



**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

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

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

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## Reinstatement of Nursing License Application Instructions

Read the application instructions, statutes, and regulations before completing your application. 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If you received this application other than directly from the division or its official website, the application may be outdated or not an official version.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 visit our website, [www.Nursing.Alaska.Gov](http://www.Nursing.Alaska.Gov).

### NURSING LICENSE REINSTATEMENT – APPLICATION PROCEDURES (12 AAC 44.317)

***The following must be received by the division before your application for Reinstatement of Nursing License can be reviewed:***

#### 1. APPLICATION

A completed application, signed and notarized (#08-4067, pages 1-5).

#### 2. FEES

Fees made payable to "State of Alaska."

Penalty Fee: \$100.00

License Fee: \$200.00

Fingerprint Processing Fee: \$ 75.00

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Total Fees Due: \$375.00

**Note:** Once a permit or license is issued, you are no longer eligible for a refund.

#### 3. FINGERPRINT & BACKGROUND REPORTS

Submit one original 8" x 8" fingerprint card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. The fingerprint card submitted as part of this application should be sent directly to the Alaska Board of Nursing (550 W. 7th Ave., Ste. 1500 Anchorage, AK 99501) who will submit it to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).

The fingerprint card will be rejected, and a new card and fee may be required for any of the following reasons:

- Incorrect type of card
- Incomplete or incorrect personal information or signatures
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at [www.FBI.gov](http://www.FBI.gov) (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may be directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>. Challenges may be given no later than 30 days after you have been notified by DPS of an adverse report.

#### 4. VERIFICATION OF LICENSURE

Verification of licensure sent directly from each jurisdiction where you held a license to practice nursing (or the verification made available via the NCSBN online verification system at [www.nursys.com](http://www.nursys.com)) during the time period your Alaska license was lapsed.

## 5. CONTINUING COMPETENCY

Submit documented completion of continuing competency. The following items may be needed depending on the reinstatement method chosen within Part VI of the application form.

- **Refresher Course**

Proof of completion of nursing refresher course pre-approved by the board, within 2 years of application, must be submitted directly from the college or school of nursing attended to the Alaska Board of Nursing. Board approved refresher courses can be found at [www.Nursing.Alaska.Gov](http://www.Nursing.Alaska.Gov).

- **NCLEX**

National Council Licensing Examination (NCLEX) results must be forwarded to the Alaska Board of Nursing by the jurisdiction in which you took the exam within 2 years of application, **or** you can request to retake the NCLEX within this application.

- **Continuing Education**

Submit copies of certificates of completion or proof of attendance for 30 contact hours of continuing nursing education earned during the immediate two years before applying for reinstatement.

- **Professional Activities**

A completed Verification of Professional Activities form (#08-4067b) verifying at least 30 hours of professional activities performed without compensation within the immediate two years before applying for reinstatement.

- **Verification of Employment**

A completed Verification of Employment form (#08-4067c) verifying at least 320 hours of nursing employment completed within the immediate two or five years before applying for reinstatement.

- **Transcripts**

Official transcripts sent directly to the Alaska Board of Nursing from the college or school of nursing where you attained a degree or certificate in nursing, or made progress toward one beyond the education requirements for your original license by successfully completing at least six academic credits within 2 years of application. Send electronic transcripts to [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov).

**Note:** Continuing competency used to “reinstatement” your license may not be used to “renew” your license for the next renewal period.

## TEMPORARY PERMIT (12 AAC 44.320)

A temporary permit may be issued once items #1 - #4 are received and processed (this includes review of professional fitness questions). Item #5 is not required for a temporary permit.

Temporary permits are valid for six months and are nonrenewable. **It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.**

## General Information

### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:**

Licenses are issued for a two-year period and expire on September 30 (LPN) & November 30 (RN) of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 60 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### **PROFESSIONAL FITNESS QUESTIONS:**

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### **DENIAL OF APPLICATION:**

The denial of an application for 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.

### **CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:**

It is the applicant's responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division's website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

A U.S. Social Security Number must be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.060)

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

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 email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### **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. A professional license does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional license is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov*.

### **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.

**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*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division's website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.



THE STATE  
of **ALASKA**

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

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**Reinstatement of Nursing License Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> License Fee (For licenses lapsed less than 60 days)	<b>\$200.00</b>
	<input type="checkbox"/> License & Penalty Fee (For licenses lapsed more than 60 days but less than 1 year)	<b>\$300.00</b>
	<input type="checkbox"/> License, Penalty & Fingerprint Processing Fee (\$75 is Non-Refundable) (For licenses lapsed more than 1 year)	<b>\$375.00</b>

**PART II Temporary Permit**

Select ONE (1) of the following:

- I want to be issued a temporary permit if I become eligible for one. A temporary permit is valid for 6 months, is non-renewable, and does not expedite the review process. No additional fees are required for temporary permits.
- I do NOT want to be issued a temporary permit if I become eligible for one. I only want to be issued a permanent license.

**PART III Personal Information**

<b>Full Legal Name:</b>	First	Middle	Last
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<b>Alaska License Number:</b>	<b>License Type:</b>		<input type="checkbox"/> RN <input type="checkbox"/> LPN
<b>Mailing Address:</b>	P.O. Box or Street	City	State    Zip
<b>Contact Phone:</b>	<b>Date of Birth:</b>		
<b>EMAIL AGREEMENT:</b> Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you have already registered with MY LICENSE, no action is needed. If you did not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.			
<b>Email Address:</b>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 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 Continued Competency

Select one of the methods of continued competency below to qualify for reinstatement. See the instruction pages for additional information on submitting documentation.

**Method 1** – Lapsed LESS THAN one year. Select ONE (1) of the following:

**Within the immediate two years before applying for reinstatement**, I have completed TWO (2) of the THREE (3) activities below:

320 hours of nursing employment using the Verification of Employment form (#08-4067c).

- AND/OR -

30 contact hours of continuing nursing education.

- AND/OR -

30 hours of professional activities (performed without compensation) using the Verification of Professional Activities form (#08-4067b).

- OR -

**Within the immediate two years before applying for reinstatement**, I have attained a degree or certificate in nursing or made progress toward one beyond the education requirements for your original license by successfully completing at least six academic credits.

**Method 2** – Lapsed MORE THAN one year. Select ONE (1) of the following:

**Within the immediate two years before applying for reinstatement I have completed:**

320 hours of nursing employment using the Verification of Employment form (#08-4067c) **and** 30 contact hours of continuing nursing education.

- OR -

320 hours of nursing employment using the Verification of Employment form (#08-4067c) **and** 30 hours of professional activities (performed without compensation) using the Verification of Professional Activities form (#08-4067b).

- OR -

**Within the immediate five years before applying for reinstatement I have completed:**

320 hours of nursing employment using the Verification of Employment form (#08-4067c).

- AND -

**Within the immediate two years before applying for reinstatement I have completed:**

Attained a degree or certificate in nursing or made progress toward one beyond the education requirements for your original license by successfully completing at least six academic credits.

- OR -

30 contact hours of continuing nursing education **and** 30 hours of professional activities (performed without compensation) using the Verification of Professional Activities form (#08-4067b).

**Method 3** – Proof of completion of a nursing refresher course pre-approved by the board within 2 years of application.

**Method 4** – NCLEX. Select ONE (1) of the following:

Successful completion of the National Council Licensing Examination (NCLEX) **within 2 years of application.**

- OR -

I would like to retake the National Council Licensing Examination (NCLEX).

**PART V International Nursing License History**

List ALL international nursing licenses which you hold or have held since your Alaska license lapsed. Provide the license number if available. Indicate the last name on the license, if different than your current name. **You must provide a verification of license from each jurisdiction where you held a license during the time period your Alaska license was lapsed** (see the instructions for information).

Jurisdiction	License Number (If known)

**PART VI Fingerprints and Background Reports** *(If your license has been lapsed for 1 year or more)*

- I hereby certify I have read and understand my fingerprint card will be sent to the Department of Public Safety (DPS) to perform a criminal background check through the State and Federal Bureau of Investigations (FBI) in accordance with AS 12.62.400 and 28 CFR 50.12(b).
- I understand the fingerprint card will be rejected, and a new card and fee may be required for any of the following reasons:
  - Incorrect type of card
  - Incomplete or incorrect personal information or signatures
  - Improperly rolled prints

**PART VII Alaska Law**

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.68 and 12 AAC 44).

**PART VIII****Professional Fitness Questions** *AS 08.68.270, 12 AAC 44.317(a)(1)(C)-(D) and 12 AAC 44.317(b)(1)(C)-(D).*

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

**When in doubt, disclose and explain.**

1. 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
2. Have you ever been convicted of a misdemeanor or felony (convictions include "suspended impositions of sentence")?  Yes  No
3. 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
4. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice nursing in a competent, ethical and professional manner?  Yes  No
5. Are you currently participating in an alcohol and/or drug treatment program or been diagnosed with a substance use disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?  Yes  No

"Yes" Answers

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



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**Notary Signature Page**

<b>Applicant Name:</b>	
<b>Alaska License Number (if known):</b>	

**PART IX Notarized Signature**

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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## Verification of Professional Activities

→ **Applicant:**

Complete the identifying information below and submit this form to the organization/agency where the professional activities were performed. If you selected “professional activities” as one of the methods of satisfying continuing competency, then you must verify a minimum of 30 hours of professional activities required under 12 AAC 44.620 and obtained within the last biennial licensing period. Provide copies of this form to as many organizations/agencies as needed for verification.

<b>Applicant Name:</b>			
<b>License Type:</b>	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<b>License Number:</b>
<input type="checkbox"/> I 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.			

→ **Organization or Agency:**

Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Nursing at the letterhead address.

<b>Name of Organization:</b>		<b>Contact Phone:</b>	
<b>Address:</b>	Street	City	State Zip
<b>Dates of Professional Activities:</b>	mm/dd/yyyy – mm/dd/yyyy		<b>Number of Hours Performed:</b>
Professional activities must be performed without compensation and satisfied through one or more of the following methods. (Check all that apply.)			
<input type="checkbox"/> Work with a professional nursing or health-related organization. <input type="checkbox"/> Authoring or contributing to an article, book, or publication related to health care; <input type="checkbox"/> Development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy; <input type="checkbox"/> Design and conduct a research study relating to nursing and/or health care; <input type="checkbox"/> Other professional activities approved by the board.			
<b>Describe the professional activities:</b>			
<p>By my signature below, I attest the above-named nurse performed “professional activities (without compensation)” using nursing knowledge that contributed to the health of individuals or the community during the time period above.</p>			
<b>Signature:</b>		<b>Date Signed:</b>	
<b>Printed Name:</b>		<b>Title:</b>	



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## Verification of Nursing Employment

→ **Applicant:**

Complete the top portion of this form and submit to an employer who is able to verify at least 320 hours of nursing employment within the last 2 years (or within the last 5 years if you are not utilizing “nursing employment” as part of your continuing competency). After the employer completes the bottom portion, have the employer email or mail the form directly to the Board of Nursing at the letterhead address.

<b>Applicant Full Legal Name:</b>		<b>Date of Birth:</b>	
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→ **Employer:**

Complete this form and submit it directly to the Alaska Board of Nursing via email or mail (either from your official work email or mailed from your work address). **DO NOT return it to the applicant.** This form must be signed and dated.

<b>Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, did the employee work in a nursing capacity a total of at least 320 hours within the past five (5) years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Company Name or Agency:</b>		
<b>Mailing Address:</b>	P.O. Box or Street	City State Zip

<b>Employer Printed Name:</b>		<b>Title:</b>	
<b>Employer Signature:</b>		<b>Date:</b>	
<b>Employer-Issued Email Address:</b>		<b>Phone:</b>	

## Regulations

**12 AAC 44.600. PURPOSE OF CONTINUING COMPETENCY REQUIREMENTS.** The purpose of continuing competency requirements is to ensure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles, and concepts in the practice of registered or practical nursing as defined in AS 08.68.850. Before a license can be renewed each biennial period, a registered nurse or a licensed practical nurse must document either

- (1) compliance with 12 AAC 44.640; or
- (2) completion of two of the following three methods for maintaining continuing competency:
  - (A) continuing education as prescribed under 12 AAC 44.610;
  - (B) professional activities as prescribed under 12 AAC 44.620; and
  - (C) nursing employment as prescribed under 12 AAC 44.630.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.610 CONTINUING EDUCATION REQUIREMENTS.** (a) Except as provided in (d) of this section, the board will accept continuing education toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 contact hours of continuing education for renewal of a license or current certification by a national nursing certification body, during the two years before the licensing period for which the applicant seeks renewal; the applicant shall earn at least 20 of the contact hours in a continuing education program provided

- (A) under the accreditation standards established or followed by one of the following organizations:
    - (i) American Nurses Credentialing Center (ANCC);
    - (ii) Accreditation Council for Continuing Medical Education (ACCME);
    - (iii) Accreditation Council for Pharmacy Education (ACPE) – courses with a “P” designation or identification number;
    - (iv) a nurse practitioner certifying body;
    - (v) a nurse anesthetist certifying body; or
  - (B) by a sponsor for which an applicant or the executive administrator obtains board approval; the board will approve only those sponsors who offer continuing education as defined in (c)(2) of this section;
- (2) that no more than 10 of the contact hours required under (1) of this subsection were earned through in-service nursing education offered by a licensed health care facility that does not meet the qualifications required under (1) of this subsection; and
- (3) that the contact hours required under (1) of this subsection were earned in at least one of the following subject areas:
  - (A) nursing practice areas and special health care problems;
  - (B) biological, physical, or behavioral sciences;
  - (C) legal or ethical aspects of health care;
  - (D) management or administration of health care personnel and patient care;
  - (E) subjects approved by the board that are required as part of a formal nursing program but that are more advanced than those completed for original licensure.

(b) The board will accept continuing education contact hours that are part of a mediated learning system such as educational television, audio or video cassettes, the Internet, or printed media, or that are part of an independent study program, if the system or program is accredited by an agency that is approved by a national certifying body.

(c) In this section,

- (1) “contact hour” means a minimum of 50 minutes of actual organized instruction; academic credit will be converted to contact hours as follows:
  - (A) one quarter academic credit equals 10 contact hours;
  - (B) one semester academic credit equals 15 contact hours;
- (2) “continuing education” means a systematic educational experience that grants academic credit or contact hours beyond the basic nursing program preparation.

(d) The board will not accept continuing education contact hours or in-service hours for the completion of courses in cardiopulmonary resuscitation (CPR) or basic life support (BLS). The board will accept continuing education for renewals of licenses of advanced cardiac life support (ACLS), pediatric advanced life support (PALS), and other advanced courses for registered nurses.

**Authority:** AS 08.68.100 AS 08.68.276 AS 08.68.330

**12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT.** (a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

- (1) repealed 8/19/2022;
- (2) repealed 8/19/2022;
- (3) for a practical nurse license, on or before September 30, 2020, completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;

- (4) for a registered nurse license, on or before November 30, 2020, completion of at least 60 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;
  - (5) for a practical nurse license, on or after October 1, 2020, completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal;
  - (6) for a registered nurse license, on or after December 1, 2020, completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and
  - (7) that the hours of participation in professional activities were earned in at least one of the following ways:
    - (A) work with a professional nursing or health-related organization;
    - (B) authoring or contributing to an article, book, or publication related to health care;
    - (C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
    - (D) the design and conduct of a research study relating to nursing and health care;
    - (E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of “professional activities” in (b) of this section.
- (b) In this section “professional activities” means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.
- (c) Providing nursing care to the nurse’s immediate family members does not qualify to meet professional activities requirements. In this subsection, “immediate family member” means a parent, sibling, spouse, child, parent-in-law, sibling in-law, stepchild, or same-sex or opposite-sex domestic partner.

**Authority:** AS 08.68.100 AS 08.68.276 AS 08.68.330

**12 AAC 44.630. NURSING EMPLOYMENT REQUIREMENT.** The board will accept nursing employment toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents at least 320 hours of practice of practical nursing or registered nursing, as defined in AS 08.68.850, during the two years before the licensing period for which the applicant seeks renewal. The applicant shall document those hours on a form provided by the board and shall include the name of the nurse’s employer.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.640. ALTERNATIVE METHODS FOR CONTINUING COMPETENCY REQUIREMENTS.** A nurse may meet continuing competency requirements without meeting the requirements of 12 AAC 44.610 – 12 AAC 44.630 by documenting that after the last renewal date, the nurse has

- (1) completed a nursing refresher course approved by the board; or
- (2) attained a degree or certificate in nursing, or made progress toward one, beyond the education requirements for the nurse’s original license by successfully completing at least six academic credits in courses required for the degree or certificate; or
- (3) successfully completed the National Council Licensing Examination.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.650. REQUIREMENTS FOR NEW LICENSEES.** (a) A licensee who receives his or her original license in the first year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.640 before the first license renewal.

(b) A licensee who receives his or her original license in the second year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600 - 12 AAC 44.640 before the second license renewal.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.660. AUDIT AND DOCUMENTATION.** (a) A licensee must comply with all applicable requirements of 12 AAC 02.960 – 12 AAC 02.965. If selected for an audit of continued competency activities, the licensee must cooperate with the department and must submit all requested verifications of continued competency activities claimed by the licensee.

(b) Repealed 5/16/2018.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT.**

(a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 hours of participation in uncompensated professional activities for renewal of a license, during the two years before the licensing period for which the applicant seeks renewal; and

(2) that the hours of participation in professional activities were earned in at least one of the following ways:

(A) work with a professional nursing or health-related organization;

(B) authoring or contributing to an article, book, or publication related to health care;

(C) development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;

(D) the design and conduct of a research study relating to nursing and health care;

(E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of "professional activities" in (b) of this section.

(b) In this section "professional activities" means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.

- Camp nurse or sport camp nurse
- Giving injections (flu shots, vaccines, insulin)
- Volunteering as a nurse (i.e., overseas or with Peace Corps, Volunteer of America)
- Utilizing assessment and treatment plan skills (i.e., assessing students in a school without a licensed school nurse present)
- Reviewing medications (i.e., in an assisted living home)
- Assisting with annual skills fair at a facility or teaching new skills
- Volunteering in a skills lab at a nursing school
- Providing health information, diabetic teaching (i.e., at a health fair)
- Taking vital signs, heights, weights
- Providing first aid
- Pioneer Home, assisted living homes, or nursing homes helping with activities
- Volunteering in quality or infection control services in a facility with data entry or records keeping duties
- Volunteering as a doula
- End of Life comfort care, sitter
- Attending nursing board or professional association meetings
- Volunteering as a special needs assistant
- Providing respite care
- Providing comfort to families anywhere in a hospital, hospice center, long term care facility, home (Cannot be family members)
- Volunteering with the American Red Cross in medical/nursing related activities
- Volunteering in an HIV/AIDS clinic, needle exchange program, providing education, STI screening

**Not Accepted:**

- Working with a therapy dog
- Working as a medical assistant
- Working as a receptionist

# Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI [28 CFR 50.12(b)]. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be one original 8" x 8" card (FD-258). The card must be printed in black/pale blue ink, on cardstock and include the FBI privacy statement on the back. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also, do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected by DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

**NAME:** Applicant's last name (comma), first name, then middle name (if any); suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

**SIGNATURE OF PERSON FINGERPRINTED:** Must be signed by the applicant.

**RESIDENCE OF PERSON FINGERPRINTED:** Enter the applicant's physical residence address.

**DATE:** Date fingerprinting was done.

**SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** Signature of the person who rolled the fingerprints.

**EMPLOYER AND ADDRESS AND REASON FINGERPRINTED:** These blocks to be completed by the State of Alaska.

**ALIASES/AKA:** List other names used by the applicant that are different than that entered in NAME block; also, list maiden names and all previous married names of females.

**CITIZENSHIP/CTZ:** Enter US if a citizen of the United States; otherwise, enter the correct country abbreviation.

**YOUR NO./OCA:** Leave this space blank (Originating Agency Case Number).

**FBI NO./FBI:** Enter the applicant's assigned FBI number, if known.

**ARMED FORCES NO./MNU:** Leave this space blank.

**SOCIAL SECURITY NO./SOC:** List the applicant's Social Security Number.

**MISC. NO./MNU:** If Alaska resident, enter the applicant's Alaska driver's license or state ID# (if applicable).

**ORIGINATING AGENCY IDENTIFIER (ORI):** Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

**SEX:** F (Female), M (Male) or U (Unknown). Note: Those are the only codes recognized by the FBI. Recommendation is to use the sex declared on the State driver's license or identification card, if applicable.

**RACE:** Race must be indicated by one of the following one-character alphabetic codes:

*A = Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese*

*B = Black*

*I = American Indian, Alaskan Native, Eskimo*

*W = White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures*

*U = Unknown*

**HEIGHT:** Must be shown in feet and inches, fractions rounded off to nearest inches (i.e., 5'11" entered as 511).

**WEIGHT:** Must be expressed in pounds, fractions rounded off to nearest pound.

**EYES:** Indicate eye color by one of the following three-character codes:

*BLK = Black*

*GRY = Gray*

*MAR = Maroon*

*UNK = Unknown*

*BLU = Blue*

*GRN = Green*

*MUL = Multicolored*

*BRO = Brown*

*HAZ = Hazel*

*PNK = Pink*

**HAIR:** Indicate hair color by one of the following three-character codes:

*BLK = Black*

*BRO = Brown*

*ONG = Orange*

*RED = Red or Auburn*

*XXX = Unknown or*

*BLN = Blonde or Strawberry*

*GRN = Green*

*PLE = Purple*

*SDY = Sandy*

*Completely Bald*

*BLU = Blue*

*GRY = Gray or Partially Gray*

*PNK = Pink*

*WHI = White*

**PLACE OF BIRTH/POB:** List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county names as a POB.

**DATE OF BIRTH/DOB:** Enter birth date as month, day, year. Fingerprint cards of persons 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

**FINGERPRINT IMPRESSION BLOCKS:** (Individual and Simultaneous) It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink, nor too much nor too little pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch, or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the cards is essential. Double check your work before sending the card. Illegible, incomplete, or incorrect cards will be rejected, and a new card and fee may be required.

## Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associate personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history records check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34).

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety at <https://DPS.Alaska.Gov/Statewide/R-I/background/Home> to request to correct criminal justice information.

<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b) and Alaska Regulation AAC 13.68.300.

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 Fingerprint Card.*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



THE STATE  
of

**ALASKA**

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

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



THE STATE  
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska  
PO Box 110806, Juneau, AK 99811  
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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.**

1. Credit Card Number:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		