



DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
NURSE AIDE REGISTRY
550 WEST 7TH AVENUE, SUITE 1500
ANCHORAGE, ALASKA 99501-3567
(907) 269-8169
E-mail: license@alaska.gov
Website: www.nursing.alaska.gov

APPLICATION FOR REINSTATEMENT OF NURSE AIDE CERTIFICATION

The practice of nursing in Alaska is governed by Alaska Statute 08.68. The Board of Nursing has adopted regulations in 12 AAC 44.800 – 12 AAC 44.895 related to certified nurse aides.

REQUIREMENTS FOR REINSTATEMENT OF A NURSE AIDE CERTIFICATE

A nurse aide certification that has been lapsed for more than 12 months, but less than 5 years, may be reinstated if the applicant:

1. submits a complete application on this form and one completed fingerprint card (Form FD-258);
2. pays the \$180 reinstatement fee and \$59 fingerprint card processing fee – check or money order made payable to “State of Alaska”; **and**
3. meets A or B set out below:
 - A. Verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed and;

verification that the applicant was employed in another state or territory of the United States, or in a province of Canada, as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 160 hours having been completed within the two years immediately preceding the date of application.

OR

- B. Successfully completed a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement.

If the applicant cannot meet the reinstatement requirements set forth in A or B above, then the applicant must retake the NNAAP nurse aide evaluation. An additional examination fee of \$50 must be submitted along with the reinstatement and fingerprint processing fee.

The board will not reinstate a nurse aide certification that has been lapsed for five years or more. The holder of a nurse aide certification that has been lapsed for five years or more must complete a state-approved Certified Nurse Aide training program and reapply for initial certification.

SOCIAL SECURITY NUMBERS – In accordance with AS 08.01.060(b), the department is not authorized to issue a license to an individual, unless the applicant’s social security number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.

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 day. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300. Contact the Post-Secondary Education office at 1-888-441-2961 to resolve payment issues

QUALIFICATION FOR REINSTATEMENT

Please indicate whether you are applying for reinstatement under Option A, B, or C.

- A.** I have met all of the continuing education **and** employment requirements that would have been required for the entire period my certification was lapsed. I am attaching evidence of continuing education and the completed Verification of Employment form.

You must attach copies of certificates verifying successful completion of 24 hours of continuing education contact hours for each certification period the certification was lapsed.

You must also attach verification from your employer(s) that you worked as a nurse aide for at least 160 hours during each certification period since your last renewal (or original certificate issue date).

Please contact the Nurse Aide Licensing Examiner at (907) 269-8169 if you need to confirm how many hours of CE and employment you must verify.

- B.** I completed the competency evaluation under 12 AAC 44.850 within 24 months immediately preceding application for reinstatement.

- C.** I have not met the continuing education and employment requirements for reinstatement, and I am applying to take the nurse aide competency evaluation. **I am enclosing the \$50 examination fee.** (Please make your check or money order payable to "State of Alaska.")

List exam location preferred: _____
(City)

CERTIFICATION HISTORY:

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

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

(USE ADDITIONAL PAGES IF NECESSARY)

I certify that I am the person referred to in this application and that the information contained in this application is true and correct to the best of my knowledge. I further certify that all my credentials supplied by me are true and correct. I understand that any false or misleading information or falsification of credentials may result in failure to obtain certification or subsequent revocation of certification as a nurse aide in the State of Alaska.

SIGN HERE >

Signature of Applicant

Date: _____

SUBSCRIBED AND SWORN TO before me, a notary public, in the State of _____ on this _____ day of _____, 20_____.

(NOTARY SEAL)

Notary Public

My Commission Expires: _____



Department of Commerce Community and Economic Development
 Division of Corporations, Business and Professional Licensing
 Nurse Aide Registry
 550 West 7th Avenue, Suite 1500
 Anchorage, Alaska 99501-3567
 (907) 269-8169
 E-mail: license@alaska.gov

VERIFICATION OF EMPLOYMENT FOR REINSTATEMENT OF CERTIFIED NURSE AIDE CERTIFICATION

(See reverse side for important instructions)

SECTION I. (TO BE COMPLETED BY NURSE AIDE)

I, _____, authorize you to release information, as required on this
 (Print Name)
 form, to comply with the nurse aide reinstatement requirements.

Nurse Aide Certificate Number: _____
 Signature _____

SECTION II. (TO BE COMPLETED BY EMPLOYER)

I hereby certify that _____ worked as a certified nurse aide or in a similar
 position that performs nurse aide duties for monetary compensation for at least _____ hours between
 _____ and _____.
 Date Date

Verified by: _____
 Signature Date

 Title/Position

 Daytime Telephone Number

 Organization

 Address

 City State Zip Code

EMPLOYER: Return this completed form to the applicant. THIS FORM MUST BE ATTACHED to the completed
 reinstatement application.

VERIFICATION OF EMPLOYMENT FORM INSTRUCTIONS

A Nurse Aide Certification will be reinstated if the applicant was employed in a state or territory of the United States, or in a province of Canada as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.816 (c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed (160 hours each renewal period), with at least 160 hours having been completed within the two years immediately preceding the date of application.

Applicant: Complete Section 1; forward to your Employer(s) for completion of Section II. The Employer(s) must return the completed form to you so that it can be attached and submitted with your completed reinstatement application.

Applications submitted without a completed Verification of Employment form will be held in a pending status and will not be processed until the Verification of Employment is received.

Self-employed: If you are self-employed, you may submit a Verification of Employment form completed by a client for which you provided services, a client's legal guardian, or by one of your client's health care providers (physician, nurse, case manager, etc.). A certified copy of the health care reimbursement document that reflects payment for services provided, or other such documentation, may be considered on a case-by-case basis.

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.

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.nursing.alaska.gov under "Professional License Search".

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.

12 AAC 44.820. LAPSED CERTIFICATION. (a) The board will reinstate a nurse aide certification that has been lapsed for more than 12 months, but less than five years, if the applicant submits

(1) a completed reinstatement application on a form provided by the department;

(2) the certification renewal fee established in 12 AAC 02.282;

(3) verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 24 hours having been completed within the two years immediately preceding the date of application; and

(4) verification that the applicant was employed in another state or territory of the United States, or in a province of Canada, as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 160 hours having been completed within the two years immediately preceding the date of application.

(b) An applicant for reinstatement of a nurse aide certification under this section who has successfully completed a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement is not required to meet the requirements of (a)(3) and (4) of this section.

(c) The board will not reinstate a nurse aide certification that has been lapsed for five years or more. The holder of a nurse aide certification that has been lapsed for five years or more may reapply for initial certification.

12 AAC 44.825. CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in (b) of this section, an applicant for renewal of a nurse aide certification must have successfully completed 24 contact hours of continuing education during the concluding certification period.

(b) An applicant for renewal of a nurse aide certification for the first time

(1) must have successfully completed 12 contact hours of continuing education during the concluding certification period, if the applicant has been certified for at least one year during that period; and

(2) is not required to complete continuing education requirements for the concluding certification period, if the applicant has been certified for less than one year during that period.

(c) An applicant for renewal of a nurse aide certification who has not completed the required number of continuing education contact hours during a biennial certification period may obtain the required number of contact hours after the expiration date of the certification. Continuing education contact hours used for renewal under this subsection may not be used to satisfy the continuing education requirements for the next biennial certification period.

12 AAC 44.895(4). "Continuing education" means a systematic educational experience that contributes directly to the skills and knowledge needed to satisfactorily perform the duties of a certified nurse aide, and that is obtained in a program that offers academic credit or contact hours beyond the basic nurse aide training program.

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed nurse aide regulation changes, please send a written request adding your name to the Nurse Aide 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**



Department of Commerce Community and Economic Development
Division of Corporations, Business and Professional Licensing
Nurse Aide Registry
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
(907) 269-8169
E-mail: license@alaska.gov

NAME CHANGE AFFIDAVIT

If you have had a name change since your last certificate was issued, please fill out this form showing your present and former name. If you fail to have this form notarized, you must submit a certified copy of the legal document showing the change of name, i.e., certified copy of a marriage certificate, certified copy of a divorce decree, or a certified copy of a court ruling (12 AAC 44.930).

I, _____, am certified as a Nurse Aide,
Previous Name

Alaska Certificate # _____.

Mailing Address

City

State

Zip Code

I HEREBY CERTIFY that I changed my name to _____
New Name

effective _____
Date

Signature/New Name

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for the State of _____,
this _____ day of _____, 20_____.

Notary Public Signature

My commission expires: _____

If you submit this form with your renewal, there is no additional fee for name change. If you request a name change after renewal, a \$5.00 fee is required (12 AAC 02.105(3)).