



State of Alaska
 Department of Commerce, Community and Economic Development
 Division of Corporations, Business and Professional Licensing
BOARD OF NURSING
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PROFESSIONAL ACTIVITIES VERIFICATION

Applicant: Complete Section A and have the organization/agency where the professional activities were performed complete Section B. If you selected "professional activities" as one of the methods of satisfying continuing competency, then you must verify a minimum of 30 hours of professional activities required under 12 AAC 44.620 and obtained within the last biennial licensing period. Provide copies of this form to as many organizations/agencies as needed for verification.

Section A:

I, _____, am applying for an Alaska nursing license to practice as a registered or practical nurse and hereby authorize you to release information as required on this form.

Name: _____

License No.: _____

Signature: _____

Section B: To be completed by organization/agency where services were performed. Complete all sections below.

By my signature below, I attest that the above-named nurse performed "professional activities (without compensation)" using nursing knowledge that contributed to the health of individuals or the community during the time period below:

_____ Dates of Professional Activities (list month/year through month/year)

➡ The number of hours performed: _____

Professional activities must be performed without compensation and satisfied through one or more of the following methods (check all that apply):

- work with a professional nursing or health-related organization (what type of work?);
- authoring or contributing to an article, book, or publication related to health care;
- development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
- design and conduct a research study relating to nursing and/or health care;
- other professional activities approved by the board.

Describe the professional activities: _____

Verified by: _____

Title/Position: _____

Name of Organization: _____

Address: _____

Phone: _____ Date: _____

➡ PLEASE RETURN COMPLETED FORM DIRECTLY TO THE ALASKA BOARD OF NURSING. FAXED COPIES NOT ACCEPTABLE.

LIST OF CONTINUED COMPETENCY PROFESSIONAL ACTIVITIES

Uncompensated nursing related work at a/an:

- Adult Day Care Facility
- AIDS Association
- Professional Nursing Association's Monthly Meetings
(When no CE credits are available)
- Clinics/Offices
- Crisis Intervention/Crisis Line
- Health Fair volunteer – performing nursing duties
- Hospitals – uncompensated duties
- Long-Term Care Facilities/Pioneer Home
- Pregnancy & Reproductive Counseling Centers
- Representation on Patient Advisory Councils
- Salvation Army Older Alaskans Program
- School Nursing
- Senior Center Health Services
- Service on Health Related Boards
(Hospice, Recovery Room Nurses Association, Orthopedic Nursing Association)
- Shelter Advocate
- Wellness Programs (Fitness & Employee Health)