



STATE OF ALASKA  
DEPARTMENT OF COMMERCE COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF NURSING  
NURSE AIDE REGISTRY  
550 W. 7<sup>th</sup> Ave, Suite 1500  
Anchorage, AK 99501-3567  
(907) 269-8169  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Web Site: [www.nursing.alaska.gov](http://www.nursing.alaska.gov)

## APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

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Alaska Statute 08.68 is the statute related to nursing in Alaska; 12 AAC 44.800-12AAC 44.895 are the regulations set forth by the Board of Nursing that govern certified nurse aides. Please read the application instructions, statutes, and regulations before completing your application.

### REQUIREMENTS

An applicant is eligible for certification as a nurse aide by endorsement if the applicant meets **all** of the following requirements:

1. Proof of successful completion of a state approved certified nurse aide training program with a minimum of 140 hours of training that includes a minimum of 60 hours of classroom instruction and 80 hours of clinical/skills training; and
2. Possession of an unencumbered nurse aide certification or registration that is issued by a state or territory of the United States, or by a province of Canada, that is current on the date of application; and
3. Successful completion of the competency evaluation required in 12 AAC 44.850.

### APPLICATION PROCEDURES

1. Submit a completed application, **signed** and **notarized**, along with all supplemental documentation that is required pursuant to the Professional Conduct and Personal History questions (1 through 6) on page 4 of this application.
2. Attach a check or money order for \$339 made payable to the **STATE OF ALASKA**. If your endorsement fee is being paid at a later date by another entity other than yourself, please submit a copy of the voucher or purchase order completed by the responsible party.
3. Attach one (1) recent passport (2x2) photograph on photography paper, **signed** and **dated** on the back to page 2 of the application form.
4. Complete Section I of the Verification of Credentials for Alaska Nurse Aide Registry form. Mail the form to the Nurse Aide Registry in each state where you currently hold or have held certification.
5. Complete Section I of the Verification of Training for Alaska Nurse Aide Registry form. Mail the form to the school or facility where you completed your nurse aide training program. The training program will complete the form and return it to the Alaska Nurse Aide Registry.
6. Submit one (1) completed fingerprint card (FD 258) containing the applicant's fingerprints and other information required by the Department of Public Safety to obtain state and federal criminal justice information under AS 12.62 and AS 12.64.
7. The Board of Nursing must approve your application before you may become certified. You will be notified in writing approximately three weeks after receipt of your completed application concerning the status of your application.

## SOCIAL SECURITY REQUIREMENT

Alaska Statute (AS) 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to a person who does not have a United States Social Security Number. To apply for exemption from the social security number requirement, contact the Licensing Examiner at (907) 269-8169 or you may download the form from the Board of Nursing web site at [www.nursing.alaska.gov](http://www.nursing.alaska.gov).

## PAYMENT OF CHILD SUPPORT/STUDENT LOAN REPAYMENT

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.

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## GENERAL INFORMATION

1. Nurse aide certificates are renewed every two years in even-numbered years **REGARDLESS** of when a certificate was issued. Nurse aide certificates **EXPIRE** on March 31 of even-numbered years. Renewal notices are mailed at least 60 days prior to the expiration date. New certificates issued within 90 days of the biennial expiration date will be effective through the next biennial period.
2. There are continued competency requirements for each renewal period. When you renew for the first time, if you have held your initial certification for over a year, you are required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment as a certified nurse aide or in a similar position (per AAC 44.820). If you have held your certification for less than a year, you are not required to complete the 160 hours or more of monetarily compensated employment nor the contact hours of continuing education.
3. It is the certificate holder's responsibility to notify the Division of Occupational Licensing, **IN WRITING**, of any change of address. **Failure to receive a renewal notice does not relieve a certificate holder of the responsibility to renew his/her certification prior to the expiration date.**
4. All certified nurse aides who are conducting business or offering services in Alaska and who are not considered an employee must obtain a business license. If you are unsure if you are an independent contractor or an employee, please discuss this matter with the person for whom you are working or with an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550**, for further business license information.
5. If you are interested in trends and issues facing certified nurse aides, you are invited to attend Board of Nursing meetings. The Board of Nursing meets at least four times per year and the meetings are open to the public. Contact the Board of Nursing for further information at (907) 269-8161.
6. All information on this form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the Division's website at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "License Search".
7. 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.
8. 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.



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ANCHORAGE, ALASKA 99501-3567
Phone: (907) 269-8169
E-mail: license@alaska.gov
Web Site: www.nursing.alaska.gov

For office use only

APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

Please be aware that application fees are nonrefundable. If you submit an application and are unable to complete the process or meet all the requirements, your application fee is not refundable in any circumstance. Application and initial certification fee of \$289 must be paid in full. Make check or money order payable to the State of Alaska.

Table with 4 columns: Nonrefundable Application Fee: \$ 50, Fingerprint Processing Fee: \$ 59, Initial Certification Fee: \$180, Examination Fee: \$50, Total Fee Enclosed \$339

(PLEASE TYPE OR PRINT IN INK)

Name: Last Name First Name M.I.

Former Name(s):

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

Telephone Number:

Social Security Number: (Required by AS 08.01.060)

Date of Birth:

Sex: Height: Weight: Eyes: Hair:

E-mail Address:

(Please complete if you prefer to be notified of initial application status via e-mail)

EDUCATION

Nurse Aide Training Program:

Mailing Address: Street address City State Zip Code

Date Entered: Date Completed: Length of Program:

Type of Program (check one): Facility Based Non-Facility based

Please list all states where you hold or have previously held certification:

NURSE AIDE RELATED WORK HISTORY

Last or Current Place of Employment as a Nurse Aide:

Name of Supervisor:

Mailing Address: Street Address City State Zip Code

Telephone Number: ( ) Dates Employed: From to

At what location in Alaska would you like to test: \_\_\_\_\_  
(Not all areas have a testing site)

**PROFESSIONAL CONDUCT** (The following must be answered pursuant to AS 08.68.334)

**NOTE:** If you answer "YES" to any of the following questions, you **must** explain dates, locations and circumstances on a separate piece of paper and send supporting documents that are applicable (including court charging documents, judgments and police reports). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

- 1. Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject of any other restriction or disciplinary action?  Yes  No
- 2. Have you ever been convicted of **any** criminal offense other than a minor traffic violation (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 certifying agency concerning a violation or alleged violation of any state or federal regulation, statute, law or for any violation or alleged violation of the Nurse Practice Act, or unprofessional or unethical conduct  Yes  No

**PERSONAL HISTORY** (The following must be answered pursuant to AS 08.68.334)

- 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 or 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 as a certified nurse aide?  Yes  No

**NOTE:** 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, judgment, charging documents, etc); and** If you answered "YES" to questions 4, 5, or 6 you **must submit a statement from your health care provider indicating your ability to safely practice as a certified nurse aide.** Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

**AFFIDAVIT**

*(To be signed and sworn to by the applicant in the presence of an officer authorized to administer oaths)*

I, \_\_\_\_\_ certify that I am the person identified in this application, and that the information contained in this application is true and correct to the best of my knowledge. I understand that the Alaska Board of Nursing may require that I submit additional information prior to making a determination regarding my application. I understand that providing false or misleading information on this application may result in failure to obtain or subsequent revocation of my certification to practice in the State of Alaska.

\_\_\_\_\_  
Applicant's Signature



SUBSCRIBED AND SWORN to before me, a notary public, in the State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

NOTARY SEAL MUST OVERLIE  
PORTION OF THE PHOTOGRAPH

STATE OF ALASKA  
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ANCHORAGE, ALASKA 99501-3567  
Phone: (907) 269-8169  
E-mail: license@alaska.gov

**VERIFICATION OF NURSE AIDE CERTIFICATION**

**SECTION I:**

**APPLICANT:** Complete section I and mail this form to each state where you have held certification. The state agency will then mail it directly back to the Alaska Board of Nursing, Nurse Aide Registry. (If you are certified in more than one state, please photocopy additional copies of this document.)

Name: \_\_\_\_\_  
Last Name First Name Maiden Name

Other Names \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Place of Employment (include Name, City & State) \_\_\_\_\_

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**(OFFICIAL USE ONLY)**

**SECTION II:**

The above applicant is applying for certification as a nurse aide in the State of Alaska. Please complete the following information and **return it directly to the Board of Nursing, Nurse Aide Registry.**

1. Graduate of : \_\_\_\_\_ on (date) \_\_\_\_\_

Program approved by OBRA at time of graduation?  Yes  No

2. Hours of Classroom Instruction: \_\_\_\_\_ Hours of Clinical/Skills Instruction: \_\_\_\_\_

3. Date Certificate Issued: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Issued by:  Examination  Endorsement  Deemed

4. Has the certificate ever been encumbered in any way?  Yes  No  
(If yes, please explain): \_\_\_\_\_

5. Certificate Status:  Current  Lapsed Expiration Date: \_\_\_\_\_

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

**Board/State Seal**

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

(Please mail directly to the  
Alaska Board of  
Nursing at the above address.)

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

Agency: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

# NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

- ALABAMA**  
AL Dept. of Public Health  
Div. of Licensure & Certification  
P.O. Box 303017  
Montgomery, AL 36130-3017  
(334) 206-5169
- ALASKA**  
Alaska Nurse Aide Registry  
550 W. 7<sup>th</sup> Ave, Suite 1500  
Anchorage, AK 99501-3567  
(907) 269-8169
- ARIZONA**  
Nurse Aide Registry  
AZ State Board of Nursing  
1651 E. Morten, Suite 210  
Phoenix, AZ 85020  
(602) 889-5150
- ARKANSAS**  
Office of Long-Term Care  
Slot 405  
P.O. Box 8059  
Little Rock, AR 72203-8059  
(501) 682-28484
- CALIFORNIA**  
CA Nurse Aide Registry  
Public Address Secured  
(916)-327-2445
- COLORADO**  
CO Board of Nursing  
Nurse Aide Registry  
1560 Broadway, Ste. 880  
Denver, CO 80202  
303-894-2816
- CONNECTICUT**  
Dept. of Public Health & Svcs.  
410 Capitol Av., MS #12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7596
- DELAWARE**  
Health Facilities Lic. & Certif.  
Div. of Long Term Care  
3 Mill Road, Suite 308  
Wilmington, DE 19806  
(302) 577-6666  
1-800-204-6179 – Verification
- DISTRICT OF COLUMBIA**  
ASI, Dist. of Columbia Nurse Aide  
Registry,  
3 Bala Plaza West  
Philadelphia, PA 19101-3481  
1-800-566-8668 – Verification
- FLORIDA**  
Dept. of Health  
MQA / C.N.A. Program  
4052 Bald Cypress Way  
Bin #C13  
Tallahassee, FL 32399-3263  
(850) 245-4567
- GEORGIA**  
Office of Regulatory Svc.  
Nurse Aide Registry  
Dept. of Human Resources  
2 Peachtree, NW, Room 32.415  
Atlanta, GA 30303  
(404) 657-5730
- HAWAII**  
Hawaii Nurse Aide Reg.  
American Red Cross  
4155 Diamond Head Road  
Honolulu, HI 96816-4417  
(808) 734-2101
- IDAHO**  
ID Board of Nursing  
PO Box 83720  
Boise, ID 83720-5864  
**(208) 334-3110**
- ILLINOIS**  
IL Dept. of Public Health  
Ed. & Training Section  
525 W. Jefferson Street  
Springfield, IL 62761  
(217)782-3070
- INDIANA**  
IN State Department of Health  
Division of Long-Term Care  
2 North Meridian Street, Sec. 4B  
Indianapolis, IN 46204  
(317) 233-7479
- IOWA**  
Dept. of Inspections & Appeals  
Health Facilities Div.  
Lucas State Office Bldg.  
Des Moines, IA 50319-0083  
(515) 281-4964
- KANSAS**  
Dept. of Health  
1000 SW Jackson, Suite 330  
Topeka, KS 66612-1365  
(913) 296-6877
- KENTUCKY**  
KY Nurse Aide Registry  
Kentucky Board of Nursing  
312 Whittington Pkwy, Suite 300-A  
Louisville, KY 40222  
(502) 329-7147
- LOUISIANA**  
LA Board of Examiners for NFA  
Nurse Aide Registry  
5615 Corporate Blvd., Suite 8-D  
Baton Rouge, LA 70808  
(504) 925-4132
- MAINE**  
CNA Registry  
Dept. of Human Services  
Lic. & Certification  
State House Station #11  
35 Anthony Avenue  
Augusta, ME 04333-0111  
(207) 624-5205
- MARYLAND**  
Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215-2298  
(410) 764-2770
- MASSACHUSETTS**  
Nurse Aide Registry  
MA Dept. of Public Health  
Division of Health Care Quality  
10 West Street  
Boston, MA 02111  
(617) 753-8000
- MICHIGAN**  
The Chauncey Group Int'l.  
664 Rosedale  
Princeton, NJ 08540  
(800) 748-0252 or  
(517) 371-9091
- MINNESOTA**  
Promissor MS  
Nurse Aide Registry  
PO Box 13785  
Philadelphia, PA 19101  
(651) 215-8705
- MISSISSIPPI**  
Promissor  
PA Nurse Aide Registry  
PO Box 13785  
Philadelphia, PA 19101  
(800)852-0518
- MISSOURI**  
MO Division of Aging  
Health Education Unit  
P.O. Box 1337  
Jefferson City, MO 65102  
(573) 751-3082 – Verification  
(573) 526-5686
- MONTANA**  
MT Dept. of Public Health & Human  
Services  
Certification Bureau  
Nurse Aide Registry  
2401 Colonial Drive  
Helena, MT 59620-2953  
(406)-444-4980
- NEBRASKA**  
NE Hlth & Human Services  
Dept. of Reg. & Licensure  
PO Box 94986  
Lincoln, NE 68509-4986  
(402) 471-0537
- NEVADA**  
Nurse Assist Coord.  
NV Board of Nursing  
4330 South Valley View, Suite 106  
Las Vegas, NV 89103  
(702) 486-5800  
Fax (702) 486-5803
- NEW HAMPSHIRE**  
NH Board of Nursing  
21 S. Fruit Street  
Concord, NH 0330  
(603) 271-6599
- NEW JERSEY**  
Dept. of Health  
Senior Services  
P.O. Box 367  
Trenton, NJ 08625-0367  
(609) 633-9051
- NEW MEXICO**  
Health Department  
CCHSP/NAR  
1421 Luisa Street, Suite R  
Santa Fe, NM 87505  
(505) 827-1453
- NEW YORK**  
New York State Dept. of Health  
Office of Continuing Care  
161 Delaware Avenue  
Delmar, NY 12054-1393  
(518) 478-1060
- NORTH CAROLINA**  
NC Div. of Health &HR  
Nurse Aide Registry  
PO Box 29530  
Raleigh, nC 29530  
919-733-2786/715-0562
- NORTH DAKOTA**  
ND State Dept. of Health  
Div. of Emergency Health Services  
600 E. Boulevard Avenue  
Bismark, ND 58505-0200  
(701) 328-2675
- OHIO**  
OH Dept. of Health  
246 North High Street  
3<sup>rd</sup> Floor  
Columbus, OH 43215-2412  
(614) 752-9500  
(800) 582-5908 (In-state only)
- OKLAHOMA**  
Oklahoma Dept. of Health  
Special Health Svcs.  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
(405) 271-4085 or  
(800) 695-2157
- OREGON**  
OR Board of Nursing  
800 NE Oregon Street, Suite 465  
Portland, OR 97232  
(503) 731-4745
- PENNSYLVANIA**  
PA Nurse Aide Registry  
C/O ASI  
PO Box 13785  
Philadelphia, PA 19101-3785
- RHODE ISLAND**  
Division of Prof. Regulation  
RI Department of Health  
3 Capitol Hill, Room 105  
Providence, RI 02908-5097  
(401) 222-5888
- SOUTH CAROLINA**  
South Carolina Nurse Registry  
3 Bala Plaza West, Suite 300  
Philadelphia, PA 19101-3481  
1-800-475-8290
- SOUTH DAKOTA**  
SD Board of Nursing  
4300 South Louise, Suite C-1  
Sioux Fall, SD 57106  
(605) 362-2760
- TENNESSEE**  
Tennessee Board of Nursing  
Department of Health  
Cordell Hull Building, 1<sup>st</sup> Floor  
425 Fifth Avenue, North  
Nashville, TN 37247-0508  
(888)-310-4650
- TEXAS**  
TX Dept. of Human Services  
Credentialing Program  
MCY-977  
P.O. Box 149030  
Austin, TX 78714-9030  
(512) 231-5829
- UTAH**  
UT Health Technology Certification  
Center  
550 E. 300 South  
Kaysville, UT 84037-2699  
(801) 547-9947
- VERMONT**  
VT Board of Nursing  
Office of Professional Regulation  
109 State Street  
Montpelier, VT 05609-1106  
(802) 828-2819 or 828-2453  
(800) 439-8683 (In-state only)
- VIRGINIA**  
VA Board of Nursing  
6606 West Broad Street, 4<sup>th</sup> Floor  
Richmond, VA 23230-1717  
(804) 662-7310
- VIRGIN ISLANDS**  
VI Board of Nurse Licensure  
P.O. Box 4247  
Veterans Drive Station  
St. Thomas, VI 00803  
(340) 776-7397  
(809) 777-4003 Fax
- WASHINGTON**  
Aging & Adult Services Adms.  
Residential Care Services Div.  
OBRA-NA Registry  
P.O. Box 45600  
640 Woodland Square Lp. SE  
Olympia, WA 98504-5600  
(360) 725-2596
- WEST VIRGINIA**  
NAECP Program Coord.  
HFL & C  
350 Capital St., Room 206  
Charleston, WV 25301-3718  
(304) 558-0688)
- WISCONSIN**  
WI Nurse Aide Registry  
C/O ASI  
PO Box 13785  
Philadelphia, PA 19101-3785
- WYOMING**  
WY Board of Nursing  
2020 Carey Avenue, Suite 110  
Cheyenne, WY 82002  
(307) 777-7601

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Phone: (907) 269-8169  
E-mail: license@alaska.gov

**VERIFICATION OF NURSE AIDE TRAINING**

**SECTION I:**

**APPLICANT:** Complete section I of this form and mail it to the facility or school where you received your nurse aide training. The facility or school will then mail it directly back to the Alaska Board of Nursing, Nurse Aide Registry.

Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Number City State Zip Code

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**(OFFICIAL USE ONLY)**

**SECTION II:**

The above applicant is applying for certification in Alaska. Please complete the following information below and **return it directly to the Board of Nursing, Nurse Aide Registry at the address above.**

Name of Nurse Aide Training Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State Zip Code

Date Entered: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Hours of classroom instruction: \_\_\_\_\_ Hours of clinical instruction/skills instruction: \_\_\_\_\_

\_\_\_\_\_  
Nurse Aide's Instructor's Signature

RN License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Program Approval Number: \_\_\_\_\_

SUBSCRIBED AND SWORN to me, a notary public, in the State of \_\_\_\_\_ on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(NOTARY SEAL)

(Please mail directly to the Alaska Board of Nursing at the above address.)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_