



THE STATE  
of

**ALASKA**

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

**Board of Nursing**

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

(907) 269-8161

Email: [BoardofNursing@Alaska.Gov](mailto:BoardofNursing@Alaska.Gov)

Website: [Nursing.Alaska.Gov](http://Nursing.Alaska.Gov)

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## Nurse Emergency Courtesy License Application Instructions

**You must hold a temporary permit, permanent license, or an emergency courtesy license to practice nursing in Alaska.**

*In an urgent situation, the board will issue an emergency courtesy license to practice nursing to an applicant who meets the requirements of this section. The board may restrict the license to only those nursing services required to respond to the urgent situation. The licensee may not practice nursing outside the scope of the limited purpose for which the emergency courtesy license is issued. "Urgent situation" means a health crisis requiring an increased availability of nurses or nurses with specialized education. — Sec. 12 AAC 44.318*

One emergency 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 120 consecutive days. An emergency courtesy license may be renewed for one additional period specified by the board, not to exceed 120 consecutive days.

The board will not issue, and an emergency courtesy license holder may not use, an emergency courtesy license as a substitute for a temporary license or other license required under AS 08.68.

***The following must be received by the division before your application can be reviewed:***

**1. APPLICATION**

A completed, signed, and notarized application.

**2. FEES**

Payment of the required fees in accordance with 12 AAC 02.280.

Non-refundable Application Fee: \$50

Emergency Courtesy License Fee: \$50

**3. LICENSE VERIFICATION**

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.

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

**APRN Applicants:** A certified true copy of your current APRN license showing the current expiration date and notary seal must be submitted.



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## Nurse Emergency Courtesy License Application

### PART I Payment of Fees

|                                    |   |         |
|------------------------------------|---|---------|
| Required Fees<br>Per License Type: | <input type="checkbox"/> Non-refundable Application Fee | \$50.00 |
|                                    | <input type="checkbox"/> Emergency Courtesy License Fee | \$50.00 |

### PART II License Type

|                                     |                              |                             |                               |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|
| Type of Nursing Practice Requested: | <input type="checkbox"/> LPN | <input type="checkbox"/> RN | <input type="checkbox"/> APRN |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|

### PART III Personal Information

|  |                |      |  |
|--|----------------|------|--|
| Full Legal Name:<br>Name change: <input type="checkbox"/>  |                |      |  |
| <i>If you have had a legal name change since your last license was issued, you must complete a <a href="#">Change of Name form</a>.</i>  |                |      |  |
| Mailing Address:   | Address/PO Box | City | State ZIP Code   |
| Birthdate:   |                |      |  |
| Contact Phone:   |                |      |  |
| <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:   |                |      | <input type="checkbox"/> Send my Correspondence by Email<br><input type="checkbox"/> Send my Correspondence by US Mail |
| <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.   |                |      |  |

The following professional fitness questions must be answered in accordance with AS 08.68.270 and 12 AAC 44.318(b).

“Yes” answers may not automatically result in license denial. If you answer “Yes” to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

If you answer “Yes” to questions 4, 5, or 6, you must also 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.

***When in doubt, disclose and explain.***

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 misdemeanors or felonies (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

4. Within the past five years, have you been or are you currently being treated or on medication for any mental or emotional illness which may impair or interfere with your ability to practice safely and in a competent and professional manner?  Yes  
 No

5. Are you currently participating in a substance abuse and/or alcohol or drug treatment program or been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent manner?  Yes  
 No

6. Do you have a physical disability or physical illness which may impair or interfere with your ability to practice safely and in a competent and professional manner?  Yes  
 No

**PART V****Documentation of "Urgent Situation"****Description**

*Describe the urgent situation (e.g., COVID) and/or specialized education for which the emergency courtesy license is needed:*

**Location**

*Provide the requested practice location(s):*

**Facility Name:**

**Facility Address:**

**PART VI** Complete the information below **ONLY** if applying for APRN emergency courtesy license

To qualify for APRN emergency courtesy license, an individual must first hold a current license in Alaska to practice as a Registered Nurse in accordance with 12 AAC 44.318(d).

**1. Do you hold a current license in Alaska to practice as a Registered Nurse?**

NO, but I have applied for a Registered Nurse license to practice in Alaska.

YES, I do hold a current license in Alaska to practice as a Registered Nurse.

License #:

**2. Do you want prescriptive authority?**

YES, I want prescriptive authority for legend drugs ONLY.

YES, I want prescriptive authority for legend drugs AND controlled substances.

NO, I do not want prescriptive authority for legend drugs or controlled substances.

**3. Do you have a DEA Registration?**

YES, I have an active DEA registration valid to use in any state or practice location. I understand I must register with the Alaska PDMP and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

**If YES to above, do you plan to directly dispense a federally scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(u)?**

*Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, in-patient pharmacies, and emergency departments.*

a) YES, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.

b) NO, I do not plan to directly dispense and acknowledge that if at any time after my permit or license is issued and I begin directly dispensing any federally-scheduled II – IV controlled substance for more than 3 days unless exempt by AS 17.30.200(u), I must submit a data request through PMP ClearingHouse or report directly to AWARxE for any controlled substance issued. If you are not directly dispensing, you must report to PMP ClearingHouse or directly to AWARExE. Please visit [pdmp.alaska.gov](http://pdmp.alaska.gov).

**If you're unsure of the DEA issue date, indicate January 1st of the estimated year.**

DEA Registration Number:

Issue Date:

Expiration Date:

NO, I do not have an active DEA registration valid to use in any state or practice location. I understand if I obtain a DEA registration, I must register with the Alaska PDMP and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967.



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**Notary Signature Page**

|                        |  |
|------------------------|--|
| <b>Applicant Name:</b> |  |
|------------------------|--|

**PART VIII Notarized Signature**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that 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 or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

|              |                                    |  |   |  |
|--------------|------------------------------------|--|---|--|
| Notary Stamp | <b>Applicant's Printed Name:</b>   |  |   |  |
|              | <b>Applicant's Signature:</b>      |  |   |  |
|              | <b>Notary Public for State of:</b> |  | <b>Subscribed and Sworn to Before me on this Day:</b> |  |
|              | <b>Notary's Signature:</b>         |  | <b>My Commission Expires:</b>                         |  |



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State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

| <b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>          |   |
|---|---|
| <p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p> | <p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |