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

Nursing Home Administrators Program
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *NursingHomeAdministrators@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/NursingHomeAdministrators*

Nursing Home Administrator License Application Instructions

Per AS 08.70.080, only a licensed nursing home administrator may manage, supervise, or be generally in charge of a nursing home. The care provided by a nursing home or licensed hospital providing nursing home care through the use of skilled nursing beds or intermediate care beds shall be supervised by a licensed nursing home administrator. The only license exemptions are for people engaged on July 1, 1980 in managing or administering an Alaska Pioneers' Home or a hospital with skilled nursing beds or intermediate care beds.

To see the full nursing home administrator statutes and regulations, visit *ProfessionalLicense.Alaska.Gov/NursingHomeAdministrators.*

NURSING HOME ADMINISTRATOR LICENSE BY EXAMINATION

If applying for licensure by examination, please note that the exam is offered year-round, as scheduled, via Computer-Based Testing (CBT). To apply by examination, complete the state's application, provide all supporting documents, and pay the application and license fees. Upon license application approval, you will receive a notification from the State that you've been approved to take the exam, then register for the exam directly through the National Association of Long Term Care Administrator Boards (NAB). The NHA Information for Candidates Handbook and other helpful exam materials are available at *www.nabweb.org.*

The following must be received by the division before your application for Nursing Home Administrator License by Examination can be reviewed:

1. APPLICATION
A signed, completed application (#08-4020, pages 1-5). Applicant must be at least 19 years of age per 12 AAC 46.010(a)(1).

2. FEES
Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	$125.00
License Fee:	$250.00
Total Fees Due:	$375.00

3. OFFICIAL TRANSCRIPTS
An official transcript of a baccalaureate or higher degree in a health care or business-related field sent directly from a college or university accredited by a national or regional accrediting association recognized by the U.S. Secretary of Education to our office, as required by 12 AAC 46.010(a)(2) .

4. VERIFICATION OF EXPERIENCE AND TRAINING
A Verification of Experience form (#08-4020a) completed by present or past supervisor(s) to document a minimum of 12 months of experience in health care facility management as required by 12 AAC 46.010(b)(1).
- or -
An applicant may meet the experience and training requirements by satisfactorily completing an administrator-in training (AIT) program that meets the requirements of 12 AAC 46.041. Before beginning an AIT program, an individual must submit an application, the required fees, and a complete AIT Program Proposal form (#08-4020b) as required by 12 AAC 46.0140(b)(2). See 12 AAC 46.05 for the AIT preceptor requirements.

5. AUTHORIZATION FOR RELEASE OF RECORDS
A completed Authorization for Release of Records form (#08-4020e).

6. VERIFICATION OF LICENSURE
If you hold or have ever held a license as a nursing home administrator in another jurisdiction, verifications of licensure must be sent directly from each jurisdiction where you have been licensed to our office, even if you are applying for licensure by examination rather than by endorsement. You can utilize the Verification of Licensure form (#08-4020d) provided in this packet, or request state(s) send in their standard format.

NURSING HOME ADMINISTRATOR LICENSE BY ENDORSEMENT

The division may issue a license without examination to a qualified person holding a current license as a nursing home administrator in another jurisdiction. The applicant must have passed the NAB/PES examination for nursing home administrators with the minimum score recommended by NAB.

The following must be received by the division before your application for Nursing Home Administrator License by Endorsement can be reviewed:

1. APPLICATION

A signed, completed application (#08-4020, pages 1-5). Applicant must be at least 19 years of age per 12 AAC 46.010(a)(1).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	$125.00
License Fee:	$250.00
Total Fees Due:	$375.00

3. OFFICIAL TRANSCRIPTS

An official transcript of a baccalaureate or higher degree in a health care or business-related field sent directly from a college or university accredited by a national or regional accrediting association recognized by the U.S. Secretary of Education to our office, as required by 12 AAC 46.010(a)(2) .

4. VERIFICATION OF EXPERIENCE AND TRAINING

A Verification of Experience form (#08-4020a) completed by present or past supervisor(s) to document a minimum of 12 months of experience in health care facility management as required by 12 AAC 46.010(b)(1).

- or -

An applicant may meet the experience and training requirements by satisfactorily completing an administrator-in training (AIT) program that meets the requirements of 12 AAC 46.041. Before beginning an AIT program, an individual must submit an application, the required fees, and a complete AIT Program Proposal form (#08-4020b) as required by 12 AAC 46.0140(b)(2). See 12 AAC 46.05 for the AIT preceptor requirements.

5. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4020e).

6. VERIFICATION OF LICENSURE

If you hold or have ever held a license as a nursing home administrator in another jurisdiction, verifications of licensure must be sent directly from each jurisdiction where you have been licensed to our office. You can utilize the Verification of Licensure form (#08-4020d) provided in this packet, or request state(s) send in their standard format.

7. EXAM RESULTS

Verified by, and sent directly from, the Professional Examination Service (PES) to this division. PES, 475 Riverside Drive, New York, NY 10115, (212) 367-4200.

PROVISIONAL LICENSE

"A provisional license may be granted without examination to a person who meets the standards adopted by the department under AS 08.70.050 and who is needed to fill a vacancy in an administrative position." AS 08.70.130(a). The provisional license is valid for six months from the date of issue and is nonrenewable.

The following must be received by the division before your application for Provisional License can be reviewed:

1. APPLICATION

A signed, completed application (#08-4020, pages 1-5). Applicant must be at least 19 years of age per 12 AAC 46.010(a)(1).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	$100.00
Provisional License Fee:	$125.00
Total Fees Due:	$225.00

3. OFFICIAL TRANSCRIPTS

An official transcript of a baccalaureate or higher degree in a health care or business-related field sent directly from a college or university accredited by a national or regional accrediting association recognized by the U.S. Secretary of Education to our office, as required by 12 AAC 46.010(a)(2) .

4. VERIFICATION OF EXPERIENCE AND TRAINING

A Verification of Experience form (#08-4020a) completed by present or past supervisor(s) to document a minimum of 12 months of experience in health care facility management as required by 12 AAC 46.010(b)(1).

- or -

An applicant may meet the experience and training requirements by satisfactorily completing an administrator-in training (AIT) program that meets the requirements of 12 AAC 46.041. Before beginning an AIT program, an individual must submit an application, the required fees, and a complete AIT Program Proposal form (#08-4020b) as required by 12 AAC 46.0140(b)(2). See 12 AAC 46.05 for the AIT preceptor requirements.

5. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4020e).

6. VERIFICATION OF LICENSURE

If you hold or have ever held a license as a nursing home administrator in another jurisdiction, verifications of licensure must be sent directly from each jurisdiction where you have been licensed to our office, even if you are applying for licensure by examination rather than by endorsement. You can utilize the Verification of Licensure form (#08-4020d) provided in this packet, or request state(s) send in their standard format.

7. LETTER FROM FACILITY

A signed letter from the facility where the applicant wishes to work stating the facility's need to fill a vacant nursing home administrator position with the desired start date for the applicant.

General Information

APPLICATION PROCESSING:
The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:
There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

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 for 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.

RANDOM AUDIT:
If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

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. 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.

CERTIFIED TRUE COPIES:
If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

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.

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.

ABANDONED APPLICATIONS:
Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:
The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:
Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

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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Nursing Home Administrator License Application

PART I Payment of Fees

Application Type:	☐ Examination ☐ Endorsement ☐ Provisional License (6 Months)

PART II Payment of Fees

Required Fees: (Exam, Endorsement)	☐ Application and License Fee ($125 is Non-Refundable)	**$375.00**
Required Fees: (Provisional License)	☐ Application and License Fee ($100 is Non-Refundable)	**$225.00**

PART III Personal Information

Full Legal Name:			

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).

☐ Not Applicable

☐ Other Names Used: _____

Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:		**Date of Birth:**		

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.

Email Address:		**Select One:**	☐ Send my Correspondence Electronically ☐ Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

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.	

PART IV Educational History

List the college(s) or university accredited by a national or regional accrediting association recognized by the U.S. Secretary of Education where you obtained your baccalaureate or higher degree in a health-care or business-related field as required by 12 AAC 46.010(a)(2)). Official transcripts must be sent directly from the school(s) to the State of Alaska.

Name of Institution	Location (City, State)	Dates Attended (From – To)	Degree Awarded	Date Awarded

PART V Employment History

List your employment experience in health care facility management, if applicable. To meet the experience and training requirements through experience, you must have a minimum of 12 months experience in health care facility management. The 12 months need not be consecutive. However, to qualify, you must have earned at least 40 hours of experience each month under the supervision of a health care facility administrator and your experience must be in institutional management of a health care facility, including general administration techniques, fiscal management, personnel management, client care issues, physical facility management, federal and state regulations, and public relations. If you opt to meet the experience and training requirements through experience, you will also need to have your current and/or former supervising health care facility administrator(s) submit a Verification of Experience form (#08-4020a) to our office on your behalf.

☐ Check here if none.

How many months and/or years of experience do you have in health care facility management?	

PART VI Training Information

Provide information regarding Administrator-In-Training (AIT) program attended, if applicable.

☐ Check here if none.

Preceptor Name	Training Location	Program Duration	Start Date	Completion Date

PART VII Professional License(s)

Please list all states or jurisdictions where you hold or have ever held a nursing home administrator license. Have verifications of those licenses sent directly from the jurisdictions to our office using the Verification of Licensure form (#08-4020d) or the standard format used by that jurisdiction.

☐ Check here if none.

State or Jurisdiction	License Number	Issue Date	License Status (Active, Lapsed)	Issued By
				☐ Exam ☐ Reciprocity
				☐ Exam ☐ Reciprocity
				☐ Exam ☐ Reciprocity
				☐ Exam ☐ Reciprocity

PART VIII Exam Information (Endorsement Applicants Only)

If applying by Endorsement, list name of exam taken; verification of your score from the Professional Examination Service (PES) must be sent directly to Alaska by PES.

Exam Name:		Date Taken:	(mm/dd/yyyy)

PART IX Professional Fitness Questions

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. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

☐ **Yes**
☐ **No**

2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

☐ **Yes**
☐ **No**

PART IX Professional Fitness Questions (continued)

3.	Have you been or are you under investigation by any state board or agency for alleged misconduct?	☐ **Yes** ☐ **No**
4.	Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice as a nursing home administrator in a competent, ethical, and professional manner?	☐ **Yes** ☐ **No**
5.	Have you ever secured a license through deceit, fraud, or intentional misrepresentation in any jurisdiction?	☐ **Yes** ☐ **No**
6.	Have you ever engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities in any jurisdiction?	☐ **Yes** ☐ **No**
7.	Have you ever advertised professional services in a false or misleading manner?	☐ **Yes** ☐ **No**
8.	Have you ever sold or furnished a license to another person?	☐ **Yes** ☐ **No**
9.	Have you ever practiced as a nursing home administrator or used a designation tending to imply that you were a nursing home administrator without a nursing home administrator license under this chapter (not including any practice that is exempt from licensure requirements under AS 08.70.080)?	☐ **Yes** ☐ **No**

"Yes" Answers

If you answer "yes" to question 4 in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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Signature Page

Applicant Name:	

PART X Agreement

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, certificate, 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.

Applicant Signature:		**Date Signed:**	

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Verification of Experience

→ Applicant: Please complete the identifying information below and forward a copy of this form to a current or former health care facility administrator(s) who supervised you in the health care institution. The information requested below must be verified by the supervising administrator. Upon completion of the form, the administrator must return the form directly to the State of Alaska. *Make additional copies of this form, as needed.*

Applicant Name:		**Date of Birth:**	
Mailing Address:	P.O. Box or Street / City / State / Zip		
Applicant's Signature:		**Date Signed:**	

→ Supervising Administrator: Please complete the information below for the applicant identified above and return the form directly to the Alaska Nursing Home Administrators Program at the letterhead address.

Facility Name where Experience was Gained:			
Mailing Address:	P.O. Box or Street / City / State / Zip		
Applicant Position:		**Number of Months Applicant Worked Under Your Supervision:**	(At least 40 hours of experience each month required.)

1. Were you the health care facility administrator at the time the applicant's experience was earned? ☐ Yes ☐ No

2. Did the applicant earn at least 40 hours of experience each month listed above? ☐ Yes ☐ No

3. Was this experience earned under your supervision? ☐ Yes ☐ No

4. Was this experience in institutional management in a health care facility and include general administration techniques, fiscal management, personnel management, client care issues, physical facility management, federal and state regulations, and public relations? ☐ Yes ☐ No

Comments:

Signature

By my signature below, I certify that the above information is true and correct to the best of my knowledge.

Supervisor Printed Name:		**Title:**	
Agency Name:		**Phone Number:**	
Supervisor Signature:		**Date Signed:**	

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Administrator in Training (AIT) Program Proposal Form

An applicant for a nursing home administrator license may meet the training and experience requirements of 12 AAC 46.010 by satisfactorily completing an Administrator-In-Training (AIT) program that meets the following requirements:

(1) be conducted under the guidance and supervision of a preceptor who meets the requirements of 12 AAC 46.051;
(2) require completion of all the activities and forms provided in the NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition);
(3) be a minimum of six months in duration; and
(4) be completed within two years of the date that the AIT program proposal is submitted to the department.

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to a preceptor who meets the requirements of 12 AAC 46.051

Applicant Name:			
Preceptor Name:			
Anticipated dates of completion for each AIT activity:			
1.		**2.**	
3.		**4.**	
5.			
By my signature below, I confirm:			
☐ I understand this AIT program must be conducted under the guidance and supervision of the listed preceptor and requires completion of all activities and forms provided in the *NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition).*			
☐ I understand this AIT program will be at a minimum of six months in duration.			
☐ I understand this AIT program must be completed within two years from the date this program proposal is submitted to the department to qualify.			
☐ I understand that I must submit a complete application, including required fees, before providing this proposal form.			
Applicant Signature:		**Date Signed:**	

→ **Preceptor:** Please complete the information below for the applicant identified above and return this form directly to the Alaska Nursing Home Administrators Program at the letterhead address above.

Preceptor Name:		**Preceptor License Number:**	
State of Licensure:		**Expiration Date:**	
Nursing Home where AIT Training is Taking Place:			

By my signature below:

- ☐ I certify this AIT program will be conducted under my guidance and supervision and will require completion of all activities and forms provided in the *NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition)* as required by 12 AAC 46.041(b)(1)-(2).
- ☐ I certify this AIT program will at a minimum of six months in duration.
- ☐ I confirm I understand this AIT program must be completed within two years from the date this program proposal is submitted to the department to qualify.
- ☐ I certify I'm currently licensed as a nursing home administrator in the jurisdiction where the listed applicant is completing the training activities; and that I'm currently employed in an administrative position in the nursing home where the listed applicant is completing the training activities.
- ☐ I confirm to fulfill the duties and responsibilities of a preceptor as outlined in the *NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition).*
- ☐ I certify that I will conduct a weekly supervisory conference with the listed applicant to monitor their education and activities.

Preceptor Signature:		**Date Signed:**	

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Administrator in Training (AIT) Verification Form

Upon completion of the AIT program, the applicant and preceptor must complete this form and the preceptor must submit it directly to the division at the email or mailing address listed above.

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to your preceptor who meets the requirements of 12 AAC 46.051

Applicant Name:	
Preceptor Name:	

By my signature below, I confirm:

- ☐ This AIT program was conducted under the guidance and supervision of the listed preceptor and included completion of all activities and forms provided in the *NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition).*
- ☐ This AIT program was a minimum of six months in duration.
- ☐ This AIT program was completed within two years from the date the program proposal was submitted to the department.

Applicant Signature:		**Date Signed:**	

→ **Preceptor:** Please complete the information below for the applicant identified above and return this form directly to the Alaska Nursing Home Administrators Program at the letterhead address above.

Nursing Home where AIT Training Took Place:			
Training Activities Start Date:		**Training Activities End Date:**	

By my signature below:

- ☐ I certify this AIT program was conducted under my guidance and supervision and included completion of all activities and forms provided in the *NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition).*
- ☐ I certify this AIT program was a minimum of six months in duration.
- ☐ I confirm this AIT program was completed within two years from the date the program proposal was submitted to the department.
- ☐ I confirm I fulfilled the duties and responsibilities of a preceptor as outlined in the *NAB Five-Step Program Administrator in Training Internship Manual (1997 Edition).*
- ☐ I certify I conducted a weekly supervisory conference with the listed applicant to monitor their education and activities.

Preceptor Signature:		**Date Signed:**	

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Verification of Licensure

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to each jurisdiction where you previously were or currently are licensed as a nursing home administrator. *Make additional copies of this form, as needed.*

Applicant Name:			
License Number:		**Date of Birth:**	
Mailing Address:	P.O. Box or Street / City / State / Zip		
Applicant Signature:		**Date Signed:**	

→ **Licensing Agency or State Board:** Please complete the information below for the applicant identified above and return the form directly to the Alaska Nursing Home Administrators Program at the letterhead address.

Licensee Name: (As Shown in Your Records)		**License Number:**	
License Status:	☐ Current ☐ Inactive ☐ Lapsed ☐ Other: _____		
Original Issue Date:		**Expiration Date:**	
Licensed By:	☐ Exam Date: _____ ☐ Credentials ☐ Other: _____		

1. Does your state require the NAB/PES exam for licensure? ☐ Yes ☐ No

2. Has there been any final disciplinary action taken against this licensee? ☐ Yes ☐ No
(If yes, please provide a copy of the disciplinary action document.)

3. Are you aware of any derogatory information regarding this applicant? ☐ Yes ☐ No

"Yes" Answers

If you answered "yes" to question 2 or 3 above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	**Signature:**		**Date Signed:**	
	Printed Name:		**Title:**	
	Email:		**Phone:**	

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

Nursing Home Administrators Program
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *NursingHomeAdministrators@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/NursingHomeAdministrators*

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and 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.

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.

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 is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Nursing Home Administrator License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

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:**	

THE STATE of ALASKA
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:		**Program:**	
Signature:		**Date Signed:**	

THE STATE of ALASKA

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

FOR DIVISION USE ONLY

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: _____

Profession Type (e.g., Acupuncture):

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 *(fine, exam, etc.)*: _____ _____

1. _____ _____
2. _____ _____

TOTAL: _____

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: X _____

08-4438 Rev 12/06/2022 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -
2. Expiration Date: -
3. Security Code: -

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.