



**ALASKA BOARD OF NURSING**  
**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT**  
**DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING**  
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**Telephone: (907) 269-8161**

**PROFESSIONAL ACTIVITIES VERIFICATION**

**Applicant:** Complete Section A and have the organization/agency where the professional activities were performed complete Section B. If you selected "professional activities" as one of the methods of satisfying continuing competency, then you must verify a minimum of 30 hours of professional activities required under 12 AAC 44.620 and obtained within the last biennial licensing period. The 30 hours may be satisfied through various options, therefore, provide copies of this form to as many organizations/agencies as needed for verification.

**Section A:**

I, \_\_\_\_\_, am applying for an Alaska nursing license to practice as a  registered or  practical nurse and hereby authorize you to release information as required on this form.

Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Section B: To be completed by organization/agency where services were performed. Complete all sections below.**

By my signature below, I attest that the above-named nurse performed "professional activities (without compensation)" using nursing knowledge that contributed to the health of individuals or the community during the time period below:

\_\_\_\_\_ Dates of Professional Activities (list month/year through month/year)

 **The number of hours performed:** \_\_\_\_\_

Professional activities must be performed without compensation and satisfied through one or more of the following methods (check all that apply):

- work with a professional nursing or health-related organization;
- authoring or contributing to an article, book, or publication related to health care;
- development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;
- design and conduct of a research study relating to nursing and health care;
- other professional activities approved by the board and included on a list maintained by the board

(list activities: \_\_\_\_\_).

Verified by: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

 **PLEASE RETURN COMPLETED FORM DIRECTLY TO THE ALASKA BOARD OF NURSING. FAXED COPIES NOT ACCEPTABLE.**

**SAMPLE LIST  
OF  
CONTINUING COMPETENCY  
PROFESSIONAL ACTIVITIES**

Adult Day Care Facility

AIDS Association Volunteer

Professional Nursing Association's Monthly Meetings  
(When no CE credits are available)

Birthright

Clinics/Offices

Crisis Intervention/Crisis Line

EMS Advisory Council

EMT Services Provided  
(Not on call time)

Health Fair

Hospitals

Long-Term Care Facilities/Pioneer Home

Pregnancy & Reproductive Counseling Centers

Representation to Patient Advisory Councils

Salvation Army Older Alaskans Program

School Nursing Education & Health Pregnancy

Senior Center Health Services

Service on Health Services

Service on Health Related Boards  
(Hospice, Recovery Room Nurses Association, Orthopedic Nursing Association)

Shelter Advocate

Wellness Programs  
(Fitness & Employee Health)