



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

**VERIFICATION OF NURSING LICENSE**

**Section I: APPLICANT** – Complete Section I and **mail** to the state(s) or Canadian Province where you received **initial** licensure, AND to a state or province where you hold a **CURRENT** license. Send only one form if your initial license is current. If the state where you hold or held licensure is a member of the NURSYS System, please complete your verification online at: [www.nursys.com](http://www.nursys.com) or contact the National Council of State Boards of Nursing to request a verification form. **If you have already released your information via Nursys, you do not need to forward this form to the corresponding licensing board.**

I have released my license verification(s) via the Nursys on-line verification system: .....  Yes  No

Last Name	First	Middle Initial	Maiden
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Other Names: \_\_\_\_\_

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

Street	City	State	Zip Code
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Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

License No.: \_\_\_\_\_ RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Section II: BOARD OF NURSING** – Please complete the applicable portions of this form on behalf of the nurse named above and return to the Alaska Board of Nursing at the address at the top of the page.

Nursing School and Location: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Accredited:  Yes  No

Type of License: RN: \_\_\_\_\_ LPN/LVN: \_\_\_\_\_ License No.: \_\_\_\_\_

Method of Licensure: Exam: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Waiver: \_\_\_\_\_

Original Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Status: Current: \_\_\_\_\_ Inactive: \_\_\_\_\_ Lapsed: \_\_\_\_\_

Pending disciplinary action or pending investigation against this licensee?  Yes  No

◆ If "Yes," please explain: \_\_\_\_\_

Former disciplinary action: Has this license ever been ENCUMBERED in any way?  Yes  No

◆ If "Yes," please explain: \_\_\_\_\_

**VERIFICATION OF EXAMINATION AND SCORES**

State Board Test Pool Exam: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Series: \_\_\_\_\_ Scores: \_\_\_\_\_

Medical: \_\_\_\_\_ Psych.: \_\_\_\_\_ Obstetric: \_\_\_\_\_ Surgical: \_\_\_\_\_ Children: \_\_\_\_\_

NCLEX Scores: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Series: \_\_\_\_\_ Other: \_\_\_\_\_

NCLEX Scores: CAT RN: \_\_\_\_\_ LPN: \_\_\_\_\_ Date Taken: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Board of Nursing:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **BOARD SEAL**

**FAXED COPIES NOT ACCEPTABLE**