Retired Nurse License Application

You must hold a temporary permit or permanent license to practice nursing in Alaska – retired status nurses may not practice or volunteer as a nurse in Alaska.

You must hold a current, unencumbered license in Alaska to be eligible for Retired Nurse License Status. This license must be current at the time you submit application for retired status. An expired or lapsed license is not current and cannot be retired. If your license is not current, you must reinstate your license to become eligible for Retired status.

— AS 08.68.251 and 12 AAC 44.317

The following documents and fees must be on file with the Division before the application will be reviewed:

1. **APPLICATION:**
   Completed, signed, and notarized. An applicant with a “Yes” answer to the Disciplinary question must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. **FEES:**
   Application fee per license type: $100.00
   Renewal of retired status is not required.
   Payable by the attached credit card form, or a check or money order made payable to the State of Alaska.
   Applications will not be processed without an application fee. Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the attached Credit Card Payment form.

- Do not fax or email your application to the Division.
- Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.
- Applications will be processed according to the date received, which is generally within 2-3 weeks. If all documents are present for Retired Status, your status change will be issued at the time of the initial review. If documents are missing, notification is sent to you by mail or e-mail.
- Wait for your first status letter to reach you before calling the Division to ask for status updates.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, download the applications directly from Nursing.Alaska.Gov. Applications will be rejected if not the current version.

IT IS ILLEGAL TO PRACTICE NURSING IN ALASKA WITHOUT A VALID LICENSE
Retired Nurse License Application

Please Print or Type

☐ $100.00 – Application Fee (12AAC 02.280)
(Enclose a check or money order payable to the STATE OF ALASKA for $100.00 per license type or use the credit card payment form.)

Have you ever been issued a nursing license in Alaska?  ☐ Yes  ☐ No

DO NOT SUBMIT THIS FORM IF YOU ANSWERED “NO.”
Only nurses with current unencumbered Alaska nurse licenses are eligible for Alaska Retired Nurse Status. Licenses under investigation are not eligible for retired status until the investigation is completed.

Do you intend to practice or volunteer your services as a nurse?  ☐ Yes  ☐ No

DO NOT SUBMIT THIS FORM IF YOU ANSWERED “YES.”
Alaska Retired Nurse Status holders MAY NOT practice nursing, even as a volunteer nurse.

CURRENT LICENSE TYPE(S):

☐ LPN # ☐ RN # ☐ APRN #

(You may not retire your RN license if you intend to practice as an APRN.)

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: ____________________ Daytime Phone Number: _______________________

E-mail Address: ____________________________ (Please complete legibly if you prefer to be notified of initial application status via e-mail.)
DISCIPLINARY HISTORY: The following must be answered pursuant to 12 AAC 44.311(b) (1) and AS 08.68.270:

Has your current Alaska professional license ever been denied, revoked, suspended, stipulated, placed on probation, or been subject to any other restriction or disciplinary action? □ YES □ NO

Are you currently under investigation? □ YES □ NO

If you answered YES, you must provide a letter of explanation on a separate piece of paper and send any supporting documents that are applicable. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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 [https://www.commerce.alaska.gov/web/cbpl/Home.aspx](https://www.commerce.alaska.gov/web/cbpl/Home.aspx) 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.

APPLICANT
SIGN HERE
(In the presence of the notary)

__________________________________________
Signature of Applicant

______________________________
Date

SUBSCRIBED AND SWORN before me, a Notary Public in
and for the State of ____________________________

This _________ day of _____________, 20______.

NOTARY
SIGN HERE

__________________________________________
Signature of Notary Public

(Notary Seal)

My Commission Expires: ________________________

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)
CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: ____________________________________________

Type of License: ___________________________ 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: ____________________________ Email (optional): ____________________________

Credit Card Type: [ ] VISA — or — [ ] MasterCard

**Signature of Credit Card Holder:** __________________________________________

VISA or MasterCard Number: ____________________________ Expiration Date: __________

*This section below the dotted line will be destroyed upon processing of the payment.*