



STATE OF ALASKA
DEPARTMENT OF COMMERCE COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF NURSING - NURSE AIDE REGISTRY
550 W. 7th Ave, Suite 1500
Anchorage, AK 99501-3567
Telephone: (907) 269-8169
E-mail: license@alaska.gov
Web Site: www.nursing.alaska.gov

APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

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 endorsement if the applicant meets **all** of the following requirements:

1. Proof of successful completion of a state approved certified nurse aide training program with a minimum of 140 hours of training that includes a minimum of 60 hours of classroom instruction and 80 hours of clinical/skills training; and
2. Possession of an unencumbered nurse aide certification or registration that is issued by a state or territory of the United States, or by a province of Canada, that is current on the date of application; and
3. Successful completion of the competency evaluation required in 12 AAC 44.850.

APPLICATION PROCEDURES

1. Submit a completed application, **signed** and **notarized**, along with all supplemental documentation that is required pursuant to the Professional Conduct and Personal History questions (1 through 6) on page 4 of this application.
2. Attach a check or money order for \$279 made payable to the **STATE OF ALASKA**. If your endorsement 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.
3. Attach one (1) recent passport (2x2) photograph on photography paper, **signed** and **dated** on the back to page 2 of the application form.
4. Complete Section I of the Verification of Credentials for Alaska Nurse Aide Registry form. Mail the form to the Nurse Aide Registry in **each** state where you currently hold or have held certification.
5. Complete Section I of the Verification of Training for Alaska Nurse Aide Registry form. Mail 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.
6. Submit one (1) 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.
7. The Board of Nursing must approve your application before you may become certified. 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 person who does not have 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 you may download the form from the Board of Nursing web site at 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.

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(Please clip and save)

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 biennial expiration date 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 initial certification for over a year, you **are** required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment as a certified nurse aide or in a similar position (per AAC 44.820). If you have held 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.
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 with an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550**, for further business license information.
5. If you are interested in trends and issues facing certified nurse aides, you are invited to attend Board of Nursing meetings. 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 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 ENDORSEMENT

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 and initial certification fee of \$279 must be paid in full. Make check or money order payable to the State of Alaska.

Table with 3 columns: Fee Type, Amount, Total Fee. Includes Nonrefundable Application Fee (\$50), Initial Certification Fee (\$120), Fingerprint Processing Fee (\$59), Examination Fee (\$50), and Total Fee (\$279).

(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: Height: Weight: 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 hold or 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

At what location in Alaska would you like to test: _____
(Not all areas have a testing site)

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 (including court charging documents, judgments and police reports). 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 a misdemeanor or felony? (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 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

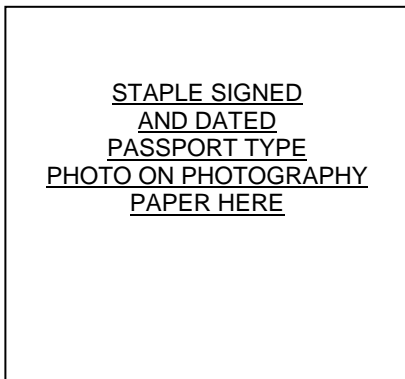
PERSONAL HISTORY (The following must be answered pursuant to AS 08.68.334)

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**
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 license 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 certification may be subject to disciplinary action.



Applicant's Signature

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

Notary Public
My Commission Expires: _____

NOTARY SEAL MUST OVERLIE
PORTION OF THE PHOTOGRAPH

STATE OF ALASKA
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DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
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ANCHORAGE, ALASKA 99501-3567
Phone: (907) 269-8169
E-mail: license@alaska.gov

VERIFICATION OF NURSE AIDE CERTIFICATION

SECTION I:

APPLICANT: Complete section I and mail this form to each state where you have held certification. The state agency will then mail it directly back to the Alaska Board of Nursing, Nurse Aide Registry. (If you are certified in more than one state, please photocopy additional copies of this document.)

Name: _____
Last Name First Name Maiden Name

Other Names _____

Mailing Address: _____
Street Address City State Zip Code

Social Security Number: _____ Date of Birth: _____

Last Place of Employment (include Name, City & State) _____

(OFFICIAL USE ONLY)

SECTION II:

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

1. Graduate of : _____ on (date) _____

Program approved by OBRA at time of graduation? Yes No

2. Hours of Classroom Instruction: _____ Hours of Clinical/Skills Instruction: _____

3. Date Certificate Issued: _____ Certificate Number: _____

Issued by: Examination Endorsement Deemed

4. Has the certificate ever been encumbered in any way? Yes No
(If yes, please explain): _____

5. Certificate Status: Current Lapsed Expiration Date: _____

Signature: _____

Printed Name: _____

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

Title: _____

Agency: _____

Board/State Seal

State: _____

Date: _____

NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

- ALABAMA**
AL Dept. of Public Health
Div. of Licensure & Certification
P.O. Box 303017
Montgomery, AL 36130-3017
(334) 206-5169
- ALASKA**
Alaska Nurse Aide Registry
550 W. 7th Ave, Suite 1500
Anchorage, AK 99501-3567
(907) 269-8169
- ARIZONA**
Nurse Aide Registry
AZ State Board of Nursing
1651 E. Morten, Suite 210
Phoenix, AZ 85020
(602) 889-5150
- ARKANSAS**
Office of Long-Term Care
Slot 405
P.O. Box 8059
Little Rock, AR 72203-8059
(501) 682-28484
- CALIFORNIA**
CA Nurse Aide Registry
Public Address Secured
(916)-327-2445
- COLORADO**
CO Board of Nursing
Nurse Aide Registry
1560 Broadway, Ste. 880
Denver, CO 80202
303-894-2816
- CONNECTICUT**
Dept. of Public Health & Svcs.
410 Capitol Av., MS #12MQA
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7596
- DELAWARE**
Health Facilities Lic. & Certif.
Div. of Long Term Care
3 Mill Road, Suite 308
Wilmington, DE 19806
(302) 577-6666
1-800-204-6179 – Verification
- DISTRICT OF COLUMBIA**
ASI, Dist. of Columbia Nurse Aide
Registry,
3 Bala Plaza West
Philadelphia, PA 19101-3481
1-800-566-8668 – Verification
- FLORIDA**
Dept. of Health
MQA / C.N.A. Program
4052 Bald Cypress Way
Bin #C13
Tallahassee, FL 32399-3263
(850) 245-4567
- GEORGIA**
Office of Regulatory Svc.
Nurse Aide Registry
Dept. of Human Resources
2 Peachtree, NW, Room 32.415
Atlanta, GA 30303
(404) 657-5730
- HAWAII**
Hawaii Nurse Aide Reg.
American Red Cross
4155 Diamond Head Road
Honolulu, HI 96816-4417
(808) 734-2101
- IDAHO**
ID Board of Nursing
PO Box 83720
Boise, ID 83720-5864
(208) 334-3110
- ILLINOIS**
IL Dept. of Public Health
Ed. & Training Section
525 W. Jefferson Street
Springfield, IL 62761
(217)782-3070
- INDIANA**
IN State Department of Health
Division of Long-Term Care
2 North Meridian Street, Sec. 4B
Indianapolis, IN 46204
(317) 233-7479
08-4070 (Rev. 09/2011)
- IOWA**
Dept. of Inspections & Appeals
Health Facilities Div.
Lucas State Office Bldg.
Des Moines, IA 50319-0083
(515) 281-4964
- KANSAS**
Dept. of Health
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365
(913) 296-6877
- KENTUCKY**
KY Nurse Aide Registry
Kentucky Board of Nursing
312 Whittington Pkwy, Suite 300-A
Louisville, KY 40222
(502) 329-7147
- LOUISIANA**
LA Board of Examiners for NFA
Nurse Aide Registry
5615 Corporate Blvd., Suite 8-D
Baton Rouge, LA 70808
(504) 925-4132
- MAINE**
CNA Registry
Dept. of Human Services
Lic. & Certification
State House Station #11
35 Anthony Avenue
Augusta, ME 04333-0111
(207) 624-5205
- MARYLAND**
Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215-2298
(410) 764-2770
- MASSACHUSETTS**
Nurse Aide Registry
MA Dept. of Public Health
Division of Health Care Quality
10 West Street
Boston, MA 02111
(617) 753-8000
- MICHIGAN**
The Chauncey Group Int'l.
664 Rosedale
Princeton, NJ 08540
(800) 748-0252 or
(517) 371-9091
- MINNESOTA**
Promissor MS
Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101
(651) 215-8705
- MISSISSIPPI**
Promissor
PA Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101
(800)852-0518
- MISSOURI**
MO Division of Aging
Health Education Unit
P.O. Box 1337
Jefferson City, MO 65102
(573) 751-3082 – Verification
(573) 526-5686
- MONTANA**
MT Dept. of Public Health & Human
Services
Certification Bureau
Nurse Aide Registry
2401 Colonial Drive
Helena, MT 59620-2953
(406)-444-4980
- NEBRASKA**
NE Hlth & Human Services
Dept. of Reg. & Licensure
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-0537
- NEVADA**
Nurse Assist Coord.
NV Board of Nursing
4330 South Valley View, Suite 106
Las Vegas, NV 89103
(702) 486-5800
Fax (702) 486-5803
- NEW HAMPSHIRE**
NH Board of Nursing
21 S. Fruit Street
Concord, NH 0330
(603) 271-6599
- NEW JERSEY**
Dept. of Health
Senior Services
P.O. Box 367
Trenton, NJ 08625-0367
(609) 633-9051
- NEW MEXICO**
Health Department
CCHSP/NAR
1421 Luisa Street, Suite R
Santa Fe, NM 87505
(505) 827-1453
- NEW YORK**
New York State Dept. of Health
Office of Continuing Care
161 Delaware Avenue
Delmar, NY 12054-1393
(518) 478-1060
- NORTH CAROLINA**
NC Div. of Health &HR
Nurse Aide Registry
PO Box 29530
Raleigh, nC 29530
919-733-2786/715-0562
- NORTH DAKOTA**
ND State Dept. of Health
Div. of Emergency Health Services
600 E. Boulevard Avenue
Bismark, ND 58505-0200
(701) 328-2675
- OHIO**
OH Dept. of Health
246 North High Street
3rd Floor
Columbus, OH 43215-2412
(614) 752-9500
(800) 582-5908 (In-state only)
- OKLAHOMA**
Oklahoma Dept. of Health
Special Health Svcs.
1000 NE 10th Street
Oklahoma City, OK 73117-1299
(405) 271-4085 or
(800) 695-2157
- OREGON**
OR Board of Nursing
800 NE Oregon Street, Suite 465
Portland, OR 97232
(503) 731-4745
- PENNSYLVANIA**
PA Nurse Aide Registry
C/O ASI
PO Box 13785
Philadelphia, PA 19101-3785
- RHODE ISLAND**
Division of Prof. Regulation
RI Department of Health
3 Capitol Hill, Room 105
Providence, RI 02908-5097
(401) 222-5888
- SOUTH CAROLINA**
South Carolina Nurse Registry
3 Bala Plaza West, Suite 300
Philadelphia, PA 19101-3481
1-800-475-8290
- SOUTH DAKOTA**
SD Board of Nursing
4300 South Louise, Suite C-1
Sioux Fall, SD 57106
(605) 362-2760
- TENNESSEE**
Tennessee Board of Nursing
Department of Health
Cordell Hull Building, 1st Floor
425 Fifth Avenue, North
Nashville, TN 37247-0508
(888)-310-4650
- TEXAS**
TX Dept. of Human Services
Credentialing Program
MCY-977
P.O. Box 149030
Austin, TX 78714-9030
(512) 231-5829
- UTAH**
UT Health Technology Certification
Center
550 E. 300 South
Kaysville, UT 84037-2699
(801) 547-9947
- VERMONT**
VT Board of Nursing
Office of Professional Regulation
109 State Street
Montpelier, VT 05609-1106
(802) 828-2819 or 828-2453
(800) 439-8683 (In-state only)
- VIRGINIA**
VA Board of Nursing
6606 West Broad Street, 4th Floor
Richmond, VA 23230-1717
(804) 662-7310
- VIRGIN ISLANDS**
VI Board of Nurse Licensure
P.O. Box 4247
Veterans Drive Station
St. Thomas, VI 00803
(340) 776-7397
(809) 777-4003 Fax
- WASHINGTON**
Aging & Adult Services Adms.
Residential Care Services Div.
OBRA-NA Registry
P.O. Box 45600
640 Woodland Square Lp. SE
Olympia, WA 98504-5600
(360) 725-2596
- WEST VIRGINIA**
NAECP Program Coord.
HFL & C
350 Capital St., Room 206
Charleston, WV 25301-3718
(304) 558-0688)
- WISCONSIN**
WI Nurse Aide Registry
C/O ASI
PO Box 13785
Philadelphia, PA 19101-3785
- WYOMING**
WY Board of Nursing
2020 Carey Avenue, Suite 110
Cheyenne, WY 82002
(307) 777-7601

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Phone: (907) 269-8169
E-mail: license@alaska.gov
Website: www.nursing.alaska.gov

VERIFICATION OF NURSE AIDE TRAINING

SECTION I:

APPLICANT: Complete section I of this form and mail 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 Alaska Board of Nursing, Nurse Aide Registry.

Name: _____

Other Names Used: _____

Mailing Address: _____
Street Number 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 following information below and **return it directly to the Board of Nursing, Nurse Aide Registry at the 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's Instructor's Signature

RN License Number: _____

Telephone Number: _____

Program Approval Number: _____

SUBSCRIBED AND SWORN to me, a notary public, in the State of _____ on
this _____ day of _____, 20 _____.

(NOTARY SEAL)

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

Notary Public
My Commission Expires: _____