



ALASKA BOARD OF NURSING
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 WEST 7TH AVENUE, SUITE 1500
ANCHORAGE, ALASKA 99501
TELEPHONE: (907) 269-8161 FAX: (907) 269-8196
E-mail: license@alaska.gov
Website: www.nursing.alaska.gov

APPLICATION FOR LICENSED PRACTICAL NURSE BY ENDORSEMENT

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

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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

If you previously held a license in Alaska, DO NOT complete this form. You must complete an "Application for Reinstatement" and comply with the rules for reinstatement. See AS 08.68.251 and 12 AAC 44.317, Lapsed License, in the Board's statute and regulation booklet.

APPLICATION PROCEDURES - 12 AAC 44.305 The following documents must be submitted before your application can be reviewed:

1. A completed application that is signed and notarized. A completed application must include an original, passport type photograph on photography paper, approximately two inches by two inches of the face and shoulders, taken within the six months immediately preceding the date of application.
2. Check or money order for \$284.00 (or \$334.00 to include a temporary permit) made payable to the State of Alaska. Fees: \$50.00 nonrefundable application fee, \$175.00 license fee, \$59.00 fingerprint processing fee and \$50.00 temporary permit fee (if permit requested).
3. 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.
4. Verification of licensure sent directly from (or made available via the National Council of State Boards of Nursing (NCSBN) online verification system at www.nursys.com): 1) the state or Canadian province where you received **initial** licensure and 2) from a state or province where you hold a **CURRENT** license. (Send only one form if your initial license is still current.)

You must hold a current license in another state to be eligible for a nursing license by endorsement in Alaska. This license must be current at the time the board issues the permanent license. An inactive status is not a current license.

Canadian nurses who passed the CNATS exam before August 1980, with a score of at least 350 on each of the five parts of the examination, or after July 1980 but before 1992, with a score of 400 may apply for a License by Endorsement. Applicants who took the CNATS after June 1992 must apply to take the NCLEX examination. (See 12 AAC 44.310(d)).

5. Verification, on a form provided by the Department, of at least 320 hours of employment in a nursing capacity within the last two years before the date the application is received by the Board. If you cannot document 320 hours of employment in the past two years, you must satisfy the continuing competency requirements of the Board or complete a Board approved refresher course.

If you have not practiced nursing within the past five years, you must submit proof of completion of a Board approved refresher course as required by 12 AAC 44.305(a)(4). Board approved refresher courses can be found at www.nursing.alaska.gov.

Note: California LVNs who wrote the state examination after July 1974 through October 1986 must pass the NCLEX-PN licensing examination if they have not already done so.

TEMPORARY PERMIT – 12 AAC 44.320

A temporary permit may be issued at the discretion of the board. To be eligible for the permit, in addition to the application documents and fees, submit:

1. An additional \$50 fee for the temporary permit,
2. A certified true copy of your current license in another state licensing jurisdiction, and
3. A completed employment verification form.

Temporary permits are valid for six months and are nonrenewable. Temporary permits are issued within 10 business days of receipt of a properly completed application, fees, fingerprint cards, completed employment verification form and certified true copy of a current license. **It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.**

To obtain a “certified true copy,” a notary public must compare the original to the photocopy. The notary must write “I certify this to be a true copy of the original document” on the photocopy and attest to that fact by signing and notarizing the document.

If the notary will not certify the copy, you may certify that it is a true copy of the original and have your signature notarized. Be sure that the notary signs and seals the document with an official seal.

GENERAL INFORMATION

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

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 for the permanent license are present, your permanent 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.
- If a temporary permit is requested and documents for the permanent license are incomplete, a temporary permit is issued. If you paid for a temporary permit and one is not needed, a refund of the \$50 fee will be processed.

Wait for your first status letter to reach you before calling the Division to ask for status updates.

SOCIAL SECURITY NUMBERS

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the “Request for Exception from Social Security Number Requirement” form located on the board’s website at: www.nursing.alaska.gov or contact the Division office for the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

FIRST DATE OF LICENSURE AND RENEWAL DATES

All LPN licenses expire on September 30 of even-numbered years regardless of when the license is first issued, except new licenses issued within 90 days of the expiration date. These licenses will be issued effective through the next biennium.

ORIGINAL LICENSURE: Indicate the state and when you obtained **initial** licensure. Indicate the last name on your license, if different than your current name.

Date Exam Taken	State	License Number	Year Granted	Expiration Date

ADDITIONAL LICENSES:

List **ALL** other nursing licenses or permits which you hold or have ever held. Provide the state license number if available, and status (current, lapsed, etc.). Indicate last name on the license, if different than your current name.

State/Province	License No., if known	Expiration Date/Status (Active, Expired, Probation, etc.)

(Use additional pages if necessary)

FOREIGN LICENSED:

From Canada: Have you taken CNATS? Yes No Province: _____

Dates Taken: _____. (If taken after June 1992, you are not eligible for a license by endorsement and you must take the NCLEX exam).

DISCIPLINARY HISTORY: The following must be answered pursuant to 12 AAC 44.305(a)(1)(D) and AS 08.68.270:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a misdemeanor or felony (convictions include "suspended impositions of sentence")?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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 your health care provider indicating your ability to practice nursing. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.


NURSING-RELATED EMPLOYMENT HISTORY: List nursing-related employment for the immediate 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.

Name of Employer	Address	Type of Work	Dates	
			From	To

(Use additional pages if necessary)

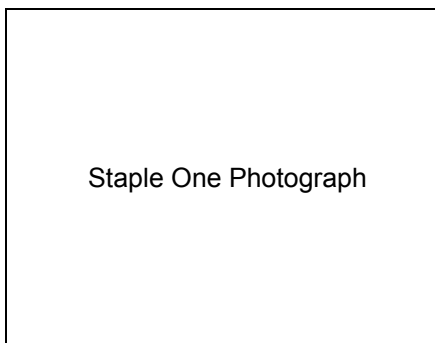
All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing address, is available on the Division website at: www.commerce.alaska.gov under "Professional License Search".

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.

SIGN HERE  _____
In the presence of the notary

Signature of Applicant

Attach one (1) recent, passport type, original photograph



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: _____

(NOTARY SEAL)

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 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. 3) After the employer completes the bottom portion, include the signed form with your application or have the employer mail or fax the form to the Board of Nursing at the address above.

PLEASE PRINT:

I, _____
Last Name
First
Middle
Former

am applying for nursing licensure 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 or fax 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. Verify the applicant's work hours 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

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Company Name or Agency: _____

Mailing Address: _____
Street or P.O. Box Number

City
State
Zip Code
Telephone No.

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.



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VERIFICATION OF NURSING LICENSE

Section I: APPLICANT – Complete Section I and mail to the state(s) or Canadian Province where you received **initial** licensure, AND to a state or province where you hold a **CURRENT** license. Send only one form if your initial license is current. If the state where you hold or held licensure is a member of the NURSYS System, please complete your verification online at: www.nursys.com or contact the National Council of State Boards of Nursing to request a verification form. **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

Last Name	First	Middle Initial	Maiden
Other Names: _____			
Address: _____			
Street	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 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: _____

VERIFICATION OF EXAMINATION AND SCORES

State Board Test Pool Exam: RN: _____ LPN: _____ Series: _____ Scores: _____

Medical: _____ Psych.: _____ Obstetric: _____ Surgical: _____ Children: _____

NCLEX Scores: RN: _____ LPN: _____ Series: _____ Other: _____

NCLEX Scores: CAT RN: _____ LPN: _____ Date Taken: _____

Signature: _____ **Title:** _____

Board of Nursing: _____ **Date:** _____ **BOARD SEAL**

FAXED COPIES NOT ACCEPTABLE