VERIFICATION OF LICENSURE

NORTH DAKOTA BOARD OF NURSING

SFN 11980 (6-22)

Complete and return to:
North Dakota Board of Nursing
919 S 7TH Street, Suite 504
Bismarck ND 58504-5881
Fax: (701) 751-2221
www.ndbon.org

APPLICANT: **Complete only the top part of this form** and mail to the State(s) Board of Nursing you are requesting the verification from. Check with that Board to see what their fee is to complete the verification so you can include the fee. That office will complete the bottom part of the form and send it to the North Dakota Board of Nursing.

TO: Board of Nursing - State of		Date	
NAME (Last, First, Middle, Maiden)		*Social Security Number	Date of Birth
Address	City	State	ZIP Code
Name of Nursing Program Completed		Location	
Original License Number	Date Issued	Type ☐ RN ☐ LPN	
I authorize you to furnish Verification of my Licensure in your state to the North Dakota Board of Nursing.			
Signature		Date	

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes. Failure to provide the social security number will cause the application to not be processed.

STATE LICENSING AGENCY: The above applicant authorizes you to provide Verification of Licensure information to the North Dakota Board of Nursing. Please complete the bottom part of this forma and send to the address shown below.

License Number for Nurse	Date Issued	For ☐ Registered Nurse ☐ Licensed Practical Nurse
Licensed by ☐ Examination ☐ Endorsement ☐ Waiver		
Current Status of License ☐ Active ☐ Inactive ☐ Lapsed	Date License Expires	
Has this license ever been: ☐ Revoked ☐ Suspended ☐ Surrendered ☐ Restricted ☐ Limited ☐ Placed on Probation, or otherwise encumbered? ☐ No ☐ Yes If yes, please check appropriate box and attach an explanation		

	S.B.T.P.E. RESULTS REGISTERED NURSE					S.B.T.P.E. RESULTS L.P.N.	NCLEX EXAM
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children		
STANDARD SCORES							
SERIES/ FORM NUMBER							

Name of Nursing Education Program Completed		
Location (City and State)		Year of Graduation
SEAL	Signature	
	Title	
	Board of Nursing, State of	