course outline or any other documentation indicating actual hours of pharmacology. For new graduates, your advanced pharmacology course may be used to meet the 15 hours of pharmacology education requirement provided it was completed within the past 2 years from the date of your application.

10. If you graduated from a foreign advanced practice registered nurse program that was not taught with English as the primary language, English textbooks, and English testing modules, an English proficiency examination is required. Submit 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.

A credentials evaluation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) verifying that the foreign advanced practice registered nurse education program is equivalent to an accredited advanced practice registered nurse education program in the United States must be submitted.

To renew your license, a national certification in your role as an NP, CNM, CNS, or CRNA must be maintained.
   - If you hold a current DEA registration, 2 hours of education in pain management and opioid use and addiction in the two year renewal period is required. These must be submitted to the division to renew your license.

Note: Adult or Family Psychiatric Mental Health Nurse Practitioners:
An applicant for an authorization to practice as an adult or family psychiatric mental health nurse practitioner must submit:
   (1) certification issued by the American Nurses Credentialing Center before January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for:
      (A) psychiatric mental health clinical nurse specialist; or
      (B) adult or family psychiatric mental health practitioner; or
   (2) certification issued by the American Nurses Credentialing Center on or after January 1, 2003 certifying that the applicant has passed the examination administered by the American Nurses Credentialing Center for adult or family psychiatric mental health nurse practitioner.

TEMPORARY ADVANCED PRACTICE REGISTERED NURSE PERMIT (Pursuant to 12 AAC 44.450):
A non-renewable, temporary permit may be issued to an applicant who holds a current license to practice as a registered nurse in Alaska and is either currently licensed or authorized as an advanced practice registered nurse in another state or jurisdiction, has been accepted to take the next certifying board examination, or is awaiting certification results. An applicant who fails the certifying examination shall notify the board and surrender the non-renewable permit issued under this section.

Applicants currently licensed or authorized as an APRN in another state or jurisdiction must comply with items 1-3 and 5-7 (and 8, if applicable) listed above.

Applicants scheduled to take the next certifying board examination or awaiting certification results must comply with items 1-3 and 5-6 (and 8, if applicable) listed above and submit a copy of the exam approval scheduling letter from the national certifying body which includes the date of examination.
TO PRESCRIBE AND DISPENSE SCHEDULE 2-5 CONTROLLED SUBSTANCES (Pursuant to 12 AAC 44.445 and .447):

Submit the “Advanced Practice Registered Nurse Application to Prescribe and Dispense Controlled Substances” and pay the application fee with a check or money order made payable to the State of Alaska or credit card.

You must also apply for registration with the Federal Drug Enforcement Agency. Registration applications are available from the DEA at 400 Second Avenue West, Seattle, WA 98119, (888) 219-1418. Prescriptions must be signed by the prescriber with the initial “APRN,” the prescriber’s identification number assigned by the Board and the prescriber’s DEA number.

Upon receiving a DEA number, you MUST register with the Prescription Drug Monitoring Program (PDMP). You must initiate the registration process through AWARxE at Alaska.pmpaware.net and then submit the initial registration and payment form, which can be found at www.PDMP.Alaska.Gov. Failure to register for the PDMP is considered unprofessional conduct by the Board of Nursing and may result in a licensing action.

Continuing education required: If you hold a current DEA registration, 2 hours of education in pain management and opioid use and addiction in the two year renewal period is required.

APPLICATION PROCESS

Applications are processed in the date order received. Please allow six weeks for the processing of properly completed applications. You will be notified, in writing, of application deficiencies or application approval.

If you hold current authorization as an Alaska Advanced Practice Registered Nurse and want to add prescriptive authority, please complete the application, provide proof of the required pharmacology education, and submit the prescriptive authority fee.

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.

RENEWAL INFORMATION

All registered nurse and advanced practice registered nurse licenses lapse on November 30 of even-numbered years regardless of when first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued expiration date through the next biennium. An APRN authorization will not be renewed until the licensee’s RN license has also been renewed.

You MUST hold and maintain national certification to renew your APRN license authorization along with completing applicable continuing education.

A renewal notice will be mailed at least 60 days before the license expiration date. Failure to receive a renewal notice does not relieve a licensee of the responsibility to renew by November 30.

“Certified True Copy” means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public that the document is a true copy of the original document.

BUSINESS LICENSE INFORMATION

All professional license holders, including nurses, who are conducting business or offering services in Alaska and who are not considered an employee, must hold a business license. Please contact the Division of Corporations, Business and Professional Licensing at (907) 465-2550 for more information.
APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE LICENSE

☐ $100.00 Non-refundable Application Fee
☐ $100.00 APRN Licensure Fee
☐ $100.00 Prescriptive Authority Fee – Legend Drugs
☐ $100.00 Controlled Substances Prescriptive Authority Fee
☐ $100.00 Temporary Permit

Make check or money order payable to the State of Alaska.

Alaska RN No.: ____________________ Alaska APRN No.: ____________________ ☐ Application in Progress

Name: ____________________________ ______________________ _______ _______

Last     First     MI     Maiden

Mailing Address: ____________________________ ____________________________

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

Date of Birth: ____________________________ Daytime Telephone No. ____________________________

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.)

E-mail Address: ____________________________

(Please write legibly. This will be the method of correspondence with the Board of Nursing.)

Advanced Practice Registered Nurse educational program:

Didactic Program: ____________________________ From: ____________________________ To: ____________________________

(mm/yy)   (mm/yy)

Do you hold National certification: ☐ YES ☐ NO Date of original certification: ____________________________

Name of certifying body: ____________________________

If you are not certified, have you been accepted to take the next exam? ☐ YES ☐ NO

To be administered by: ____________________________ Date: ____________________________

(Provide a copy of the exam approval scheduling letter)
For what role are you applying? □ NP  □ CNM  □ CNS  □ CRNA

What national certification(s) do you hold? Check the appropriate box(es):

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Nurse Practitioner
- Clinical Nurse Specialist
- Acute Care/Emergency
- Neonatal
- Adult
- Pediatric
- Adult/Gerontology
- Women’s Health
- Geriatric
- Women’s Health/Gender Related
- Family/Individual Across Lifespan
- Family
- Psychiatric/Mental Health
- Adult Psychiatric/Mental Health

ADVANCED PRACTICE REGISTERED NURSE EXPERIENCE:

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<tr>
<th>Employer Name/Address</th>
<th>Summary of Scope of Practice</th>
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PRESCRIPTIVE AUTHORITY FOR LEGEND DRUGS – 12 AAC 44.440

Do you want prescriptive/dispensing authority for legend drugs? □ YES  □ NO

Advanced pharmacology and clinical management of drug therapy education: List in chronological order 15 contact hours of advanced education obtained during the past two years and submit copies of the certificates of attendance. **If the course was not specifically a pharmacology course include an outline of the course which identifies the section relevant to pharmacology.** Practitioners who are recent graduates may use a copy of their transcript, which shows a pharmacology course in the last two years.

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<thead>
<tr>
<th>Course Title/Content</th>
<th>Contact Hours/Academic Credit</th>
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REFERENCES
List names and complete mailing addresses of three professional references. Send the enclosed form to one of the references listed who is qualified to verify your competency to practice as an advanced practice registered nurse and is able to verify that you have demonstrated competency as an APRN within the two years immediately before the date of the application: The reference form must be submitted to us directly from the person giving the reference.

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Applications without the appropriate attachments will be considered incomplete and will not be processed. All information supplied with this application will be considered “public” information unless required to remain confidential by law. Information about current licensees, including mailing addresses, is available from the Division’s website at http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing.aspx under License Search.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false or misleading information in this application and accompanying documents may result in failure to obtain authorization or subsequent revocation of my authorization to practice as an Advanced Practice Registered Nurse.

SIGN HERE
In front of a notary

Signature of Applicant

SUBSCRIBED AND SWORN before me this ________________ day of ____________, 20__

NOTARY

Signature of Notary Public

Notary Public in and for the State of ________________

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)
CONSULTATION AND REFERRAL PLAN GUIDELINES

Listed below are the guidelines for completing the outline for consultation and referral plan. In accordance with 12 AAC 44.400 (a)(5), an Advanced Practice Registered Nurse, when delivering health care services to the public, shall have in effect a written plan. The plan must
   (A) conform to criteria established by the board; and
   (B) include a method for quality assurance.

I. DESCRIPTION OF CLINICAL PRACTICE

   Give a brief description of your clinical practice. Include the geographical location, the age range and gender of the clients, and the focus of the care you will be offering on a routine basis. Your clinical practice must be within the role, population foci, and scope defined by your education and certification. The statement should be clear and concise.

II. CONSULTATION AND REFERRAL

   A. List your method of routine consultations and referrals, including how these will be documented in the patient record. Include the names and titles of health care providers you will utilize.
   B. List your method for emergency referrals which includes practitioners, clinics, hospitals, paramedics, etc., to be used in case of emergency.

III. QUALITY ASSURANCE

   Describe the process for quality assurance you will use to evaluate your practice. The process must include the following elements:
   • State the national standards that you will use which apply to your role and population focus;
   • The method to be used for a concurrent or retrospective review of practice;
   • Any use of pre-established criteria; and
   • How a written evaluation of review with a plan for corrective action if indicated with follow-up will occur. Review should focus on area of practice where patient care problems are suspected or have been identified.
I. Description of Clinical Practice

Give a brief description of your clinical practice. Include the geographical location, the age range and gender of the clients, and the focus of the care you will be offering on a routine basis. Your clinical practice must be within the role, population foci, and scope defined by your education and certification. The statement should be clear and concise.

II. Consultation/Referral

A. List your method of routine consultations and how these will be documented in the patient’s record. Include names and titles of health care providers you will utilize for consultation and referral.
B. List your method for emergency referrals which includes practitioners, clinics, hospitals, paramedics, etc., to be used in case of emergency

III. Quality Assurance

Describe the process for quality assurance you will use to evaluate your practice. The process must include the following elements:

- State the national standards that you will use which apply to your role and population focus;
- The method to be used for a concurrent or retrospective review of practice;
- Any use of pre-established criteria; and
- How a written evaluation of review with a plan for corrective action if indicated with follow-up will occur.
APPLICANT: Please complete this section.

Name of Advanced Practice Registered Nurse: ___________________________  ___________________________  ___________________________

Dates of Association with Reference: ___________________________

REFERENCE: Please complete the following information on behalf of the above-named applicant.

1. How often and in what capacity have you observed the applicant in the practice of an Advanced Practice Registered Nurse?

2. Please give your rating of applicant’s competence:  □ Excellent  □ Good  □ Fair  □ Poor

3. Do you recommend this applicant for authorization as an Advanced Practice Registered Nurse?:  □ Yes  □ No

4. Please provide a statement regarding the applicant’s ability to practice as an Advanced Practice Registered Nurse.

Signature: ___________________________  Date: ___________________________

Name: ___________________________  Title: ___________________________

Agency: ___________________________  Telephone: ___________________________

Mailing Address

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

MUST COME DIRECTLY FROM THE PERSON COMPLETING THE REFERENCE FORM. PLEASE MAIL OR EMAIL COMPLETED FORM DIRECTLY TO THE ADDRESS AT THE TOP OF THE PAGE.
$100.00 Nonrefundable Application Fee (Make check or money order payable to the State of Alaska.)

In addition to the legend drug prescriptive authority authorized in 12 AAC 44.440, the board will, in its discretion, authorize an Advanced Practice Registered Nurse to prescribe and dispense Schedule 2 – 5 controlled substances in accordance with the applicable state and federal laws (12 AAC 44.445 and .447).

Name: ____________________________ ________________ ____________

Last     First     M.I.

Mailing Address: ____________________________ ____________________________

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

Business Address: ____________________________ ____________________________

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

Alaska APRN Number: ____________________________ Telephone No.: ____________________________

Date of Birth: ____________________________

Social Security Number: ____________________________ Required by AS 08.01.060.
(The department is not authorized to issue a license, unless the applicant’s Social Security Number has been provided.)

Upon receiving a DEA number, you MUST register with the Prescription Drug Monitoring Program (PDMP). You must initiate the registration process through AWARxE at Alaska.pmpaware.net and then submit the initial registration and payment form, which can be found at www.PDMP.Alaska.Gov. Failure to register for the PDMP is considered unprofessional conduct by the Board of Nursing and may result in a licensing action.

The APRN receiving this authority must comply with 12 AAC 44.445 – 447. Review these regulations. Failure to comply with the regulations may result in a licensing action and be considered unprofessional conduct.

Submit 15 advanced pharmacology contact hours per 12 AAC 44.440(b)(2)
I hereby certify that this information is true and correct to the best of my knowledge. I understand that any false or misleading information in this application or accompanying documents may result in failure to obtain authorization or subsequent revocation of my authorization to practice as an Advanced Nurse Practitioner.

SIGN HERE
In front of a notary

Signature of Applicant

SUBSCRIBED AND SWORN before me this __________ day of ___________, 20__

NOTARY

Signature of Notary Public

SEAL

Notary Public in and for the State of _______________
My Commission Expires: _______________
ALASKA BOARD OF NURSING
ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION PROGRAMS

Approved Certification Programs for Advanced Practice Registered Nurses

1. National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)
   • Initial and renewal certifications for nurse anesthetists

2. National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)
   • Woman’s Health Care Nurse Practitioner (formerly OB/GYN Nurse Practitioner)
   • Neonatal Nurse Practitioner

3. The Pediatric Nursing Certification Board (PNCB) Formerly National Certification Board of Pediatric Nurse Practitioners & Nurses (NCPNP/N)
   • Pediatric Nurse Practitioner

4. American Midwifery Certification Board (AMCB)
   • Nurse Midwives

5. American Nurses Credentialing Center (ANCC)
   • Family/Individual across the lifespan
   • Adult-Gerontology Acute Care Nurse Practitioner
   • Adult-Gerontology Primary Care Nurse Practitioner
   • Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan)
   • Adult-Gerontology Clinical Nurse Specialist
   • Pediatric Primary Care Nurse Practitioner

If licensed as of January 1, 2024, may continue to practice as long as that certification is maintained:
   • Adult Health
   • Family Health
   • Gerontological Nurse Practitioner
   • Acute Care / Emergency Nurse Practitioner
   • Adult Psychiatric/Mental Health
   • Family Psychiatric/Mental Health
   • Women’s Health

** Effective 8/8/2018

6. American Academy of Nursing Practitioners (AANP)
   • Adult-Gerontology Nurse Practitioner

If certified or licensed as of January 1, 2024, may continue to practice as long as that certification is maintained.
   • Emergency Nurse Practitioner
   • Family Nurse Practitioner
   • Gerontological Nurse Practitioner

7. American Association of Critical-Care Nurses (AACN)
   • Acute Care Nurse Practitioner