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If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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

APPLICATION PROCEDURES – 12 AAC 44.290

The following documents must be submitted:

1. A completed application 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. One completed fingerprint card 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. Nursing Program Verification form, sent directly from the school of nursing attended, verifying successful completion of an approved nursing program.
5. An official transcript sent directly from the college or school of nursing attended. The graduation date and the type of degree conferred must be posted on the transcript. (Send electronic transcripts to boardofnursing@alaska.gov)
6. Documents not in English must be accompanied by a certified English translation.

TEMPORARY PERMIT REQUIREMENTS – 12 AAC 44.320

To receive a temporary permit, submit items number 1, 2, 3 and 4 above. To be eligible for the temporary permit, an applicant must not have failed the NCLEX-RN examination, or failed to appear to take the NCLEX examination for which the applicant was registered. The permit is nonrenewable and valid for six months or until the results of the NCLEX are made available and notification of the results is received by the temporary permits holder, whichever occurs first. If you are unsuccessful on the NCLEX-RN, the temporary permit becomes invalid and must be returned to the Board of Nursing

FOREIGN GRADUATES – 12 AAC 44.310

All foreign graduates must take the NCLEX. (Please read 12 AAC 44.290 & 310). All documents must be accompanied by certified English translations if the original documents are not in English. Applicants from schools outside the U.S. or Canada (except Quebec, Canada) must submit an evaluation of the applicant’s nursing education by the CGFNS Credentials Evaluation Service, with a full education, course-by-course report.

12 AAC 44.290(a) (3) (D)

(D) 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:

(i) International English Language Testing System (IELTS) examination – overall score of 6.5 with a minimum of 6.0 on all modules;
(ii) 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;
(iii) 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;
(iv) Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) – overall score of 84 with a speaking score of 26;

EXAMINATION INFORMATION
You may register with PearsonVUE Professional Testing to take the NCLEX at anytime during the application process. When your application has been approved and after you have registered with PearsonVUE, the Board will then notify the testing company that you are eligible to take the examination. Your Authorization to Test (ATT) from PearsonVUE will be issued approximately 48 hours after the Board makes you eligible. The candidate website for the examination is: www.pearsonvue.com/nclex.

After you have passed the NCLEX-RN examination, your permanent license will be issued. If you did not achieve a passing score, you will be notified in writing (e-mail or USPS).

SPECIAL ACCOMMODATION TO TAKE THE NCLEX EXAM
Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a complete Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the board’s website at www.nursing.alaska.gov or contact the Division to request the form.

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 2-3 weeks. Every effort will be made to process your application in a timely manner. However, the process will be delayed if the application is incomplete or the required documentation is not submitted. Due to the high volume of application received by the Board of Nursing, please apply well in advance of when the permit or license is needed.

You will be notified in writing as soon as your application is reviewed. Please allow two weeks from the date of application receipt for your first status letter to reach you.

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

FIRST DATE OF LICENSURE AND RENEWAL DATES
All RN licenses expire on November 30 of even-numbered years regardless of when it was first issued, except new licenses issued within 90 days of the expiration date. The licenses will be issued with an effective date through the next biennium.

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 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.
Please Print or Type

☐ $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 (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 Telephone Number: ________________________

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

INITIAL RN NURSING EDUCATION:

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<tr>
<th>TYPE OF PROGRAM</th>
<th>Diploma</th>
<th>Associate Degree</th>
<th>Baccalaureate</th>
<th>Generic Masters</th>
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<tr>
<td>Name of School of Nursing</td>
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<td>City and State</td>
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<td>Date of Graduation (mm/yyyy)</td>
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08-4112 (REV. 8/2018)  Application page 1 of 3
ADDITIONAL INFORMATION:
Have you ever applied for or have you held an RN or an LPN license in Alaska? □ YES □ NO
Date granted (mm/yyyy): ___________________________ Denied (mm/yyyy): ___________________________

Do you hold any other kind of health care related license in Alaska? □ YES □ NO
If yes, state license type: ________________________________________________________________
List other nursing licenses held including state(s) and status (active, inactive, lapsed, etc.): ________________________________

If a graduate of a Foreign School of Nursing, have you had your transcript evaluated by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and passed the English language requirements? □ YES □ NO
(You must submit the CGFNS and English language documentation.)

TEMPORARY PERMIT APPLICANT:
If you are applying for a temporary permit:

1. Have you ever failed the NCLEX-RN examination? □ YES □ NO
   State: ________________ Date Taken (mm/yyyy): ________________ If “Yes,” please have exam verification and nursing program information forwarded to the Alaska Board of Nursing at the address on page one of this application.

2. Have you failed to appear to take the NCLEX-RN examination for which you were registered? □ YES □ NO

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

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

   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:

4. 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

5. Are you currently participating in a substance abuse and/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

6. 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.
### RELATED EMPLOYMENT HISTORY:
List all health-related employment for the immediate past five years, listing current employer first. Write "N/A" if not applicable.

<table>
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<tr>
<th>Name of Employer</th>
<th>Address</th>
<th>Type of Work</th>
<th>Dates (mm/yyyy)</th>
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Information supplied 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’s 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.

SIGN HERE

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)
NURSING PROGRAM VERIFICATION FOR EXAMINATION APPLICATION: REGISTERED NURSE

SECTION I: (Applicant - Complete Section I of this form and mail it or take it to the program or school where you received your nursing education. The program or school will then mail the completed form directly back to the Board of Nursing.)

Name: ___________________________________________ Other Names Used: __________________________________________________________________________

Social Security Number: ___________________________ Date of Birth: ___________________________

Address: ________________________________________

(Stree Address or P.O. Box) (City) (State) (Zip Code)

(Official Use Only)

SECTION II: (School of Nursing - The above applicant is applying for licensure in Alaska. Please complete Section II and return this form directly to the ALASKA BOARD OF NURSING at the address above. Faxed Copies are NOT acceptable.)

Name of School: ______________________________________

Address: ________________________________________

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

Type of Program: ☐ Diploma ☐ Associate ☐ Baccalaureate ☐ Masters

Date Entered: ___________________________ Date Completed: ___________________________

(mm/dd/yyyy) (mm/dd/yyyy)

Do you recommend this applicant to sit for the National Council License Examination (NCLEX)? ☐ YES ☐ NO

Comments: ______________________________________

_______________________________________________

Accreditation Status at Time of Graduation

State Board of Nursing: (specify) ________________________ ☐ YES ☐ NO

ACEN (formerly NLNAC): _____________________________ ☐ YES ☐ NO

Other Accrediting Body: ______________________________ ☐ YES ☐ NO

Signature: _____________________________

(Printed Name: _____________________________)

Title: _____________________________

Date: _____________________________

08-4112a (REV. 8/2018) Nursing Program Verification page 1 of 1