



THE STATE

of

**ALASKA**

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

**Alaska Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8161 • Fax: (907) 269-8156

Email: [boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)

Website: [nursing.alaska.gov](http://nursing.alaska.gov)

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## Retired Nurse License Application

You must hold a temporary permit or permanent license to practice nursing in Alaska – retired status nurses may not practice or volunteer as a nurse in Alaska.

*You must hold a current, unencumbered license in Alaska to be eligible for Retired Nurse License Status. This license must be current at the time you submit application for retired status. An expired or lapsed license is not current and cannot be retired. If your license is not current, you must reinstate your license to become eligible for Retired status.*

— AS 08.68.251 and 12 AAC 44.317

The following documents and fees must be on file with the Division before the application will be reviewed:

**1. APPLICATION:**

Completed, signed, and notarized. An applicant with a “Yes” answer to the Disciplinary question must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

**2. FEES:**

Application fee per license type: \$100.00

Renewal of retired status is not required.

Payable by the attached credit card form, or a check or money order made payable to the State of Alaska.

Applications will not be processed without an application fee. Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the attached Credit Card Payment form

- Do not fax or email your application to the Division.
- 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.
- Applications will be processed according to the date received, which is generally within 2-3 weeks. If all documents are present for Retired Status, your status change will be issued at the time of the initial review. If documents are missing, notification is sent to you by mail or e-mail.
- Wait for your first status letter to reach you before calling the Division to ask for status updates.
- If you received this application from a source 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, download the applications directly from *Nursing.Alaska.Gov*. Applications will be rejected if not the current version.

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**IT IS ILLEGAL TO PRACTICE NURSING IN ALASKA WITHOUT A VALID LICENSE**

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**DISCIPLINARY HISTORY:** The following must be answered pursuant to 12 AAC 44.311(b) (1) and AS 08.68.270:

Has your current Alaska professional license ever been denied, revoked, suspended, stipulated, placed on probation, or been subject to any other restriction or disciplinary action?  YES  NO

Are you currently under investigation?  YES  NO

**If you answered YES, you must provide a letter of explanation on a separate piece of paper and send any supporting documents that are applicable. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

**All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing address, is available on the Division's website at <https://www.commerce.alaska.gov/web/cbpl/Home.aspx> under License Search.**

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.

**APPLICANT  
SIGN HERE**  
*(In the presence  
of the notary)*



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN before me, a Notary Public in

and for the State of \_\_\_\_\_



This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**NOTARY  
SIGN HERE**

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

(Notary Seal)

My Commission Expires: \_\_\_\_\_

**WARNING:** The Alaska Board of Nursing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice nursing by fraud or deceit. The person may also be subject to criminal charge for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)



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FOR DIVISION USE ONLY

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550 West 7th Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8160

### CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ 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: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type:  VISA — or —  MasterCard

→ **Signature of Credit Card Holder:** \_\_\_\_\_

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**VISA or MasterCard Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*This section below the dotted line will be destroyed upon processing of the payment.*