



**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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## Advanced Practice Registered Nurse Preceptorship Registration

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 graduate level course offerings 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)

***The following must be received by the division before your application for Advanced Practice Registered Nurse Preceptorship Registration can be reviewed:***

#### 1. APPLICATION

A signed, completed application (#08-4253, pages 1-3).

#### 2. FEES

Fees made payable to “State of Alaska.”

Nonrefundable APRN Preceptorship Registration Fee: \$100.00

Total Fees Due: \$100.00

#### 3. VERIFICATION OF LICENSURE

Verification of a current license in good standing to practice as a registered nurse by this state or another state licensing jurisdiction.

#### 4. ENROLLMENT IN APRN PROGRAM

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.)

#### 5. PRECEPTORSHIP ARRANGEMENT

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.

**Note:** 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.

## **TEMPORARY PERMIT**

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](http://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.

## General Information

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### **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 registration 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.

### **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:**

Be aware that the denial of an application for registration 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.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the registration must be your current legal name.

### **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:**

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional registration 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*.

### **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:**

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.

### **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. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*.

### **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)

### **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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



THE STATE  
of **ALASKA**

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

**NUR**

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

**Advanced Practice Registered Nurse Preceptorship Registration Application**

**PART I Payment of Fees**

Required Fees:	<input type="checkbox"/> Nonrefundable APRN Preceptorship Registration Fee	<b>\$100.00</b>
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**PART II Personal Information**

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). 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: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<b>EMAIL AGREEMENT:</b> 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
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<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 III Nurse Practitioner Program**

School Name:			
Select ONE (1) of the Following:	<input type="checkbox"/> I am currently enrolled in an out of state APRN program. - OR - <input type="checkbox"/> I am completing clinicals at the request of the board.		
Preceptor(s):			
Clinic Name:			
Clinic Address:	Street	City	State Zip

## PART IV Specialty Practice

Role:

NP

CNS

CNM

CRNA

Enrolled Area of Specialty Practice:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Acute Care/Emergency | <input type="checkbox"/> Family/Individual Across Lifespan | <input type="checkbox"/> Pediatric                 | <input type="checkbox"/> Women's Health/Gender Related |
| <input type="checkbox"/> Adult/Gerontology    | <input type="checkbox"/> Geriatric                         | <input type="checkbox"/> Psychiatric/Mental Health |  |
| <input type="checkbox"/> Family               | <input type="checkbox"/> Neonatal                          | <input type="checkbox"/> Women's Health            |  |

## PART V Current RN License

Current RN License Number:

State:

## PART VI 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 VII Professional Fitness Questions (AS 08.68.270 and 12 AAC 44.460(b)(1)(B)-(C))

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.

- 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
- Have you ever been convicted of a misdemeanor or felony (convictions include "suspended impositions of sentence" or "suspended imposition of judgement")?  Yes  No
- 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
- Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a nurse in a competent, ethical and professional manner?  Yes  No
- 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. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Signature Page**

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

**PART VIII Agreement**

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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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**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>	



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## 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:		