



Nurse Aide Registry

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: BoardOfNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/NurseAideRegistry

Certified Nurse Aide by Endorsement Application Instructions

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 that meets minimum federal standards. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152>
- 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 or territory of Canada, that is current on the date the application is approved by the Board of Nursing;

*If applicant does not have a current certificate but has completed a CNA program in the last 2 years, then they may be eligible for certification by exam.
- and -
3. Successful completion of a competency evaluation.
- and -
4. If the applicant graduated from a CNA certification program outside of the United States or Canada, except Quebec, Canada, please submit one of the following:
 - (i) Verification of having ever passed the International English Language Testing System (IELTS) - overall score of 6.5 with a minimum of 6.0 on all modules;
 - (ii) Verification of having ever passed the Test of English as a Foreign Language, Internet-based test- overall score of 84 with a speaking score of 26;
 - (iii) A valid evaluation of your nursing education by the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service, with a full education, course-by-course report that indicates your nursing education was taught in English;
- or -
 - (iv) An official International Commission on Healthcare Professions (ICHP) certificate verifying successful completion of the VisaScreen: Visa Credential Assessment Service.

Note: We are unable to accept the Online IELTS Indicator Test or the TOEFL at Home Test;

The following must be received by the division before your application for Certified Nurse Aide by Endorsement can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4070, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
Certificate Fee:	\$100.00
Nonrefundable Fingerprint Processing Fee:	\$ 75.00
Total Fees Due:	\$275.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4070a).

4. VERIFICATION OF NURSE AIDE TRAINING OR NURSING SCHOOL TRAINING

Complete Section I of the Verification of Nurse Aide Training form (#08-4070b). 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. VERIFICATION OF NURSE AIDE CERTIFICATION

Complete Section I of the Verification of Nurse Aide Certification form (#08-4070c). Submit the form to the Nurse Aide Registry for your **initial and current state of certification**. The Nurse Aide Registry will complete the form and return it to the Alaska Nurse Aide Registry.

6. FINGERPRINT & BACKGROUND CHECK

Submit Fingerprinting & Background Reports - One original 8" x 8" card (FD-258). An incorrect card will be automatically rejected. The fingerprint card submitted as part of this application should be sent directly to the Alaska Board of Nursing (550 W. 7th Ave., Ste. 1500 Anchorage, AK 99501) who will submit it to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 12.62.400).

Please note that the fingerprint card will be rejected for the following reasons (28 CFR 50.12(b)):

- Incorrect type of card,
- Incomplete personal information or signatures, or
- Improperly rolled prints

If, however, an adverse report is received you may decide to challenge the accuracy or completeness of your FBI report directly with the FBI at www.FBI.gov (28 CFR 16.30 through 16.34). Challenges to the accuracy or completeness of your State of Alaska criminal history report may be directed to the Division of Statewide Services, Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

Challenges may be given no later than 30 days after you have been notified by the department of an adverse report.

General Information

CERTIFICATION RENEWAL:

Nurse aide certificates are renewed every two years in even-numbered years regardless of when a certificate was issued. Nurse aide certificates lapse 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. You cannot work as a CNA with a certification that has lapsed.

CONTINUED COMPETENCY REQUIREMENTS:

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 as a CNA or similar position. 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 as a CNA or similar position 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 as a CNA or similar position.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. **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.** Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

BUSINESS LICENSES:

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 *BusinessLicense.Alaska.Gov*

BOARD OF NURSING:

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.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: RegulationsAndPublicComment@Alaska.Gov



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Division of Corporations, Business and Professional Licensing

NUA

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Certified Nurse Aide by Endorsement Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> Certificate Fee	\$100.00
	<input type="checkbox"/> Nonrefundable Fingerprint Processing Fee	\$ 75.00

PART II Personal Information

Full Legal Name:			
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

PART III Education

Name of Nurse Aide Training Program:			
Mailing Address:	P.O. Box or Street	City	State Zip
Length of Program:		Type of Program: (Check One)	<input type="checkbox"/> Facility Based <input type="checkbox"/> Non-Facility Based
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	

PART IV Certification History

Provide the state you obtained initial certification. Indicate the last name on your certificate, if different than your current name.

State/Jurisdiction:			
Have you taken and passed a competency evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the initial certification listed above a current, active certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If no, please provide the state you obtained your current, unencumbered professional certification.</i>			
State/Jurisdiction:		Status: (Active, Probation, Etc.)	

PART V Fingerprints and Background Reports

I hereby certify that I have read and understand that my fingerprint card will be sent to the Department of Public Safety (DPS) with the State of Alaska, and to the Federal Bureau of Investigations (FBI) to perform a criminal history background report (AS 12.62.400). **You must check this box for this application to be accepted.**

I may also decide to challenge an adverse report on my criminal history background report by contacting either the FBI at www.FBI.gov or the Alaska Department of Public Safety at <https://dps.alaska.gov/Statewide/R-I/Background/Home>.

PART VI Professional Fitness Questions (The following must be answered pursuant to AS 08.68.334)

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

- 1. Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject to 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 licensing agency concerning a violation or alleged violation of any state regulation, statute, or for any violation or alleged violation of the Nursing Practice Act, or unprofessional or unethical conduct? Yes No
- 4. Within the past five years, have you been or are you currently being treated, or on medication for, any mental or emotional illness which may impair or interfere with your ability to practice safely and in a competent and professional manner? Yes No
- 5. Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have you been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? Yes No
- 6. Do you have a physical disability or physical illness which may impair or interfere with your ability to practice safely and in a competent and professional manner? Yes No

"Yes" Answers

If you answered "yes" to questions 4, 5, or 6, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a nurse aide. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

PART VII Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Nurse Aide Training



Applicant:

Please complete the identifying information below and forward a copy of this form to the facility or school where you received your nurse aide training. The facility or school will then mail the completed form directly back to the Board of Nursing, Nurse Aide Registry.

Applicant Name:		Date of Birth:	
Maiden or Other Names Used:			



Training Program:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Nursing, Nurse Aide Registry at the letterhead address.

Nurse Aide Training Program:			
Mailing Address:	P.O. Box or Street	City	State Zip
Phone Number:		State Program Approval Number:	
Date Entered: (mm/yyyy)		Date Completed: (mm/yyyy)	
Hours of Classroom Instruction:		Hours of Clinical Instruction:	
Nurse Aide Instructor Name:		RN License Number:	
Notary Stamp	Nurse Aide Instructor Signature:		
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Verification of Nurse Aide Certification



Applicant:

Please complete the identifying information below and forward a copy of this form to the initial and current state of certification. If you are certified in more than one state, please make additional copies of this document.

Applicant Name:		Date of Birth:	
Maiden or Other Names Used:			



**Licensing Agency
or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Nursing, Nurse Aide Registry at the letterhead address.

Name of Training Program Graduated From:			
Date Graduated:		Program approved by OBRA at time of graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Classroom Instruction:		Hours of Clinical Instruction:	
Date Certificate Issued:		Certificate Number:	
Certificate Status:	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed	Expiration Date:	
Issued By:	<input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Deemed		
Name of Exam Taken: (If Applicable)		Was this a competency evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the certificate ever been encumbered in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:			
Board Seal	Signature:		Date Signed:
	Printed Name:		Title:
	Email:		Phone:



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Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Professional Licensing

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Account Number: _____	All four fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Billing ZIP Code: _____	
4. Security Code: _____	