



STATE OF ALASKA  
DEPARTMENT OF COMMERCE COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
NURSE AIDE REGISTRY  
550 W. 7<sup>th</sup> Ave, Suite 1500  
ANCHORAGE, ALASKA 99501-3567  
(907) 269-8169 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 CERTIFIED NURSE AIDE BY EXAMINATION

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Alaska Statute 08.68 is the statute related to nursing in Alaska; 12 AAC 44.800-12AAC 44.895 are the regulations set forth by the Board of Nursing that govern certified nurse aides. Please read the application instructions, statutes, and regulations before completing your application.

### REQUIREMENTS

An applicant is eligible for certification as a nurse aide by examination if the applicant meets **one** of the following requirements:

1. Successful completion, within two years immediately before the date of application, of a state approved certified nurse aide training program; or
2. Possession of an unencumbered nursing assistant license, either current or lapsed, issued by a state or territory of the United States or by a province of Canada; or
3. Successful completion, within five years immediately before the date of application, of one year or more of nursing education that includes both clinical and classroom instruction on nursing theory from a nursing school approved by a state or territory of the United States or by a province of Canada; or
4. Successful completion, within 10 years immediately before the date of application, of a United States corpsman or medic training program and service in the United States military forces as a corpsman or medic within five years immediately before the date of application; or
5. Successful completion of a nursing training program in a foreign country other than Canada. Applicants must submit all required documents accompanied by certified English translations if the original documents are not in English.

An applicant who meets one of the above requirements of this section must also successfully complete the certified nurse aide competency evaluation as described in 12 AAC 44.850. The board will deny permission to take the competency evaluation to an applicant who has committed an act or omission that would constitute grounds for denial of certification under 12 AAC 44.818, if the board determines that the gravity of the act or omission supports a denial of permission to take the competency evaluation.

### APPLICATION PROCEDURES

1. Submit a completed application, signed and notarized. The completed application which must include the Verification of Training form and the Verification of Credentials form, if applicable, and **must** be received in the Board of Nursing Office in Anchorage no later than two weeks prior to the examination date to allow for processing.
2. Attach one (1) recent passport (2 x 2) photograph, **signed** and **dated** on the back to page 2 of the application form.
3. Attach a check or money order for \$279 made payable to the **STATE OF ALASKA**. If your examination fee is being paid at a later date by another entity other than yourself, please submit a copy of the voucher or purchase order completed by the responsible party.
4. Complete Section I of the "Verification of Training for the Alaska Nurse Aide Registry" form. Submit the form to the school or facility where you completed your nurse aide training program. The training program will complete the form and return it to the Alaska Nurse Aide Registry.
5. Submit a completed fingerprint card (FD-258) containing the applicant's fingerprints and other information required by the Department of Public Safety. The completed fingerprint card will be used to check the criminal history records of the State of Alaska and the FBI per A.S. 12.62.400. National Criminal History Record Checks For Employment, Licensing, and Other Noncriminal Justice Purposes.

Your nurse aide application must be approved before you will be allowed to sit for the examination. You will be notified in writing approximately two weeks after receipt of your completed application concerning the status of your application.

### **SOCIAL SECURITY REQUIREMENT**

Alaska Statute (AS) 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to a foreign citizen who is unable to obtain a United States Social Security Number. To apply for exemption from the social security number requirement, contact the Licensing Examiner at (907) 269-8169 or download the form from the Board of Nursing web site at: [www.nursing.alaska.gov](http://www.nursing.alaska.gov).

### **PAYMENT OF CHILD SUPPORT AND STUDENT 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.

### **SPECIAL ACCOMMODATION TO TAKE THE EXAMINATION**

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, you must submit an Application for "Examination Accommodations for Candidates with Disabilities" and "Accommodation History for Candidate Requiring Exam Accommodation". You may obtain this form by contacting the Nurse Aide Registry Licensing Examiner at 907-269-8169 or you may download the form from our web site at: [www.nursing.alaska.gov](http://www.nursing.alaska.gov).

Requests for Exam Accommodations must be submitted on or before the exam deadline; however, applicants are encouraged to submit accommodation requests in advance of the deadline so sufficient time for accommodation arrangements can be made.

### **GENERAL INFORMATION**

1. Nurse aide certificates are renewed every two years in even-numbered years **REGARDLESS** of when a certificate was issued. Nurse aide certificates **EXPIRE** on March 31 of even-numbered years. Renewal notices are mailed at least 60 days prior to the expiration date. New certificates issued within 90 days of the renewal expiration will be effective through the next biennial period.
2. There are continued competency requirements for each renewal period. When you renew for the first time, if you have held your certification for over a year but less than two years, you **are** required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment. If you hold your certification for less than a year, you are **not** required to complete the 160 hours or more of monetarily compensated employment nor the contact hours of continuing education. All licensees who have held their certification for two years or more, must complete 24 contact hours of continuing education and 160 hours of monetarily compensated employment.
3. It is the certificate holder's responsibility to notify the Division of Occupational Licensing, **IN WRITING**, of any change of address. **Failure to receive a renewal notice does not relieve a certificate holder of the responsibility to renew his/her certification prior to the expiration date.**
4. All certified nurse aides who are conducting business or offering services in Alaska and who are not considered an employee must obtain a business license. If you are unsure if you are an independent contractor or an employee, please discuss this matter with the person for whom you are working or an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550** or visit the Business Licensing web site at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)
5. If you are interested in trends and issues facing certified nurse aides, you are invited to attend a Board of Nursing meeting. The Board of Nursing meets at least four times per year and the meetings are open to the public. Contact the Board of Nursing for further information at (907) 269-8161.
6. All information on this form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the Division's website at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "Professional License Search".
7. 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.
8. 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.



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**APPLICATION FOR CERTIFIED NURSE AIDE BY EXAMINATION**

**Please be aware that application fees are nonrefundable.** If you submit an application and are unable to complete the process or meet all the requirements, your application fee is not refundable in any circumstance.

Application, License, and Certification Fee of **\$279** must be paid in full. Make check or money order payable to the State of Alaska.

<b>Nonrefundable Application Fee:</b>	<b>\$50</b>	<b>Initial Certification Fee:</b>	<b>\$120</b>
<b>Fingerprint Processing Fee:</b>	<b>\$59</b>	<b>Examination Fee:</b>	<b>\$ 50</b>
<b>Total Fee</b>			<b>\$279</b>

**(PLEASE TYPE OR PRINT IN INK)**

Name: \_\_\_\_\_  
Last Name First Name M.I.

Former Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip Code

Telephone Number: \_\_\_\_\_

Social Security Number (Required by AS 08.01.060) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  
**(Please complete if you prefer to be notified of initial application status via e-mail)**

**EDUCATION**

Nurse Aide Training Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Date Entered: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Length of Program: \_\_\_\_\_

Type of Program (check one):     Facility Based     Non-facility based

Please list all states where you have previously held certification: \_\_\_\_\_

**NURSE AIDE RELATED WORK HISTORY**

Last or Current Place of Employment as a Nurse Aide: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number: (    ) \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

**PROFESSIONAL CONDUCT** (The following must be answered pursuant to AS 08.68.334).

**NOTE:** If you answer "YES" to any of the following questions, **you** must explain dates, locations and circumstances on a separate piece of paper **and send supporting documents** that are applicable (court charging documents, judgments and police reports for each conviction). **Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

- 1. Has your professional license in any state or country **ever** been denied, revoked, suspended, stipulated, on probation, or been subject of any other restriction or disciplinary action?  Yes  No
- 2. Have you **ever** been convicted of **any** misdemeanor or felony (including suspended imposition 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 certifying agency concerning a violation or alleged violation of any state or federal regulation, statute, law or for any violation or alleged violation of the Nurse Practice Act, or unprofessional or unethical conduct?  Yes  No

**PERSONAL HISTORY** (The following must be answered pursuant to AS 08.68.334).

- 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 or 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 as a certified nurse aide?  Yes  No

**NOTE:** 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, judgment, charging documents, etc), **and**

In addition, 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 as a certified nurse aide.** Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

**AFFIDAVIT**

**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 certification to practice as a nurse aide 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.**

\_\_\_\_\_  
Applicant's Signature

STAPLE SIGNED  
AND DATED  
PASSPORT  
PHOTO HERE

SUBSCRIBED AND SWORN to before me, a notary public, in the State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

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Website: www.nursing.alaska.gov

**VERIFICATION OF NURSE AIDE TRAINING**

**SECTION I:**

**APPLICANT:** Complete section I of this form and mail it or take it to the facility or school where you received your nurse aide training. The facility or school will then mail it directly back to the Board of Nursing, Nurse Aide Registry.

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

Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**(OFFICIAL USE ONLY)**

**SECTION II:**

The above applicant is applying for certification as a nurse aide in Alaska. Please complete the information (below) and **return it directly to the Alaska Board of Nursing, Nurse Aide Registry (address above).**

Name of Nurse Aide Training Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State Zip Code

Date Entered: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Hours of classroom instruction: \_\_\_\_\_ Hours of clinical instruction/skills instruction: \_\_\_\_\_

\_\_\_\_\_  
Nurse Aide Instructor's Signature

RN License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Program Approval Number: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, a notary public, in the State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

*(Please mail directly to the Alaska Board of Nursing at the above address.)*