



**ALASKA BOARD OF NURSING**  
**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT**  
**DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING**  
**550 WEST 7<sup>TH</sup> AVENUE, SUITE 1500**  
**ANCHORAGE, ALASKA 99501**  
**TELEPHONE: (907) 269-8161 FAX: (907) 269-8196**  
**E-mail: [license@alaska.gov](mailto:license@alaska.gov)**  
**Website: [www.nursing.alaska.gov](http://www.nursing.alaska.gov)**

## **APPLICATION FOR LICENSED PRACTICAL NURSE BY ENDORSEMENT**

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A TEMPORARY PERMIT OR PERMANENT LICENSE TO PRACTICE NURSING IN ALASKA.**

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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.

**If you previously held a license in Alaska, DO NOT** complete this form. You must complete an "Application for Reinstatement" and comply with the rules for reinstatement. See AS 08.68.251 and 12 AAC 44.317, Lapsed License, in the board's statute and regulation booklet.

**APPLICATION PROCEDURES - 12 AAC 44.305** The following documents must be submitted before your application can be reviewed:

1. A completed application, signed and notarized. A completed application must include an original, passport type photograph on photograph paper, approximately two inches by two inches of the face and shoulders, taken within the six months immediately preceding the date of application.
2. Check or money order for \$324.00 (or \$374.00, for temporary permit) made payable to the State of Alaska. Fees: \$50.00 nonrefundable application fee, \$215.00 license fee, \$59.00 fingerprint processing fee and \$50.00 temporary permit fee (if permit requested).
3. One completed fingerprint card, properly completed on a card supplied or approved by the Alaska Board of Nursing (Form FD-258).
4. Verification of licensure sent directly from (or made available via the National Council of State Boards of Nursing (NCSBN) online verification system at [www.nursys.com](http://www.nursys.com) ) 1) the state or Canadian province where you received initial licensure and 2) from a state or province where you hold a CURRENT license. (Send only one form if your original license is still current.)

**You must hold a current license in another state or Canadian province to be eligible for a nursing license by endorsement in Alaska. This license must be current at the time the board issues the permanent license. An inactive status is not a current license.**

Canadian nurses who passed the CNATS exam before August 1980, with a score of at least 350 on each of the five parts of the examination, or after July 1980 but before 1992, with a score of 400 may apply for a License by Endorsement. Applicants who took the CNATS after June 1992 must apply to take the NCLEX examination. (See 12 AAC 44.310(d)).

5. Verification, on a form provided by the department, of at least 320 hours of employment in a nursing capacity within the last two years before the date the application is received by the board. If you cannot document 320 hours of employment in the past two years, you must satisfy the continuing competency requirements of the board or complete a board approved refresher course.

If you have not practiced nursing within the past five years, you must submit proof of completion of a board approved refresher course as required by 12 AAC 44.305(a)(4). Board approved refresher courses can be found at [www.nursing.alaska.gov](http://www.nursing.alaska.gov).

**Note:** California LVNs who wrote the state examination after July 1974 through October 1986 must pass the NCLEX-PN licensing examination if they have not already done so.

## **PROCESSING TIME**

Applications will be processed according to the date received and generally within the following time frame:

**All applications have an initial review within 14 working days of receipt of the application.**

- If all documents for the permanent license are present, your permanent license will be issued at the time of the initial review. If documents are missing, notification will be sent to you by mail or e-mail.
- If a temporary permit is requested and documents for the permanent license are incomplete, a temporary permit is issued. If you paid for a temporary permit and one is not needed, a refund of the \$50 fee will be processed.

**Wait for your first status letter to reach you before calling the division to ask for status updates.**

## **TEMPORARY PERMIT – 12 AAC 44.320**

A temporary permit may be issued at the discretion of the board. To be eligible for the permit, in addition to the application documents and fees, submit:

1. An additional \$50 fee for the temporary permit,
2. A certified true copy of your current license in another state licensing jurisdiction, or Canadian province or territory, and
3. A completed employment verification form.

Temporary permits are valid for six months and are nonrenewable. **It is your responsibility to know the expiration date of your permit and to make sure your paperwork is complete for your permanent license.**

To obtain a “certified true copy,” a notary public must compare the original to the photocopy. The notary must write “I certify this to be a true copy of the original document” on the photocopy and attest to that fact by signing and notarizing the document.

If the notary will not certify the copy, you may certify that it is a true copy of the original and have your signature notarized. Be sure that the notary signs and seals the document with an official seal.

## **GENERAL INFORMATION**

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.

## **SOCIAL SECURITY NUMBERS**

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the “Request for Exception from Social Security Number Requirement” form located on the board’s website at: [www.nursing.alaska.gov](http://www.nursing.alaska.gov) or contact the division office for the form.

## **PAYMENT OF CHILD SUPPORT OR POST SECONDARY EDUCATION LOANS**

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.

## **FIRST DATE OF LICENSURE AND RENEWAL DATES**

**All LPN licenses expire on September 30 of even-numbered years regardless of when first issued, except new licenses issued within 90 days of the expiration date will be issued effective through the next biennium.**



**ORIGINAL LICENSURE:** Indicate the state and when you obtained initial licensure. Indicate the last name on you license, if different than you current name.

Date Exam Taken	State	License Number	Year Granted	Expiration Date

**ADDITIONAL LICENSES:**

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

State/Province	License No., If Known	Expiration Date/Status (Active, Expired, Probation, etc.)

(Use additional pages if necessary)

**FOREIGN LICENSURE:**

From Canada: Have you taken CNATS?  Yes  No Province: \_\_\_\_\_

Dates Taken: \_\_\_\_\_. If taken after June 1992, you are not eligible for a license by endorsement and must take the NCLEX exam.

**DISCIPLINARY HISTORY:** The following must be answered pursuant to 12 AAC 44.305 (a)(1)(D) and AS 08.68.270:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject to any other restriction or disciplinary action?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of <b>any</b> criminal offense other than a minor traffic violation (convictions include "suspended imposition of sentence")?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute or for any violation or alleged violation of the Nursing Practice Act, or unprofessional or unethical conduct?..... | <input type="checkbox"/> | <input type="checkbox"/> |

**PERSONAL HISTORY:** The following must be answered pursuant to 12 AAC 44.305(a)(1)(C) and AS 08.68.270:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 nursing?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**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, you must submit a statement from your health care provider indicating your ability to practice nursing. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

**NURSING-RELATED EMPLOYMENT HISTORY: List nursing-related employment for the immediate past five years, beginning with the most recent employer.**

Name of Employer	Address	Type of Work	Dates	
			From	To

(Use additional pages if necessary)

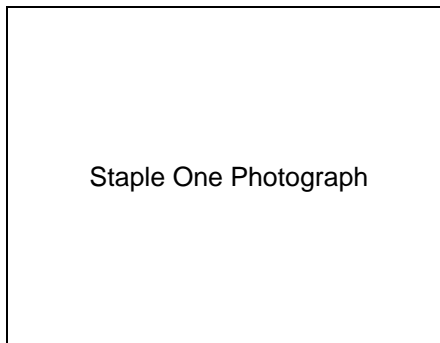
All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing address, is available on the Division website at: [www.commerce.state.ak.us/occ/](http://www.commerce.state.ak.us/occ/) under "License Search".

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge and that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice nursing in the State of Alaska. I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action.

**SIGN HERE** 

\_\_\_\_\_  
Signature of Applicant

Attach one (1) recent, passport type, original photograph



SUBSCRIBED AND SWORN before me, a Notary Public in  
and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**SIGN HERE** 

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**(NOTARY SEAL)**

**WARNING:** The Alaska Board of Nursing 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 charge for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)



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## VERIFICATION OF NURSING EMPLOYMENT

**APPLICANT:** 1) Complete the top (applicant) portion of this form. 2) Submit the form to an employer **listed on your application** who will be able to verify at least 320 hours of nursing employment within the last 2 years. 3) After the employer completes the bottom portion, include the signed form with your application or have the employer mail or fax the form to the Board of Nursing at the address above.

**PLEASE PRINT:**

I, \_\_\_\_\_  
Last Name
First
Middle
Former

am applying for nursing licensure in Alaska. I hereby authorize you to release information as required on this form to the Alaska Board of Nursing.

I worked as a (check one):       Registered Nurse      **-OR-**       Practical/Vocational Nurse.

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employment Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**EMPLOYER:** Please complete this form and return it to the applicant or mail or fax it to the Alaska Board of Nursing at the address listed above. Please **sign the form in ink** (no stamps). Items 1-3 must be answered as they are required by the Board of Nursing. Thank you for your cooperation.

1. Employee's Position/Title: \_\_\_\_\_
2. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Verify the applicant's work hours below:

**➡ Did the employee work in a nursing capacity a total of at least 320 hours within the immediate past two (2) years?**     Yes       No

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

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

Company Name or Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box Number

\_\_\_\_\_

City State Zip Code Telephone No.

Facility the applicant was contracted or assigned to: \_\_\_\_\_

Mailing address of that facility: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM DIRECTLY TO THE APPLICANT OR TO THE ALASKA BOARD OF NURSING VIA MAIL OR FAX.**



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**VERIFICATION OF NURSING LICENSE**

**Section I: APPLICANT** – Complete Section I and mail to the state(s) or Canadian Province where you received initial licensure, AND to a state or province where you hold a CURRENT license. Send only one form if your initial license is current. If the state where you hold or held licensure is a member of the NURSYS System, please complete your verification online at: www.nursys.com or contact the National Council of State Boards of Nursing to request a verification form. **If you have already released your information via Nursys, you do not need to forward this form to the corresponding licensing board.**

I have released my license verification(s) via the Nursys on-line verification system: .....  Yes  No

Last Name	First	Middle Initial	Maiden
Other Names: _____			
Address: _____			
Street	City	State	Zip Code
Birth Date: _____		Social Security No.: _____	
License No.: _____	RN: _____	LPN: _____	Expiration Date: _____

**Section II: BOARD OF NURSING** – Please complete the applicable portions of this form on behalf of the nurse named above and return to the Alaska Board of Nursing at address at the top of the page.

Nursing School and Location: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Accredited:  Yes  No

Type of License: RN: \_\_\_\_\_ LPN/LVN: \_\_\_\_\_ License No.: \_\_\_\_\_

Method of Licensure: Exam: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Waiver: \_\_\_\_\_

Original Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Status: Current: \_\_\_\_\_ Inactive: \_\_\_\_\_ Lapsed: \_\_\_\_\_

Pending disciplinary action or pending investigation against this licensee?  Yes  No

◆ If "Yes," please explain: \_\_\_\_\_

Former disciplinary action: Has this license ever been ENCUMBERED in any way?  Yes  No

◆ If "Yes," please explain: \_\_\_\_\_

**VERIFICATION OF EXAMINATION AND SCORES**

State Board Test Pool Exam: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Series: \_\_\_\_\_ Scores: \_\_\_\_\_

Medical: \_\_\_\_\_ Psych.: \_\_\_\_\_ Obstetric: \_\_\_\_\_ Surgical: \_\_\_\_\_ Children: \_\_\_\_\_

NCLEX Scores: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Series: \_\_\_\_\_ Other: \_\_\_\_\_

NCLEX Scores: CAT RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Date Taken: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Board of Nursing:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **BOARD SEAL**

**FAXED COPIES NOT ACCEPTABLE**