



DEPARTMENT OF COMMERCE COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
NURSE AIDE REGISTRY  
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Website: [www.nursing.alaska.gov](http://www.nursing.alaska.gov)

## APPLICATION FOR REINSTATEMENT OF NURSE AIDE CERTIFICATION

The practice of nursing in Alaska is governed by Alaska Statute 08.68. The Board of Nursing has adopted regulations in 12 AAC 44.800 – 12 AAC 44.895 related to certified nurse aides.

### REQUIREMENTS FOR REINSTATEMENT OF A NURSE AIDE CERTIFICATE

A nurse aide certification that has been lapsed for more than 12 months, but less than 5 years, may be reinstated if the applicant:

1. submits a completed application on this form
2. submits one completed fingerprint card (Form FD-258). 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.
3. pays the \$120 reinstatement fee and \$59 fingerprint card processing fee – check or money order made payable to “State of Alaska”; **and**
4. meets **A** or **B** set out below:
  - A. Verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed **and**;

verification that the applicant was employed in another state or territory of the United States, or in a province of Canada, as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 160 hours having been completed within the two years immediately preceding the date of application.

### OR

- B. Successful completion a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement.

If the applicant cannot meet the reinstatement requirements set forth in 4. A or B above, then the applicant must retake the NNAAP nurse aide evaluation. An additional examination fee of \$50 must be submitted along with the reinstatement and fingerprint processing fee.

**The board will not reinstate a nurse aide certification that has been lapsed for five years or more.** The holder of a nurse aide certification that has been lapsed for five years or more must complete a state-approved Certified Nurse Aide training program and reapply for initial certification.

**SOCIAL SECURITY NUMBERS** – In accordance with AS 08.01.060(b), the department is not authorized to issue a license to an individual, unless the applicant’s social security number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the Division for further instructions.

**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.



**QUALIFICATION FOR REINSTATEMENT**

Please indicate whether you are applying for reinstatement under Option A, B, or C.

- A.** I have met all of the continuing education **and** employment requirements that would have been required for the entire period my certification was lapsed. I am attaching evidence of continuing education and the completed Verification of Employment form.
  - o *You must attach copies of certificates verifying successful completion of 24 hours of continuing education contact hours for each certification period the certification was lapsed.*
  - o *You must also attach verification from your employer(s) that you worked as a nurse aide for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed. At least 160 hours must have been during the previous two year prior to submission of your reinstatement application. certification period.*

Please contact the Nurse Aide Licensing Examiner at (907) 269-8169 if you need to confirm how many hours of CE and employment you must verify.

- B.** I completed the competency evaluation under 12 AAC 44.850 within 24 months immediately preceding application for reinstatement.
- C.** I have not met the continuing education and employment requirements for reinstatement, and I am applying to take the nurse aide competency evaluation. **I am enclosing the \$50 examination fee.** *(Please make your check or money order payable to "State of Alaska.")*  
List exam location preferred: \_\_\_\_\_  
 (City)

**CERTIFICATION HISTORY:**

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

State/Province	Name if different	Certificate/License No. (if known)	Expiration Date/Status (Active, Expired, Probation, etc.)

(USE ADDITIONAL PAGES IF NECESSARY)

I certify that I am the person referred to in this application and that the information contained in this application is true and correct to the best of my knowledge. I further certify that all my credentials supplied by me are true and correct. I understand that any false or misleading information or falsification of credentials may result in failure to obtain certification or subsequent revocation of certification as a nurse aide in the State of Alaska.

SIGN HERE

\_\_\_\_\_  
 Signature of Applicant  
 Date: \_\_\_\_\_

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

**(NOTARY SEAL)**

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



Department of Commerce Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
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## VERIFICATION OF EMPLOYMENT FOR REINSTATEMENT OF CERTIFIED NURSE AIDE CERTIFICATION

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### SECTION I. (TO BE COMPLETED BY NURSE AIDE)

I, \_\_\_\_\_, authorize you to release information, as required on this  
(Print Name)  
form, to comply with the nurse aide reinstatement requirements.

Nurse Aide Certificate Number: \_\_\_\_\_ Signature \_\_\_\_\_

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### SECTION II. (TO BE COMPLETED BY EMPLOYER)

I hereby certify that \_\_\_\_\_ worked as a certified nurse aide or in a similar  
position that performs nurse aide duties for monetary compensation for at least \_\_\_\_\_ hours between  
\_\_\_\_\_ Date and \_\_\_\_\_ Date.

Verified by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_ Daytime Telephone Number

\_\_\_\_\_ Organization

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**EMPLOYER:** Return this completed form to the applicant. THIS FORM MUST BE ATTACHED to the completed reinstatement application.

## VERIFICATION OF EMPLOYMENT FORM INSTRUCTIONS

A Nurse Aide Certification will be reinstated if the applicant was employed in a state or territory of the United States, or in a province of Canada as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.816 (c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed (160 hours each renewal period), with at least 160 hours having been completed within the two years immediately preceding the date of application.

**Applicant:** Complete Section 1; forward to your Employer(s) for completion of Section II. The Employer(s) must return the completed form to you so that it can be attached and submitted with your completed reinstatement application.

Applications submitted without a completed Verification of Employment form will be held in a pending status and will not be processed until the Verification of Employment is received.

**Self-employed:** If you are self-employed, you may submit a Verification of Employment form completed by a client for whom you provided services, a client's legal guardian, or by one of your client's health care providers (physician, nurse, case manager, etc.). A certified copy of the health care reimbursement document that reflects payment for services provided, or other such documentation, may be considered on a case-by-case basis.

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.

All information on this form will be available to the public unless required to be kept confidential by law. Current certification information, including mailing address, is available on the Division's website at [www.nursing.alaska.gov](http://www.nursing.alaska.gov) under "Professional License Search".

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.

### NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed nurse aide regulation changes, please send a written request adding your name to the Nurse Aide Interested Parties List to:

**Regulations Specialist  
Department of Commerce Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, Alaska 99811-0806**

**12 AAC 44.820. LAPSED CERTIFICATION.** (a) The board will reinstate a nurse aide certification that has been lapsed for at least one year, but less than two years, if the applicant submits

- (1) a completed reinstatement application on a form provided by the department;
- (2) the certification renewal fee and the fingerprint processing fee established in 12 AAC 02.282;
- (3) verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed; continuing education contact hours used for reinstatement under this subsection may not be used to satisfy the continuing education requirements for the next biennial certification period;
- (4) verification that the applicant was employed in another state or territory of the United States, or in a province of Canada, as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed; and
- (5) the applicant's fingerprint information described in 12 AAC 44.812(a).

(b) An applicant for reinstatement of a nurse aide certification under this section who has successfully completed a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement is not required to meet the requirements of (a)(3) and (4) of this section.

(c) The board will reinstate a nurse aide certification that has been lapsed for at least two years, but less than five years, if the applicant submits

- (1) a completed reinstatement application on a form provided by the department;
- (2) the certification renewal fee and the fingerprint processing fee established in 12 AAC 02.282;
- (3) verification of successful completion of all continuing education requirements in 12 AAC 44.825 that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 24 hours having been completed within the two years immediately preceding the date of application; continuing education contact hours used for reinstatement under this subsection may not be used to satisfy the continuing education requirements for the next biennial certification period;

(4) verification that the applicant was employed in another state or territory of the United States, or in a province of Canada, as a certified nurse aide or in a similar position that performs nurse aide duties for monetary compensation as required under 12 AAC 44.815(c) for the total number of hours that would have been required to maintain a current certification for the entire period the certification was lapsed, with at least 160 hours having been completed within the two years immediately preceding the date of application;

(5) successful completion of a competency evaluation under 12 AAC 44.850 within the 24 months immediately preceding application for reinstatement; and

- (6) the applicant's fingerprint information described in 12 AAC 44.812(a).

(d) The board will not reinstate a nurse aide certification that has been lapsed for five years or more. The former holder of a nurse aide certification that has been lapsed for five years or more must reapply for a new initial certification under this chapter.

**Authority:** AS 08.01.100 AS 08.68.100 AS 08.68.331

**12 AAC 44.825. CONTINUING EDUCATION REQUIREMENTS.** (a) Except as provided in (b) of this section, an applicant for renewal of a nurse aide certification must have successfully completed 24 contact hours of continuing education during the concluding certification period.

(b) An applicant for renewal of a nurse aide certification for the first time

(1) must have successfully completed 12 contact hours of continuing education during the concluding certification period, if the applicant has been certified for at least one year during that period; and

(2) is not required to complete continuing education requirements for the concluding certification period, if the applicant has been certified for less than one year during that period.

(c) *Repealed 12/23/2009.*

**Authority:** AS 08.68.100 AS 08.68.331

**12 AAC 44.895(4).** "Continuing education" means a systematic educational experience that contributes directly to the skills and knowledge needed to satisfactorily perform the duties of a certified nurse aide, and that is obtained in a program that offers academic credit or contact hours beyond the basic nurse aide training program.



Department of Commerce Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
Nurse Aide Registry  
550 West 7th Avenue, Suite 1500  
Anchorage, Alaska 99501-3567  
(907) 269-8169  
E-mail: license@alaska.gov

## NAME CHANGE AFFIDAVIT

If you have had a name change since your last certificate was issued, please fill out this form showing your present and former name. If you fail to have this form notarized, you must submit a certified copy of the legal document showing the change of name, i.e., certified copy of a marriage certificate, certified copy of a divorce decree, or a certified copy of a court ruling (12 AAC 44.930).

I, \_\_\_\_\_, am certified as a Nurse Aide,  
Previous Name

Alaska Certificate # \_\_\_\_\_.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I HEREBY CERTIFY that I changed my name to \_\_\_\_\_  
New Name

effective \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/New Name

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

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

My commission expires: \_\_\_\_\_

If you submit this form with your reinstatement application, there is no additional fee for name change. If you request a name change after reinstatement, a \$5.00 fee is required (12 AAC 02.105(3)).