



THE STATE

of **ALASKA**

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

**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8161 ★ Fax: (907) 269-8196

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [www.nursing.alaska.gov](http://www.nursing.alaska.gov)

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## APPLICATION FOR REINSTATEMENT OF NURSING LICENSE

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PLEASE READ the application instructions, statutes, and regulations before completing your application. Retain this information for future reference. **YOU MUST HOLD A PERMANENT LICENSE TO PRACTICE NURSING IN ALASKA.**

If you received this application other than directly from the Board or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Board.

### PROCEDURES FOR REINSTATING YOUR NURSING LICENSE (Pursuant to 12 AAC 44.317)

1. A completed signed and notarized application. The completed application must include an original, passport type photograph on photography paper, approximately two inches by two inches of the face and shoulders with a plain background, taken within the six months immediately preceding the date of application.
2. Check or money order for \$325.00 made payable to the State of Alaska. Fees: \$100.00 penalty fee, \$165.00 license fee, and \$60.00 fingerprint processing fee.
3. Verification of licensure sent directly from **each** jurisdiction where you held a license to practice nursing (or the verification made available via the NCSBN online verification system at [www.nursys.com](http://www.nursys.com)) during the time period your Alaska license was lapsed.
4. One properly completed fingerprint card on a card supplied **or** approved by the Alaska Board of Nursing (**Form FD-258**). The completed fingerprint card will be used to check the criminal history records of the State of Alaska and the FBI per A.S. 12.62.400. National Criminal History Record Checks For Employment, Licensing, and Other Noncriminal Justice Purposes.
5. Continuing Competency: Document completion of **one (1) of the following four (4) methods** during the immediate **two years** before applying for reinstatement:

Method 1 - Proof of completion of **TWO** of the following three activities of continued competency

- a. 320 hours of nursing employment verified using the form included in this packet,
- b. 30 contact hours of continuing education in nursing verified by submitting official documentation of course completion,
- c. 30 hours of uncompensated professional activities in nursing verified using the form included in this packet

Method 2 - proof of completion of a nursing refresher course pre-approved by the board within 2 years of application,

Method 3 - attained a degree or certificate in nursing, or made progress toward one beyond the education requirements for your original license by successfully completing **at least two required courses** within 2 years of application, **or**

Method 4 - successful completion of the National Council Licensing Examination (NCLEX) within 2 years of application.

6. If you are **not** utilizing "nursing employment" (above) as one of the activities for satisfying continuing competency, submit verification, on a form provided by the Board, of at least 320 hours of employment in a nursing capacity **within the last five years** before application. **If you have not worked as a nurse within the preceding five years, you must submit proof of completion of method 2 or method 4 (above).**

## **PROCESSING TIME**

Applications will be processed according to the date received and **generally** within the following time frame: **All applications have an initial review within 10 working days of receipt of the application.**

- If all documents are present for the permanent license, your reinstated license will be issued at the time of the initial review. If documents are missing, notification will be 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.**

Note: Continuing Competency used to “reinstate” your license may not be used to “renew” your license for the next renewal period.

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.

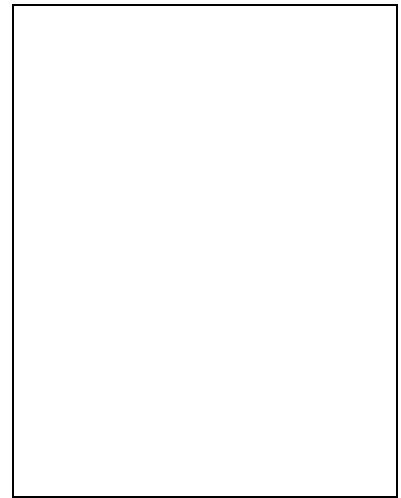


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APPLICATION FOR REINSTATEMENT OF NURSING LICENSE

Penalty Fee \$100.00, Fingerprint Processing Fee \$60.00, License Fee \$165.00
(Enclose a check or money order payable to the State of Alaska for \$325.00.)

RN LPN Alaska License Number: \_\_\_\_\_

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 08.01.100.
(If you do not have a U.S. Social Security Number, contact the Division for further instructions.)

Date of Birth: Sex: Daytime Telephone Number:

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

LICENSING HISTORY:

List ALL other nursing licenses or permits which you hold or have held since your Alaska license lapsed. Provide the state license number if available, and status (current, lapsed, etc.). Indicate the last name on the license, if different than your current name. You must provide verification of licensure from each jurisdiction where you held a license during the time period your Alaska license was lapsed (see the instructions for information).

Table with 3 columns: State/Province, License No. (if known), Expiration Date/Status (Active, Expired, Probation, etc.)

(USE ADDITIONAL PAGES IF NECESSARY)

**ADDITIONAL EDUCATION**

List any education program or continuing education courses taken during the past two years. Attach additional sheets if necessary.

Name of Sponsor	Subject	Dates Attended

**NURSING RELATED EMPLOYMENT**

List nursing-related employment **during the past five years**, beginning with the most recent employer. **One of the listed employers must match the employer on the Verification of Employment form.**

**Please explain any gaps in your employment on a separate piece of paper.**

Employer	Address (Complete address including zip code)	Position	Dates	
			From	To

If you have not been employed in nursing during the past five years, have you completed a Board approved refresher course within the immediate past two years?  Yes  No

If "Yes," before your application can be acted upon, a certificate of completion of the course needs to be submitted to the Board of Nursing, or have the educational institution submit documentation, and list the program below:

Program	Address	Dates Attended

**CONTINUED COMPETENCY**

Compliance with continued competency requirements is necessary for reinstatement of your license. **Nurses whose licenses have been lapsed for more than five years who have not worked during that time need to take a Board approved refresher course or pass the NCLEX licensing examination.**

Indicate **two** of the following three methods of continued competency completed in the two years preceding this request for reinstatement and provide copies of certificates and other appropriate proof.

- \_\_\_\_\_ 1. 320 hours of nursing employment. (The attached Verification of Employment form must be used to verify 320 hours of nursing employment obtained during the immediate two years before applying for reinstatement.)
- \_\_\_\_\_ 2. 30 contact hours of continuing nursing education earned during the immediate two years before applying for reinstatement. (Submit copies of certificates of completion or proof of attendance.)
- \_\_\_\_\_ 3. 30 hours of professional activities (performed without compensation). (The attached Professional Activities Verification form must be completed by the organization(s) where you completed professional activities within the immediate two years before applying for reinstatement.) **OR**
- \_\_\_\_\_ 4. In lieu of 1 – 3 above, I met the alternative method for continuing competency requirements under 12 AAC 44.640.

**DISCIPLINARY HISTORY:** The following must be answered pursuant to 12 AAC 44.317(a)(1)(D), 12 AAC 44.317 (b)(1)(D), 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 a misdemeanor or felony (convictions include “suspended impositions of sentence”)?.....  Yes  No
- 3. Have you **ever** been, or are you currently, the subject of any 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

**PERSONAL HISTORY:** The following must be answered pursuant to 12 AAC 44.317 (a)(1)(C), 12 AAC 44.317(b)(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 also submit a statement from you **and** your health care provider indicating the circumstances and your ability to safely practice nursing.


Applications without the appropriate attachments will be considered incomplete and will not be processed. All information contained in this application will be considered “public” unless required to remain confidential by law. Current licensee information, including mailing address, is available on the Division’s website at <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing.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. 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. I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action.

Attach one (1) recent, passport type, original photograph on photography paper.

**SIGN HERE**  \_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public in and for the state of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

**SIGN HERE**  \_\_\_\_\_  
Signature of Notary Public

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)

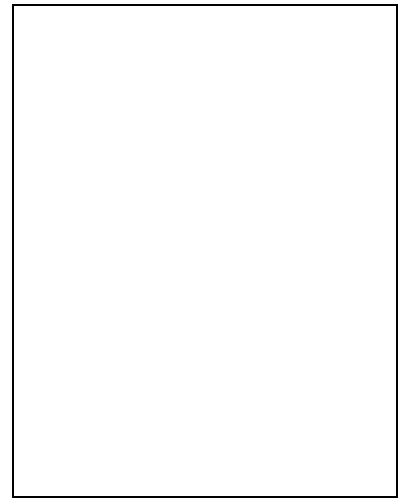


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VERIFICATION OF NURSING LICENSE FOR REINSTATEMENT OF NURSING LICENSE

Section I: APPLICANT – Complete Section I and mail to the state(s) or Canadian Province where you held a license to practice during the time period your Alaska license was lapsed. If the state where you held licensure is a member of the NURSYS System, please go to www.nursys.com and release your licensure information to Alaska. If you have already released your information via Nursys, you do not need to forward this form to the corresponding licensing board.

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

Name: Last Name First Middle Initial Maiden

Other Names:

Address: Street Address or P.O. Box City State Zip Code

Birth Date: Social Security No.:

License No.: RN: LPN: Expiration Date:

Section II: BOARD OF NURSING – Please complete the applicable portions of this form on behalf of the nurse named above and return to the Alaska Board of Nursing at the address at the top of the page.

Nursing School and Location:

Graduation Date: Accredited: [ ] Yes [ ] No

Type of License: RN: LPN/LVN: License No.:

Method of Licensure: Exam: Endorsement: Waiver:

Original Issue Date: Expiration Date:

License Status: Current: Inactive: Lapsed:

Pending disciplinary action or pending investigation against this license? [ ] Yes [ ] No

If "Yes," please explain:

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

If "Yes," please explain:

**VERIFICATION OF EXAMINATION AND SCORES**

State Board Test Pool Exam: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Series: \_\_\_\_\_ Score: \_\_\_\_\_

Medical: \_\_\_\_\_ Psych.: \_\_\_\_\_ Obstetric: \_\_\_\_\_ Surgical: \_\_\_\_\_ Children: \_\_\_\_\_

NCLEX Scores: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Date Taken: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Board of Nursing:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOARD SEAL**

**FAXED COPIES NOT ACCEPTABLE**

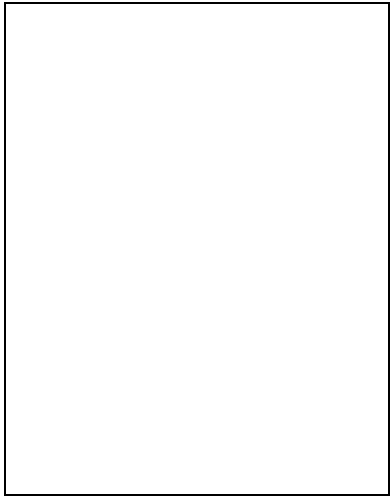


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PROFESSIONAL ACTIVITIES VERIFICATION

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: \_\_\_\_\_ Signature: \_\_\_\_\_
License Number: \_\_\_\_\_

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: \_\_\_\_\_ The number of hours performed: \_\_\_\_\_
(list month/year through month/year)

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: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Date: \_\_\_\_\_

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



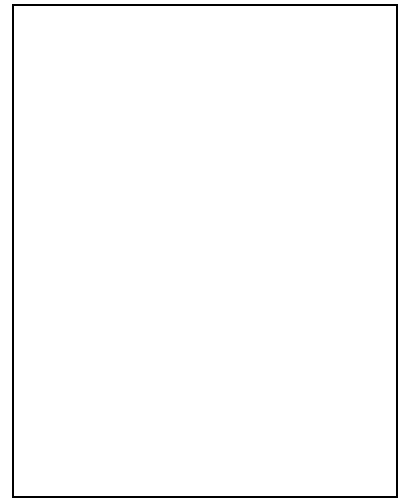


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VERIFICATION OF NURSING EMPLOYMENT

APPLICANT: 1) Complete the top (applicant) portion of this form. 2) Submit the form to an employer listed on your application who will be able to verify at least 320 hours of nursing employment within the last 2 years (or within the last 5 years if you are not utilizing "nursing employment" as part of your continuing competency). 3) After the employer completes the bottom portion, include the signed form with your application or have the employer mail the form to the Board of Nursing at the address above.

PLEASE PRINT:

I, \_\_\_\_\_
Last Name First Middle Former
am applying for reinstatement of my nursing license in Alaska. I hereby authorize you to release information as required on this form to the Alaska Board of Nursing.

I worked as a (check one): [ ] Registered Nurse -OR- [ ] Practical/Vocational Nurse.

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employment Date: From: \_\_\_\_\_ To: \_\_\_\_\_

EMPLOYER: Please complete this form and return it to the applicant or mail it to the Alaska Board of Nursing at the address listed above. Please sign the form in ink (no stamps). Items 1-3 must be answered as they are required by the Board of Nursing. Thank you for your cooperation.

1. Employee's Position/Title: \_\_\_\_\_

2. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Answer one (1) of the two (2) options below:

Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years?
[ ] Yes [ ] No

Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past five (5) years?
[ ] Yes [ ] No

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name or Agency: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Facility the applicant was contracted or assigned to: \_\_\_\_\_

Mailing address of that facility: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM DIRECTLY TO THE APPLICANT OR TO THE ALASKA BOARD OF NURSING VIA MAIL OR FAX.

ARTICLE 6.

CONTINUING COMPETENCY.

Section

- 600. Purpose of continuing competency requirements
- 610. Continuing education requirements
- 620. Professional activities requirement
- 630. Nursing employment requirement
- 640. Alternative methods for continuing competency requirements
- 650. Requirements for new licensees
- 660. Audit and documentation

**12 AAC 44.600. PURPOSE OF CONTINUING COMPETENCY REQUIREMENTS.** The purpose of continuing competency requirements is to ensure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles, and concepts in the practice of registered or practical nursing as defined in AS 08.68.410. Before a license can be renewed each biennial period, a registered nurse or a licensed practical nurse must document either

- (1) compliance with 12 AAC 44.640; or
- (2) completion of two of the following three methods for maintaining continuing competency:
  - (A) continuing education as prescribed under 12 AAC 44.610;
  - (B) professional activities as prescribed under 12 AAC 44.620; and
  - (C) nursing employment as prescribed under 12 AAC 44.630.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.610 CONTINUING EDUCATION REQUIREMENTS.** (a) Except as provided in (d) of this section, the board will accept continuing education toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

(1) completion of at least 30 contact hours of continuing education for renewal of a license; the applicant shall earn at least 20 of the contact hours in a continuing education program sponsored or approved by one of the following organizations:

- (A) American Nurses Association;
- (B) Alaska Nurses Association;
- (C) American Medical Association;
- (D) Alaska Medical Association;
- (E) a nurse practitioner certifying body;
- (F) a nurse anesthetist certifying body;

(G) an organization included on a list that the board maintains of approved continuing education sponsors; the board will approve only those sponsors who offer "continuing education" as defined in (c)(2) of this section;

(2) that no more than 10 of the contact hours required under (1) of this subsection were earned through in-service nursing education offered by a licensed health care facility; and

(3) that the contact hours required under (1) of this subsection were earned in at least one of the following subject areas:

- (A) nursing practice areas and special health care problems;
- (B) biological, physical, or behavioral sciences;
- (C) legal or ethical aspects of health care;
- (D) management or administration of health care personnel and patient care;
- (E) subjects approved by the board that are required as part of a formal nursing program but that are more advanced than those completed for original licensure.

(b) The board will accept continuing education contact hours that are part of a mediated learning system such as educational television, audio or video cassettes, the Internet, or printed media, or that are part of an independent study program, if the system or program is accredited by an agency that the board has approved. The board will maintain a list of accrediting agencies and will approve an accrediting agency that is approved by a national certifying body.

(c) In this section,

(1) "contact hour" means a minimum of 60 minutes of actual organized instruction; academic credit will be converted to contact hours as follows:

- (A) one quarter academic credit equals 10 contact hours;
- (B) one semester academic credit equals 15 contact hours;

(2) "continuing education" means a systematic educational experience that grants academic credit or contact hours beyond the basic nursing program preparation.

(d) The board will not accept continuing education contact hours for the completion of courses in cardio pulmonary resuscitation (CPR) or basic life support (BLS).

**Authority:** AS 08.68.100 AS 08.68.276 AS 08.68.330

**12 AAC 44.620. PROFESSIONAL ACTIVITIES REQUIREMENT.** (a) The board will accept professional activities toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents

- (1) completion of at least 30 hours of participation in professional activities for renewal of a license; and
- (2) that the hours of participation in professional activities were earned in at least one of the following ways:

(A) work with a professional nursing or health-related organization;

(B) authoring or contributing to an article, book, or publication related to health care;

(C) 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;

(D) design and conduct of a research study relating to nursing and health care;

(E) other professional activities approved by the board and included on a list that the board maintains; the board will approve only those activities that meet the definition of “professional activities” in (b) of this section.

(b) In this section “professional activities” means activities, performed without compensation, that use nursing knowledge and contribute to the health of individuals or the community.

**Authority:** AS 08.68.100 AS 08.68.276 AS 08.68.330

**12 AAC 44.630. NURSING EMPLOYMENT REQUIREMENT.** The board will accept nursing employment toward fulfillment of the continuing competency requirements set out in 12 AAC 44.600 if the applicant documents at least 320 hours of practice of practical nursing or registered nursing, as defined in AS 08.68.410, during the two years before the licensing period for which the applicant seeks renewal. The applicant shall document those hours on a renewal survey form provided by the board and shall include the name of the nurse’s employer.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.640. ALTERNATIVE METHODS FOR CONTINUING COMPETENCY REQUIREMENTS.** A nurse may meet continuing competency requirements without meeting the requirements of 12 AAC 44.610 – 12 AAC 44.630 by documenting that after the last renewal date, the nurse has

(1) completed a nursing refresher course approved by the board; or

(2) attained a degree or certificate in nursing, or made progress toward one, beyond the education requirements for the nurse’s original license by successfully completing at least two required courses; or

(3) successfully completed the National Council Licensing Examination.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.650. REQUIREMENTS FOR NEW LICENSEES.** (a) A licensee who receives his or her original license in the first year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600 – 12 AAC 44.640 before the first license renewal.

(b) A licensee who receives his or her original license in the second year of the renewal period must comply with the continuing competency requirements of 12 AAC 44.600—12 AAC 44.640 before the second license renewal.

**Authority:** AS 08.68.100 AS 08.68.276

**12 AAC 44.660. AUDIT AND DOCUMENTATION.** (a) A licensee must comply with all applicable requirements of 12 AAC 02.960 – 12 AAC 02.965. If selected for an audit of continued competency activities, the licensee must cooperate with the department and must submit all requested verifications of continued competency activities claimed by the licensee.

(b) Notwithstanding the requirements of 12 AAC 02.960 and this section, the board will request that the department randomly select 25 percent of the total advanced nurse practitioner authorizations for audit.

**Authority:** AS 08.68.100 AS 08.68.276

## **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)