



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

Telephone: (907) 269-8169 ★ E-mail: license@alaska.gov
Website: www.nursing.alaska.gov

For Division Use Only

BIENNIAL NURSE AIDE CERTIFICATION RENEWAL

April 1, 2012 – March 31, 2014

Prorated Renewal

(Prorated Certificates are those numbered 12558 or higher)

IT IS TIME TO RENEW YOUR CERTIFIED NURSE AIDE CERTIFICATION

Your certification to practice as a nurse aide in the State of Alaska expires March 31, 2012. It is illegal for you to practice if your certification has expired. **There is no grace period.** To renew your certification for the period from April 1, 2012 through March 31, 2014, return this **signed** application, a \$60.00 check or money order payable to the State of Alaska to the above address. This is the only renewal notice you will receive. Incomplete applications will result in your renewal being delayed.

RENEWAL DUE DATE The processing time for completed renewal applications is three to four weeks after receipt. Plan accordingly and submit this form by March 1, 2012, to ensure processing by March 31, 2012.

MAILED RENEWAL FORMS If you received this renewal application in the mail with a barcode in the upper right hand corner of the first page, **do not duplicate this form for another nurse aide's use.** The barcode is specific to your name and certification number. Forms without the barcode are available on our website at <http://commerce.alaska.gov/occ/pnua.htm>

NAME CHANGE If you have had a legal name change since your last certificate was issued, complete the enclosed Change of Name form and enclose a copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

SOCIAL SECURITY NUMBER In accordance with AS 08.01.100, you must provide your Social Security Number on this application. If you do not have a social security number, contact the division for a waiver request form.

EXPIRED CERTIFICATES There is no "inactive" certificate status. If you choose not to renew your certificate before it expires, you may renew the certificate at a later date only after satisfying the requirements which may include retesting.

PAYMENT OF CHILD SUPPORT If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary certificate valid for 150 days. Contact Child Support Enforcement at (800) 478-3300 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.

BUSINESS LICENSE Business licenses are processed separately. For more information about business licenses, call (907) 465-2550, or use Internet address: <http://www.commerce.alaska.gov/occ/buslic.htm>

Prorated Nurse Aide Certification Fee: \$60.00
(Prorated Certificates are those numbered 12558 or higher)

Name: _____
Last First Middle

Corrected Mailing Address (Complete only if your address is different than the address label shown above.)

Street or P.O. Box City State Zip Code

Daytime Telephone Number: _____ Certificate Number: _____

Date of Birth: _____ Social Security No.: _____

E-mail Address: _____

Complete if you prefer renewal status via e-mail

PROFESSIONAL FITNESS

The following questions must be answered. "Yes" answers may not automatically result in certificate denial.

YES NO

- 1. Since the date of your last application, have you had a certificate or license in any state or country denied, revoked, suspended, surrendered, stipulated, on probation, or been the subject of any restriction, censure, reprimand, or other disciplinary action?.....
- 2. Since the date of your last application, have you been convicted of a misdemeanor or felony (conviction includes 'suspended imposition of sentence')? If you are unsure mark "yes" and provide the documentation referred to below.
- 3. Have you ever been placed on a state registry for committing abuse, neglect, or misappropriation of property?.....
- 4. Since the date of your last application, 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?
- 5. Since the date of your last application, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit forming drugs?.....
- 6. Do you currently have a physical disability or physical illness, which may impair or interfere with your ability to practice as a certified nurse aide?

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, **in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to practice as a certified nurse aide.** Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

CONTINUING COMPETENCY

If your certified nurse aide certificate was issued on or after **April 1, 2011**, you are not required to provide proof of continuing competency for this renewal.

For your next renewal (**2014-2016**), you will be required to complete the continued competency requirements in regulation 12 AAC 44.815 and .825. A copy of Article 8, Continued Competency regulations, is enclosed.

WARNING: Grounds for denial, suspension, or revocation: The board may deny, suspend, or revoke the certification of a person who has obtained or attempted to obtain a certification to practice the duties of a nurse aide by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification under AS 11.56.210 and AS 11.56.230.

I certify that the information in this application is true and correct.

SIGN HERE 

Applicant's Signature

Date: _____

CONTINUING EDUCATION REQUIREMENTS

- An applicant for renewal as a nurse aide must have successfully completed 24 contact hours of continuing education during the concluding renewal period (applies to applicants who have held their certification for two years or more).
- An applicant who is a first-time renewal applicant, who has held their certification for less than 24 months, but more than 12 months, must complete 12 contact hours.
- An applicant who is a first-time renewal applicant and who has held their certification for less than 12 months is not required to complete continuing education requirements for the initial renewal only.

CONTINUING COMPETENCY

12 AAC 44.815. ISSUANCE AND RENEWAL OF CERTIFICATION.(a) An initial nurse aide certification is valid for the remainder of the current biennial certification period. A nurse aide certification must be renewed biennially on or before March 31 of even-numbered years. A certification that is not renewed lapses.

(b) To renew a nurse aide certification, a certified nurse aide must submit

- (1) a completed application for renewal on a form provided by the department;
- (2) the certification renewal fee established in 12 AAC 02.282; and
- (3) verification that the applicant has met the continuing education requirements of 12 AAC 44.825 and the requirements of

(c) or (d) of this section.

(c) A nurse aide certification will be renewed 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 for monetary compensation for 160 hours or more during the concluding certification period.

(d) An applicant who was employed as a certified nurse aide for monetary compensation for less than 160 hours during the concluding certification period may not obtain the required experience after the applicant's nurse aide certificate has lapsed and must successfully complete a competency evaluation under 12 AAC 44.850 before the certification will be renewed.

(e) A certified nurse aide who is issued an initial nurse aide certification less than 12 months before the next renewal period is not required to satisfy the requirements of (c) and (d) of this section.

(f) A nurse aide certification that has been lapsed for 12 months or less may be renewed under this section.

(g) An applicant who was not employed as a certified nurse aide for monetary compensation during the concluding certification period and whose certified nurse aide training program was successfully completed more than two years ago, must complete another certified nurse aide training program approved under 12 AAC 44.835, or equivalent in content to the requirements of 12 AAC 44.835(c).

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) *Repealed 12/23/2009.*

(d) An applicant for renewal or reinstatement of a nurse aide certification may not submit credit for the same course more than once to meet the continuing education requirements for a 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**



State of Alaska
Department of Commerce Community and Economic Development
Division of Corporations, Business and Professional Licensing
Nurse Aide Registry
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Anchorage, Alaska 99501-3567
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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)).



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
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 Phone: (907) 269-8160

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal 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: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.