



Alaska Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 P.O. Box 110806
 333 Willoughby Ave.
 Juneau, Alaska 99811-0806
 Phone: (907) 465-2695 ★ E-mail: license@alaska.gov
 Website: www.commerce.state.ak.us/occ/pnha.htm

BIENNIAL NURSING HOME ADMINISTRATOR LICENSE RENEWAL
 January 1, 2009 – December 31, 2010

Biennial Renewal Fee - \$220

Return this renewal form on or by
 December 15, 2008, for renewal processing
 before December 31, 2008.

IT IS TIME TO RENEW YOUR NURSING HOME ADMINISTRATOR LICENSE

Your license to practice as a Nursing Home Administrator in the State of Alaska expires on December 31, 2008. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period from January 1, 2009, through December 31, 2010, return this **signed** application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. An incomplete application or insufficient fee will result in your renewal being rejected.

RENEWAL DUE DATE Complete this form and return with the appropriate fee for processing. The processing time for correct and complete renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by December 1, 2008, to ensure processing by the lapse date of December 31, 2008.

NAME CHANGE If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

EXPIRED LICENSES There is no "inactive" license status. Licenses which have expired more than two years cannot be renewed.

SOCIAL SECURITY NUMBERS In accordance with AS 08.01.100, the department is not authorized to renew a license to a natural person unless the applicant's social security number has been provided to the department.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Services Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if you last name begins with N through Z, or 1-800-478-3300. Contact Postsecondary Education at (888) 441-2961 to resolve payment issues.

PUBLIC INFORMATION Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at www.commerce.state.ak.us/occ under "Professional License Search."

Name: _____ Social Security #: _____
 Last First Middle

Corrected Mailing Address (complete only if your address is different than the address label shown above or there is no label):

 Street or P.O. Box City State ZIP Code

Daytime Telephone #: _____ Date of Birth: _____ License #: _____

Email: _____

CONTINUED ON REVERSE

PROFESSIONAL FITNESS - The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answered "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, and send copies of any supporting documents that are applicable (court records, etc.).

	YES	NO
Since the date of your <u>last</u> application for an Alaska Nursing Home Administrator license:		
1. Have you had your license denied, revoked, suspended, surrendered, placed on probation, or been subject to any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of any criminal offense other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice as a Nursing Home Administrator?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been addicted to, or excessively or illegally used, alcohol or a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you experienced a physical disability which may impair or interfere with your ability to practice as a Nursing Home Administrator?	<input type="checkbox"/>	<input type="checkbox"/>

12 AAC 46.070. APPLICATION FOR LICENSE RENEWAL. A licensee applying for renewal of a nursing home administrator license shall submit to the department

- (1) a completed license renewal application form;
- (2) proof of continued competence consisting of a signed statement completed by the licensee, on a form provided by the department, responding to questions about any violations of the licensee of the provisions of AS 08.70.155 and providing an explanation of those responses that demonstrates to the satisfaction of the department that the licensee is fit to practice as a nursing home administrator; and
- (3) the biennial license renewal fee established in 12 AAC 02.290.

Sec. 08.70.155. Grounds for imposition of disciplinary sanctions. The department may impose the disciplinary sanctions authorized for boards under AS 08.01.075 or otherwise authorized for the department under AS 08.01 when it finds that a licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
- (5) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the department;
- (6) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or severe dependency on alcohol or other drugs that impairs the licensee's ability to practice safely;
 - (C) physical or mental disability;
- (7) sold or furnished a license to another;
- (8) practiced as a nursing home administrator or used a designation tending to imply that the licensee is a nursing home administrator without a license issued under this chapter unless exempted from licensure requirements under AS 08.70.080.

By my signature below, I certify that I have answered the questions on this application truthfully, and that I have read AS 08.70.155 listed above and attest that since my last application for a Nursing Home Administrator license, I have not violated any provisions of AS 08.70.155.

SIGN HERE



Applicant's Signature

Date

WARNING: The department may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice as a Nursing Home Administrator by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and 11.56.230.)

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed Nursing Home Administrator regulation changes, please send a written request adding your name to the Nursing Home Administrator Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

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

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

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

- | | Amount |
|---|--------|
| <input type="checkbox"/> Application fee | _____ |
| <input type="checkbox"/> License (or renewal) fee | _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____