



THE STATE
of **ALASKA**

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

NUR

FOR DIVISION USE ONLY

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
Website: ProfessionalLicense.Alaska.Gov/BoardofNursing

Licensed Practical Nurse Renewal

October 1, 2024 – September 30, 2026

- Your license lapses after September 30, 2024. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

| | | |
|----------------------|---|-----------------|
| Renewal Fees: | <input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before September 30, 2023)</i> | \$200.00 |
| | <input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after October 1, 2023)</i> | \$100.00 |

PART II Personal Information

| | | | | |
|--|--------------------|------|--|---|
| Full Legal Name: Name change: <input type="checkbox"/> | | | Alaska Licensed Practical Nurse Number: | |
| <i>If you have had a legal name change since your last license was issued, you must complete a Change of Name form.</i> | | | | |
| Mailing Address: Address change: <input type="checkbox"/> | P.O. Box or Street | City | State | Zip |
| Contact Phone: | | | Date of Birth: | |
| EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure. | | | | |
| Email Address: | | | Select One: | <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail |
| Note: If both boxes are selected above, you will receive correspondence electronically. | | | | |
| SOCIAL SECURITY NUMBER: AS 08.01.100 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 III Professional Fitness Questions

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.

Since the date your last Alaska license was issued or renewed:

1. Has ANY professional license held by you been fined, placed on probation, reprimanded, disciplined, or entered into a settlement (consent agreement) with a licensing authority, in any jurisdiction or state including Alaska, and including that of any military authorities or is any such action pending? Yes
 No

2. Have you been or are you currently under investigation for any nursing or health care related issue in any state/territory? Yes
 No

3. Have you been convicted of a crime? For purposes of this question "Crime" includes a misdemeanor, felony, or military offense. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. 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 statement from your health care provider indicating your ability to safely practice as a nurse. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART IV Statement of Compliance

Choose one of the five categories below:

Category 1 – Select TWO of the three activities you have completed:

- 320 hours of compensated nursing employment performed between October 1, 2022, and September 30, 2024.
- 30 contact hours of continuing education in nursing earned between October 1, 2022, and September 30, 2024.
- At least 30 uncompensated professional nursing activity hours performed between October 1, 2022, and September 30, 2024.

- or -

Category 2

I completed a nursing refresher course approved by the board between October 1, 2022, and September 30, 2024.

- or -

Category 3

I attained a degree or certificate in nursing, or made progress towards one, beyond the education requirement for my original license by successfully completing at least six academic credits required for the degree or certificate between October 1, 2022, and September 30, 2024.

- or -

Category 4

I successfully passed the National Council Licensing Examination (NCLEX) between October 1, 2022, and September 30, 2024.

- or -

Category 5

My LPN license was issued on or after October 1, 2023. I am not required to complete continuing competency activities for this renewal only. For my next renewal, I will be required to satisfy the continuing competency requirements in 12 AAC 44.600 - .660.

Random Audit

The board will audit a percentage of the license renewals. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continuing education requirements as you have stated on this application. You are required to save your documents for at least four years, so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

Continuing Competency

Your license cannot be renewed unless you have successfully completed the continuing competency requirements in regulation 12 AAC 44.600 - .660.

If your LPN license was issued on or after October 1, 2023, you are not required to complete continuing competency activities for this renewal only. For your next renewal, you will be required to satisfy the continuing competency requirements.

PART V 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).



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Signature Page

| | | |
|--|--|--|
| Applicant Name: | | |
| Alaska License Number (if known): | | <input type="checkbox"/> <i>Application in Process</i> |

PART VI Agreement

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

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

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

| | | | |
|-----------------------------|--|---------------------|--|
| Applicant Signature: | | Date Signed: | |
|-----------------------------|--|---------------------|--|

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will 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:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date 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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

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

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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: License@Alaska.Gov
Website: 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.

| | | | |
|---|--|--------------------------|--|
| Location of Incident: | | Date of Incident: | |
| Explanation of Incident: 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.

| | | | |
|-------------------|--|---------------------|--|
| Full Name: | | Program: | |
| Signature: | | Date Signed: | |



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ADM

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