



ALASKA BOARD OF NURSING
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 W. 7th Ave., Suite 1500
Anchorage, AK 99501
E-mail: license@alaska.gov

ADVANCED NURSE PRACTITIONER – BIENNIAL RENEWAL
December 1, 2010 – November 30, 2012

ANP Authorization: \$60.00

Make check or money order payable to:
State of Alaska

Your Advanced Nurse Practitioner Authorization expires simultaneously with your Registered Nurse license (November 30, 2010). Your RN license must be renewed before your ANP Authorization may be renewed. Your RN renewal information was sent under separate cover. Please complete this form and return with appropriate fees. (Note: On-line renewal is available for both your RN license and ANP authorization, on our website at www.nursing.alaska.gov)

- 1. Name Last First Middle Initial
\*If your name changed, please submit the "Name Change Affidavit" form provided with the RN renewal.
2. Mailing Address - Street or P.O. Box (Please make corrections only if your address is different than address on label shown above.)
City State Zip Code
3. Social Security Number (Required) Date of Birth Day Phone No. (Optional)
4. Did you renew your RN license on-line? Yes No

RENEWAL REQUIREMENTS:

Current Specialty Certification:

You must attach a copy of your current National Certification or Recertification Card in your specialty area(s) of practice (if you have more than one specialty, submit proof of certification in all specialties). The card, usually wallet-sized, must reflect current certification beyond November 30, 2008.

I have am currently nationally certified past November 30, 2010 for each role and population focus of practice: Yes No
(Required by 12 AAC 44.470)

Prescriptive Authority:

I wish to renew my prescriptive authority and I have completed at least eight (8) contacted hours of advanced pharmacology related to my role and population focus during the period of December 1, 2008 through November 30, 2010? Yes No

The board will audit 25% of ANP renewals per 12 AAC 44.02.960.

If your ANP authorization is randomly selected for audit, you will be notified to submit copies of documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. In compliance with 12 AAC 02.960(f), save your documents for a total of four years from the date of completion of the continuing competency activity.

WARNING: Grounds for denial, suspension, or revocation: The board 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 charges for perjury or unsworn falsification under AS 11.56.200-.210.

I certify under penalty of unsworn falsification that the information furnished in this application is true and correct.

SIGN AND DATE HERE



Signature

Date

**12 AAC 44.440. PRESCRIPTIVE AUTHORITY.** (a) The board will, in its discretion, authorize an advanced nurse practitioner or “ANP” to prescribe and dispense legend drugs in accordance with applicable state and federal laws.

(f) An ANP prescriptive authority must be renewed biennially with the ANP authorization. Before December 1, 2010, documentation of eight contact hours of advanced pharmacology during the previous two years must be submitted at the time of renewal. In an application for renewal of an ANP prescriptive authority for a renewal period that begins on or after December 1, 2010, the renewal application must include the applicant's certification of completion, during the previous two years, of 12 contact hours of continuing education in advanced pharmacotherapeutics and 12 contact hours of continuing education in clinical management of patients. These 24 hours of continuing education may be counted as part of the continuing education hours described in 12 AAC 44.610(a)(3).

**12 AAC 44.470. RENEWAL OF ADVANCED NURSE PRACTITIONER AUTHORIZATION.** An applicant for renewal of an advanced nurse practitioner authorization shall submit to the board

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

(2) certification that the applicant

(A) holds a national certification for each of the roles and population focus areas in which the applicant is seeking renewal;

(B) if the applicant holds prescriptive authority under 12 AAC 44.440, has completed the continuing education required under 12 AAC 44.440(f); and

(3) the biennial authorization renewal fee established by 12 AAC 02.280.

**Authority:** AS 08.68.100



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 550 West 7<sup>th</sup> Avenue, Suite 1500  
 Anchorage, AK 99501  
 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): _____	_____
<b>Total:</b>	_____

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.*