APPLICATION FOR COURTESY LICENSE

PLEASE READ the all of the Application Procedures before completing your application. Please retain this information for future reference. YOU MUST HOLD A TEMPORARY PERMIT, PERMANENT LICENSE OR A COURTESY LICENSE TO PRACTICE NURSING IN ALASKA.

AUTHORITY: 12 AAC 44.318 In an urgent situation, the board will issue a courtesy license to practice nursing to an applicant who meets the requirements below. The board may restrict the license to only those nursing services required to respond to an urgent situation. The nurse practicing with a courtesy license may not practice nursing outside the scope of the limited purpose for which the courtesy license is issued. “Urgent situation” is defined as a health crisis affecting all or part of the state that requires an immediate supply of additional nurses or nurses with specialized education.

APPLICATION PROCEDURES – 12 AAC 44.318

The following documents must be submitted before your application can be reviewed:

1. A completed application, signed and notarized. A completed application must include an original, passport type photograph, approximately two inches by two inches of the face and shoulders on photograph paper, taken within the six months immediately preceding the date of application.

2. Non-refundable application fee: $50
   Courtesy license fee: $50
   Check or money order for $100 made payable to the State of Alaska or use the division’s credit card payment form #08-4438.

3. Verification of a current license in good standing to practice nursing in another state or jurisdiction including verification that the applicant is not under investigation in the state or jurisdiction in which the applicant is licensed. Verification can be made available via the National Council of State Boards of Nursing (NCSBN) online verification system at www.nursys.com or through a certified copy of the current license.

   You must hold a current license in another state or Canadian province to be eligible for a courtesy nursing license in Alaska. This license must be current at the time the board issues the courtesy license. An inactive status is not a current license.

COURTESY LICENSE INFORMATION – 12 AACA 44.318

- One courtesy license may be issued per individual within an 18 month period.
- The license is valid for the period specified by the Board and may not exceed 30 consecutive days.
- A courtesy license may be renewed for one additional period specified by the board, not to exceed 30 consecutive days.
- The board will not issue, and a courtesy license holder may not use a courtesy license, for
  o locum tenens coverage,
  o as a substitute for a temporary license or other license required under AS 08.68, or
  o to evaluate employment opportunities.

08-4537 (New 09/21/09)
APPLICATION FOR COURTESY LICENSE

Enclose a check or money order payable to the STATE OF ALASKA for $100.00
☐ $50.00 – Nonrefundable Application Fee
☐ $50.00 – Courtesy License Fee

Name: ____________________________________________
Last    First     Middle

Other Names: ____________________________________________
Maiden and/or Other

Mailing Address: ____________________________________________
Street Address or P.O. Box

City     State      Zip Code

United States Social Security Number: ____________________________ - Required by AS 08.01.060. (If you do not have a U.S. Social Security Number, contact the division for further instructions.)

Date of Birth: ____________________________ Sex: ___________ Daytime Number: ____________________________

E-mail Address: ____________________________________________
(Please complete if you prefer to be notified of initial application status via e-mail.)

LICENSURE: Indicate the state where you hold a current nursing license.

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<tr>
<th>State</th>
<th>License Number</th>
<th>Expiration Date</th>
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DISCIPLINARY HISTORY: The following must be answered pursuant to 12 AAC 44.318 (b)(4)&(5) and 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 any criminal offense other than a minor traffic violation (convictions include “suspended impositions of sentence”)? 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

08-4537 (New 09/21/09)
PERSONAL HISTORY: The following must be answered pursuant to 12 AAC 44.305(a)(1)(C) and AS 08.68.270:

4. Within the past five years, have you been or are you currently being treated or on medication for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (excluding situational or reactive depression) or any other mental or emotional illness? [ ] YES [ ] NO

5. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? [ ] YES [ ] NO

6. Within the past five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to practice nursing? [ ] YES [ ] NO

If you answered “Yes” to any of the above questions, 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, etc.). If you answered “Yes” to questions 4, 5, or 6, you must submit a statement from 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.

Describe (1) the urgent situation for which the courtesy license is needed, (2) the scope of practice of nursing required to respond to the urgent situation (3) the requested practice location, and (4) duration of practice.

1. 

2. 

3. 

4. 

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing address, is available on the Division’s website at: www.commerce.alaska.gov under “License Search”.

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge and that all credentials supplied by me are true and correct. I further certify that I am not a resident of the State of Alaska. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice nursing in the State of Alaska.

SIGN HERE

Signature of Applicant

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

SIGN HERE

Signature of Notary Public

My Commission Expires: ________________

ATTACHMENT: One (1) recent, passport type, original photograph

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)

08-4537 (New 09/21/09)
VERIFICATION OF NURSING LICENSE

Section I: APPLICANT – The board requires verification of a current unencumbered nursing license in another state or jurisdiction. Your nursing license can be verified via www.nursys.com, using a certified true copy of your wallet card from a state where you are currently licensed, or through an on-line data base that is determined to be a “primary source verification”.

I have released my license verification(s) via the Nursys on-line verification system: ☐ Yes ☐ No

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<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden</th>
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Other Names:

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<th>Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Birth Date</th>
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<thead>
<tr>
<th>License No.:</th>
<th>RN:</th>
<th>LPN:</th>
<th>Expiration Date:</th>
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Section II: BOARD OF NURSING – Please complete the applicable portions of this form on behalf of the nurse named above who is applying for a courtesy license in Alaska and return this form directly to the Alaska Board of Nursing at the address at the top of the page.

Type of License: RN: LPN/LVN:

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License Status: Current: Inactive: Lapsed:

Pending disciplinary action or pending investigation against this licensee? ☐ Yes ☐ No

♦ If “Yes,” please explain:

Former disciplinary action: Has this license ever been ENCUMBERED in any way? ☐ Yes ☐ No

♦ If “Yes,” please explain:

Board/Agency Name: 

Signature: 

Printed Name: 

Title: 

Date: 

08-4537 (New 09/21/09)