



APPLICATION CHECKLIST FOR REGISTERED OR PRACTICAL NURSE LICENSE REINSTATEMENT

In accordance with AS 08.68 and 12 AAC 44.317, the Board of Nursing authorizes that a license will be reinstated if the application for reinstatement meets the qualifications listed below. An application that does not meet the qualifications listed below must be reviewed further by the Executive Administrator or the board to determine if the applicant is qualified for license reinstatement.

Name of Applicant: _____

- Applying for: Reinstatement of Registered Nurse License
 Reinstatement of Practical Nurse License

PART I. REINSTATEMENT OF LICENSE LAPSED FOR 60 DAYS OR LESS

A review of the application shows the applicant has met the following requirements:

- _____ 1. held license number _____ which has been lapsed for 60 days or less;
- _____ 2. has submitted a completed application on a form provided by the department that includes
 - (i) applicant's name, address, social security number, and date of birth;
 - (ii) the applicant's nursing license history;
 - (iii) five years of employment history;
 - (iv) "no" answers to questions on the form dealing with the applicant's physical and mental health;
 - (v) "no" answers to questions on the form dealing with criminal convictions and disciplinary questions;
 - (vi) an original passport type photograph of the applicant taken within six months before the date of application for license reinstatement; and
 - (vii) the applicant's notarized signature certifying that the information on the form is correct to the best of the applicant's knowledge;
- _____ 3. has paid the biennial license fees established in 12 AAC 02.280; (receipt # _____).
- _____ 4. has submitted documentation demonstrating compliance with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.660 within the two year period immediately before the date of application for license reinstatement. _____ Employment _____ CEUs _____ Prof. Activities _____ Alternate Method
- _____ 5. has submitted verification of the present status of the applicants' nursing license from each licensing jurisdiction where the applicant held a license to practice nursing during the time the applicant's license was lapsed in Alaska;
- _____ 6. has no derogatory information on NURSYS database.

PART II. REINSTATEMENT OF LICENSE LAPSED FOR MORE THAN 60 DAYS BUT LESS THAN ONE YEAR

- _____ 1. has met the requirements in Part I, 1 - 6 above; and
- _____ 2. has paid the penalty fee established in 12 AAC 02.280 (receipt # _____)

**PART III. REINSTATEMENT OF LICENSE LAPSED FOR ONE YEAR OR MORE
BUT LESS THAN FIVE YEARS**

A review of the application shows the applicant has met the following requirements:

- _____ 1. held license number _____ which has been lapsed for one year or more, but less than five years;
- _____ 2. has submitted a completed application on a form provided by the department that includes
- (i) applicant's name, address, social security number, and date of birth;
 - (ii) the applicant's nursing license history;
 - (iii) five years of employment history;
 - (iv) "no" answers to questions on the form dealing with the applicant's physical and mental health;
 - (v) "no" answers to questions on the form dealing with criminal convictions and disciplinary questions;
 - (vi) an original passport type photograph of the applicant taken within six months before the date of application for license reinstatement; and
 - (vii) the applicant's notarized signature certifying that the information on the form is correct to the best of the applicant's knowledge;
- _____ 3. has paid the penalty and biennial license fees established in 12 AAC 02.280; (receipt # _____)
- _____ 4. has submitted documentation demonstrating compliance with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.660 within the two year period immediately before the date of application for license reinstatement. _____ Employment _____ CEUs _____ Prof. Activities _____ Alternate Method
- _____ 5. has submitted verification of the present status of the applicants' nursing license from each licensing jurisdiction where the applicant held a license to practice nursing during the time the applicant's license was lapsed in Alaska;
- _____ 6. has submitted either
- _____ (A) a reference letter that
 - _____ (i) is completed on a form provided by the department and signed by the applicant's past or current employer; and
 - _____ (ii) verifies the applicant has been employed in a nursing capacity for at least 320 hours within the five year period immediately before the date of application; **or**
 - _____ (B) documentation of completion of a refresher course approved by the board.
- _____ 7. has no derogatory information on the NURSYS database;
- _____ 8. has submitted one complete fingerprint card as required under 12 AAC 44.319 and paid the fingerprint processing fee required under 12 AAC 02.280.

**PART IV. REINSTATEMENT OF LICENSE LAPSED FOR
FIVE YEARS OR MORE**

A review of the application shows the applicant has met the following requirements:

Option 1:

- _____ 1. held license number _____ which has been lapsed for five years or more;
- _____ 2. has submitted a completed application as required in paragraph 2 of Part I, above;
- _____ 3. has paid the penalty and biennial license fees established in 12 AAC 02.280; (receipt # _____)

- _____ 4. has submitted verification of the present status of the applicants' nursing license from each licensing jurisdiction where the applicant held a license to practice nursing during the time the applicant's license was lapsed in Alaska;
- _____ 5. has submitted one completed fingerprint card as required under 12 AAC 44.319 and paid the fingerprint processing fee required under 12 AAC 02.280;
- _____ 6. has no derogatory information on the NURSIS database.
- _____ 7. has submitted verification that the applicant was actively employed in nursing in another state during the time the license was lapsed in Alaska; **or**

Option 2:

- _____ 1. held license number _____ which has been lapsed for five years or more;
- _____ 2. has submitted a completed application as required in paragraph 2 of Part I, above;
- _____ 3. has paid the penalty and biennial license fees established in 12 AAC 02.280; (receipt # _____)
- _____ 4. has submitted verification of the present status of the applicants' nursing license from each licensing jurisdiction where the applicant held a license to practice nursing during the time the applicant's license was lapsed in Alaska;
- _____ 5. has submitted documentation demonstrating compliance with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.660 within the two year period immediately before the date of application for license reinstatement.
- _____ 6. has submitted one completed fingerprint card as required under 12 AAC 44.319 and paid the fingerprint processing fee required under 12 AAC 02.280;
- _____ 7. has submitted proof of completion of either
 - _____ (A) an examination prescribed by the board; **or**
 - _____ (B) a RN or LPN refresher course (whichever is applicable) approved by the board.

- Application meets requirements above and is approved.
- Application must be reviewed by the Executive Administrator or the board.

Authorized Board of Nursing Representative

Date

- As the Executive Administrator, I approve this application for Reinstatement
- Application must be reviewed by the Board.

Executive Administrator or Board Member

Date

Date Reinstated: _____