



APPLICATION CHECKLIST FOR REGISTERED OR PRACTICAL NURSE LICENSE BY EXAMINATION OR TEMPORARY PERMIT

In accordance with AS 08.68 and 12 AAC 44.321, the Board of Nursing authorizes that a license be issued to an applicant whose application meets the qualifications listed below. An application that does not meet the qualifications listed below must be reviewed by the Executive Administrator, a board member, or the entire board to determine if the applicant is qualified for a license by examination or a temporary permit.

Name of Applicant: _____

- Applying for:
- ☐ Registered Nurse License by Examination
 - ☐ Practical Nurse License by Examination
 - ☐ Temporary Permit

PART I. TEMPORARY PERMIT

An applicant who meets the following qualifications is eligible for a temporary permit:

- _____ 1. has submitted a complete application as required in Part II(1)(A) and (D);
- _____ 2. has submitted the permit fee and other fees required by Part II(1)(B); (receipt # _____).
- _____ 3. has submitted one set of fingerprints and the processing fee as required in Part II(3);
- _____ 4. has not failed the NCLEX examination and has not failed to appear to take the NCLEX examination for which the applicant was registered; and
- _____ 5. has no derogatory information on NURSYS database.

Comments: _____

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

Authorized Board of Nursing Representative

Date: _____

- ☐ As the Executive Administrator or board member, I approve issuance of the permit.
- ☐ Application must be reviewed by the board.

Executive Administrator or Board Member

Date: _____

Temporary Permit No.: _____

Date Issued: _____

PART II. APPROVAL FOR EXAMINATION AND LICENSURE

An applicant is qualified to take the licensing examination if the applicant has met the following requirements:

- _____ 1. documented compliance with the application requirements of 12 AAC 44.290 by submitting:
- _____ (A) a completed application on a form provided by the department that includes
 - _____ (i) personal identification information and photograph of the applicant signed by the applicant;
 - _____ (ii) nursing education information;
 - _____ (iii) licensing and examination 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) the applicant's notarized signature certifying that the information on the form is correct to the best of the applicant's knowledge;
 - _____ (B) the application and license fee;
 - _____ (C) a certified transcript of the applicant's education sent directly from the school of nursing;
 - _____ (D) the nursing program verification form completed by an official of the school and sent directly from the school of nursing
 - _____ (E) A certified copy of CGFNS Credential Evaluation/Course by Course Evaluation if the applicant is a graduate of a foreign school of nursing.
 - _____ (F) if a foreign graduate: proof of attaining the minimum scores on the English language tests in 12 AAC 44.290 (a)(3)(D).
- _____ 2. completed a registered or practical nursing education program that meets one of the following requirements:
- _____ (A) is accredited by the board;
 - _____ (B) has been predetermined by the board to meet the minimum requirements of the board;
 - _____ (C) was accredited by the National League for Nursing at the time the applicant graduated.
- _____ 3. has submitted one set of fingerprints on the required fingerprint form and the processing fee in accordance with 12 AAC 44.290 and 12 AAC 44.319.

Comments: _____

- ☐ Applicant meets requirements above and is approved for examination and permanent licensure pending passing the NCLEX.
- ☐ Application must be reviewed by the Executive Administrator or board member.

Authorized Board of Nursing Representative

Date: _____

- ☐ As the Executive Administrator or board member, I approve this applicant for examination and permanent licensure pending passing the NCLEX.
- ☐ Application must be reviewed by the board.

Executive Administrator or Board Member

Date: _____

For permanent licensure, the file reflects:

The report of criminal justice information requested in accordance with 12 AAC 44.319 either

_____ (A) has not yet been received; **or**

_____ (B) includes no criminal justice information (or report has been reviewed by board investigator, executive administrator or board member and requires no further review); and

_____ no derogatory information on NURSYS database;

_____ passed the NCLEX examination with a grade of "pass."

License Number: _____ **Issue Date:** _____ **Expiration Date:** _____