



THE STATE
of

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

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofNursing

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.

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

Name of Organization:		Contact Phone:	
Address:	Street	City	State Zip
Dates of Professional Activities:	mm/dd/yyyy – mm/dd/yyyy		Number of Hours Performed:
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.			
Describe the professional activities:			
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.			
Signature:			Date Signed:
Printed Name:			Title: