

ALASKA BOARD OF NURSING
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 WEST 7TH AVENUE, SUITE 1500
ANCHORAGE, ALASKA 99501
Telephone: (907) 269-8161 Fax (907) 269-8196
E-mail: license@alaska.gov
Website: www.nursing.alaska.gov

APPLICATION FOR LICENSED PRACTICAL NURSE BY EXAMINATION

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If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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

APPLICATION PROCEDURES – 12 AAC 44.290

The following documents must be submitted before your application can be reviewed:

1. A completed application that is signed and notarized. The application must include an original, signed and dated passport type photograph on photography 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 to include a 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 cards, on a card supplied by the Alaska Board of Nursing **or** form FD-258.
4. Nursing Program Verification form, sent directly from the school of nursing attended verifying successful completion of an approved nursing program.
5. Official transcript sent directly from the college or school of nursing attended. The graduation date and the type of degree conferred must be posted on the transcript. Documents not in English must be accompanied by a certified English translation.

TEMPORARY PERMIT REQUIREMENTS – 12 AAC 44.320

To receive a temporary permit, submit items number 1, 2, 3 and 4 above.

To be eligible for the temporary permit, an applicant must not have failed the NCLEX examination, or failed to appear and take the NCLEX examination for which the applicant was registered. The permit is nonrenewable and valid for six months or until the results of the NCLEX are made available and notification of the results is received by the temporary permit holder, whichever occurs first.

FOREIGN GRADUATES – 12 AAC 44.310

All foreign graduates who: (a) have not taken the National Council Licensing Examination (NCLEX formerly SBTPE); and (b) Canadian practical nurses who have not taken the CNAT, must take the NCLEX. (Please read 12 AAC 44.290 & 310 regarding acceptable scores on CNAT and other requirements for graduates of foreign schools of nursing.) All documents must be accompanied by certified English translations if the original documents are not in English.

Practical Nurse applicants who graduated from a school of nursing outside the United States or Canada, must provide proof of passing the following English proficiency examinations (refer to 12 AAC 44.290 for passing score requirements):

Test of English as a Foreign Language (TOEFL)
Test of Written English (TWE)
Test of Spoken English (TSE)

Applicants who graduated from nursing programs in Australia, Ireland, New Zealand, the United Kingdom, or Canada, except Quebec, Canada are exempt from providing proof of passing the English examination, **if** the language used at the school of nursing was English and the textbooks used at the school of nursing were written in English (Refer to 12 AAC 44.290).

EXAMINATION INFORMATION

You may register with PearsonVUE Professional Testing to take the NCLEX at anytime during the application process. When your application has been approved and after you have registered with PearsonVUE, we will then notify the testing company that you are eligible to take the examination. Your Authorization to Test (ATT) from PearsonVUE will be issued approximately 48 hours after we enter your eligibility. The candidate website for the examination is: www.pearsonvue.com/nclex.

After you have passed the NCLEX examination, you will be notified in writing and your permanent license will be issued.

SPECIAL ACCOMMODATION NEEDS TO TAKE EXAM

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination (NCLEX), you must submit a complete "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the board's website: www.nursing.alaska.gov or contact the division to request the form.

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.

PROCESSING TIME

Applications will be processed according to the date received and generally within 10 business days. Every effort will be made to process your application in a timely manner; however, the process will be delayed if the application is incomplete or the required documentation is not submitted.

Due to the high volume of applications received by the Board of Nursing, please apply well in advance of when your permit or license is needed.

You will be notified in writing as soon as your application has been reviewed. Please allow two to three weeks, from the date of application receipt, for your first status letter to reach you.

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

FIRST DATE OF LICENSURE AND RENEWAL DATES:

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

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 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.

Have you ever applied for or have you held an LPN license in Alaska?..... YES NO

Date granted: _____ Denied: _____

Do you hold any other kind of health care related license in Alaska? YES NO

If yes, state license type: _____

List other nursing licenses held including state(s) and status: _____

If a graduate of a Foreign School of Nursing, have you passed the English proficiency examinations administered by the Educational Testing Services(ETS)? YES NO

If yes, please have ETS provide proof of scores to the Alaska Board of Nursing.

TEMPORARY PERMIT APPLICANT:

If you are applying for a temporary permit:

1. Have you failed the NCLEX examination?..... YES NO

2. Have you failed to appear the take the NCLEX examination for which you were registered?..... YES NO

DISCIPLINARY ACTIONS:

The following must be answered pursuant to 12 AAC 44.290(a)(1)(E) and AS 08.68.270:

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?..... 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 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?..... YES NO

PERSONAL HISTORY:

The following must be answered pursuant to 12 AAC 44.290 (a)(1)(D) 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? YES NO

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?..... 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 nursing?..... YES NO

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 safely practice nursing. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

NURSE-RELATED EMPLOYMENT HISTORY:

List nursing-related employment for immediate past five years, listing current employer first. Write "N/A" if not applicable.

Name of Employer	Address	Type of Work	Dates	
			From	To

Information supplied with this application is considered public, unless required to be kept confidential pursuant to state or federal law. Information about licensees, including mailing address, is available on the Division's website at: 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 
In the presence of a notary

Signature of Applicant

Attach one (1) recent, passport type, original photograph on photography paper.

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

Staple One Photograph
Signed/Dated

NOTARY 

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)

ALASKA BOARD OF NURSING
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 WEST 7TH AVENUE, SUITE 1500
ANCHORAGE, ALASKA 99501
Telephone: (907) 269-8161
E-mail: license@alaska.gov
Website: www.nursing.alaska.gov

NURSING PROGRAM VERIFICATION
LICENSE BY EXAMINATION

APPLICANT: COMPLETE SECTION I OF THIS FORM AND MAIL TO YOUR SCHOOL FOR COMPLETION OF SECTION II.

Section I. Name: _____ (Print) Name: _____ (Signature)
Social Security Number: _____ Date of Birth: _____
Address: _____

Section II. School of Nursing: Complete and return this form to the Board of Nursing at the address on top of the page.

Name of School: _____

Address: _____

Type of Program:

- LPN certificate
 Diploma

Date entered: _____

Date completed: _____

Month _____ Day _____ Year _____

Do you recommend this applicant to sit for the National Council License Examination? YES NO

Comments: _____

This section must be completed if the applicant graduated from a nursing program in Australia, Ireland, New Zealand, the United Kingdom, or Canada, except Quebec, Canada:

Was the language used at the school of nursing English? YES NO

Were the textbooks used at the school of nursing written in English? YES NO

State Board of Nursing: _____

National League for Nursing: _____

Other Accrediting Body: _____

**Accreditation Status at Time
of Graduation**

YES NO

YES NO

YES NO

Signature: _____

Printed Name: _____

Title: _____

Date: _____

(SEAL)

FAXED COPIES NOT ACCEPTABLE