



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

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Email: boardofnursing@alaska.gov

Website: www.nursing.alaska.gov

Send electronic transcripts to: boardofnursing@alaska.gov

ADVANCED PRACTICE REGISTERED NURSE PRECEPTORSHIP REGISTRATION

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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

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))

According to 12 AAC 44.460, the board will, in its discretion, register an applicant to engage in clinical practice in order to complete a course of study based outside of Alaska that meets the requirements of 12 AAC 44.400(a)(1)(A).

An applicant for initial authorization to practice as an advanced practice registered nurse as defined in AS 08.68.850(1) and 12 AAC 44.400

- (1) must have satisfactorily completed
 - (A) a formal accredited graduate educational course of study in nursing that
 - (i) is a minimum of one academic year in length,
 - (ii) prepares registered nurses to perform an expanded role in the delivery of health care;
 - (iii) includes a combination of classroom instruction and a minimum of 500 separate, non-duplicated hours of supervised clinical practice,
 - (iv) If completed on or after January 1, 1998 has distinct course offerings of three graduate credits or more in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment.
 - (v) is evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the United States Secretary of Education or that is recognized by the Council for Higher Education Accreditation or its successor organization

REQUIREMENTS AND PROCEDURES – 12 AAC 44.460

1. Submit a completed application for preceptorship registration and pay the required application fee.
2. Verification of a current license in good standing to practice as a registered nurse by this state or another state licensing jurisdiction.
3. Documented evidence of current enrollment in an advance practice registered nurse program. (In-progress transcripts are acceptable or written verification on college stationery sent directly from the nursing program director.)
4. Documented evidence of a preceptorship arrangement to be approved by the board. Submit a copy of preceptorship agreement between the school and facility and the applicant and preceptor.
5. The preceptor must hold an active license or privilege to practice as an APRN or physician that is not encumbered and practice in a comparable practice focus. The preceptor must function as a supervisor and teacher and evaluate the individual's performance in the clinical setting.

CONDITIONS OF PRECEPTORSHIP PROGRAM

- A registration expires and must be surrendered to the board 12 months from the date of issue or at the time the preceptorship arrangement is terminated, whichever occurs first.
- A registration may be renewed one time if the applicant again meets the requirements of 12 AAC 44.460(b).
- The board will, in its discretion, after a hearing under the Administrative Procedure Act (Alaska Statute 44.62), terminate the registration of a person registered under 12 AAC 44.460 who is found to have violated a provision of AS 08.68 or 12 AAC 44.

OTHER INFORMATION

Upon completion of the academic program for advanced practice registered nurse, you may apply for a temporary nonrenewable permit while waiting to take or receive the results from the national certifying examination. An applicant who fails the certifying examination shall surrender the nonrenewable permit issued under 12 AAC 44.450. A current Alaska registered nurse license is required to hold an APRN temporary permit to practice. Go to the Board's website at www.nursing.alaska.gov or contact the Alaska Board of Nursing office for an application for Advanced Practice Registered Nurse License for further instructions and requirements for the temporary permit.

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 required documentation is not submitted.** Due to the high volume of applications 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 has been reviewed.

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

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.

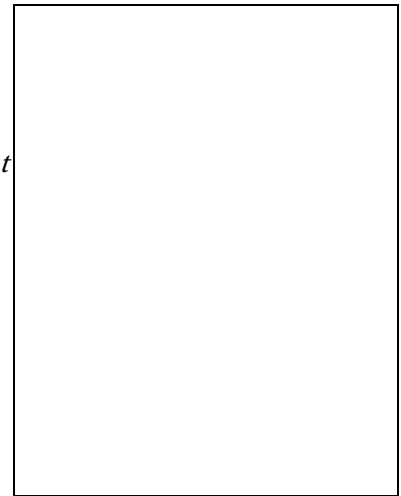


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☐ \$100.00 APRN Preceptorship Registration Fee

Name: Last First MI Maiden

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

Social Security No.: Date of Birth: Required by AS 08.01.060. (If you are a foreign citizen unable to obtain a U.S. Social Security Number, contact the division for further instructions.)

E-mail Address: (Please complete legibly. This is the method of communication.)

Current RN License No.: Name of State:

Telephone No.: Business Telephone No.:

NURSE PRACTITIONER PROGRAM

Didactic Program: From (mm/yy) To (mm/yy)

Preceptor(s):

Name of Clinic and Address:

CHECK THE APPROPRIATE BOX: ☐ NP ☐ CNS ☐ CNM ☐ CRNA

Enrolled area of Specialty Practice:

- ☐ Acute Care/Emergency ☐ Neonatal ☐ Family/Individual Across Lifespan
☐ Adult ☐ Pediatric ☐ Family
☐ Adult/Gerontology ☐ Women's Health ☐ Psychiatric/Mental Health
☐ Geriatric ☐ Women's Health/Gender Related ☐ Adult Psychiatric/Mental Health

DISCIPLINARY HISTORY: The following must be answered pursuant to 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" or "suspended imposition of judgement")?..... 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


PERSONAL HISTORY: The following must be answered pursuant to AS 08.68.270:

- 4. Within the past five years, have you been or are you currently being treated, or on medication, for any other 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 /or 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 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 discipline, etc.). If you answered "YES" to questions 4, 5 or 6, you must submit a personal statement from yourself and 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. All information contained in this application will be considered "public" unless required to remain confidential by law. Current licensee information, including mailing address, is available on the Board's website at www.nursing.alaska.gov 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 or accompanying documents may result in failure to obtain authorization of subsequent revocation of my authorization to practice as an Advanced Practice Registered Nurse.

SIGN HERE  _____
Signature of Applicant

(NOTARY SEAL)

SUBSCRIBED AND SWORN before me, a Notary Public in and for
the State of _____
this _____ day of _____, 20_____.

SIGN HERE  _____
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)