



**2021-2022 TWO YEAR LICENSE
RN/LPN REACTIVATION**
NORTH DAKOTA BOARD OF NURSING
SFN 53335 (06-22)

FOR OFFICE USE ONLY

FEE _____

APPROVAL _____

- ☐ Nursys
☐ Disc Review
☐ Verification Form Mailed
☐ CHRC form & fee

DATE TEMP PERMIT ISSUED _____

DATE PERMANENT LICENSE ISSUED _____

*****MAKE SURE TO INCLUDE YOUR ND RN/LPN LICENSE NUMBER BELOW**

First Name

Last Name

North Dakota RN/LPN License Number

Notes:

**Instructions and fees due are listed
on page 3**

ALL QUESTIONS / SECTIONS MUST BE COMPLETED- incomplete applications will be returned

This form is a legal document. No one else may submit this form on your behalf. You are accountable and responsible for the accuracy of any answer or statement on this form. Submission of a false statement or omission of truth is a violation of North Dakota Century Code 43-12.1 and North Dakota Administrative Code 54-02-06.

DEMOGRAPHIC INFORMATION

*Social Security Number		Address
Licensee Home Telephone Number		City
Licensee Work Telephone Number		State
Email address	Date of Birth	Zip Code
Mother's Maiden Name		County

*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.

NURSE LICENSURE COMPACT INFORMATION

Primary state of residence is where you hold a driver's license, pay taxes, and/or vote. This state is referred to as my "home state" under the Nurse Licensure Compact and means that it is my "declared fixed permanent and principal home for legal purposes".

I declare my primary state of residence to be _____

ARMED SERVICES OR FEDERAL EMPLOYEE INFORMATION

Are you practicing in a military capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you practicing in a federal institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the spouse of practicing military personnel?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

LIST ALL OTHER STATES YOU HAVE EVER HELD LICENSES

Active Licenses	Inactive Licenses
-----------------	-------------------

LIST ALL STATES YOU ARE CURRENTLY PRACTICING IN

SINCE YOUR LAST RENEWAL, WHAT STATES DID YOU PRACTICE IN?

CONTINUING EDUCATION

I certify that I have completed 12 contact hours of approved continuing education within the past two years. I understand that I must keep all continuing education records in my possession for at least 4 years and supply them to the ND Board of Nursing in the event I am chosen for an audit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

LIST ALL NURSING EMPLOYMENT IN THE FOLLOWING YEARS

PRACTICE YEAR	NURSING PRACTICE EMPLOYER NAME(S)	NUMBER OF NURSING POSITIONS HELD	ADDRESS, CITY AND STATE OF NURSING PRACTICE	HOURS PRACTICED IN NURSING EACH YEAR
2022				
2021				
2020				
2019				

COMPLETE THE MOST APPLICABLE CHOICE FROM EACH CATEGORY-**Choose other if not applicable**

EMPLOYMENT SETTING FOR PRINCIPAL NURSING POSITION	MAJOR CLINICAL PRACTICE OR TEACHING AREA
<input type="checkbox"/> Ambulatory Care Clinic <input type="checkbox"/> Church <input type="checkbox"/> Government <input type="checkbox"/> Home Health <input type="checkbox"/> Hospital <input type="checkbox"/> Military <input type="checkbox"/> Nursing Education Program <input type="checkbox"/> Nursing Home/ Extended Care <input type="checkbox"/> Occupational Health <input type="checkbox"/> Physician's Office <input type="checkbox"/> Public/Community Health <input type="checkbox"/> School Health Services <input type="checkbox"/> Self Employed <input type="checkbox"/> Social/Human Services <input type="checkbox"/> Temporary Agency <input type="checkbox"/> Other (Please specify)_____	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Anesthesia <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Critical Care <input type="checkbox"/> Emergency Care <input type="checkbox"/> Family Practice <input type="checkbox"/> Geriatrics <input type="checkbox"/> Home Health <input type="checkbox"/> Maternal/Child Health <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Mental Health </div> <div> <input type="checkbox"/> Neonatology <input type="checkbox"/> Nursing Administration <input type="checkbox"/> Oncology <input type="checkbox"/> Parish <input type="checkbox"/> Pediatrics <input type="checkbox"/> Perioperative <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Rehabilitation <input type="checkbox"/> School <input type="checkbox"/> Other (Please specify) _____ </div> </div>

TYPE OF PRINCIPAL NURSING POSITION	EMPLOYMENT STATUS	IF YOU ARE UNEMPLOYED WHAT IS YOUR REASON FOR BEING UNEMPLOYED?
<input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Nurse Administrator <input type="checkbox"/> Nurse Consultant <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Nursing Faculty in College of Nursing <input type="checkbox"/> Nursing Manager <input type="checkbox"/> Office Nurse <input type="checkbox"/> Specialty Practice Registered Nurse <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Travel Nurse <input type="checkbox"/> Other (Please specify)_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Nursing Volunteer <input type="checkbox"/> Part Time <input type="checkbox"/> Per diem <input type="checkbox"/> Retired	<input type="checkbox"/> Caring for Home and Family <input type="checkbox"/> Difficulty Finding Position <input type="checkbox"/> Disabled <input type="checkbox"/> Inadequate salary <input type="checkbox"/> Other _____ <input type="checkbox"/> School

ALL QUESTIONS MUST BE COMPLETED

1.	Since you last renewed your ND license, have you been convicted, entered a plea of guilty, nolo contendere, or no contest, for any misdemeanor or felony offense(s)? Must Answer YES if: A conviction has been pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended; or If you have entered into any agreement by which an offense would be dismissed upon completion of certain terms.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.	Have you ever, for any criminal offense, including those pending appeal:		
a.	Been arrested and have a pending criminal charge for a felony or misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Been convicted of a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Pled nolo contendere, no contest, or guilty to any offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	Received a deferred adjudication or deferred imposition of sentence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Had a criminal conviction pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Been sentenced to serve jail or prison time, or court-ordered confinement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	Been granted a pre-trial diversion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	Been cited or charged with any violation of the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k.	Been subject to a court martial; Article 15 violation, or received any form of military judgment/punishment/action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l.	Received any charges related to immigration violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Since you last renewed your ND license, have you had an unlicensed assistive person registry or nurse aide registry listing marked for abuse, neglect or misappropriation or theft of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Since you last renewed your ND license, has any licensing authority refused to issue you a license/registration, denied you a license/registration, or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate or multi-state privilege or registration held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Since you last renewed your ND license, have you been investigated or are you presently being investigated by any licensing authority, including the NDBON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Since you last renewed your ND license, have you been terminated from a nursing, or nursing-related job due to issues or concerns related to your nursing practice or for conduct that may be grounds for disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Do you currently have a diagnosis of chemical dependency or are you participating in chemical dependency treatment/rehabilitation or an alternative to discipline/monitoring program with another board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Are you currently experiencing a physical, emotional, or mental condition that may impair your ability to practice nursing with reasonable skill and safety?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If your answer is "YES" to any of the above questions, attach a detailed written explanation and related legal documents to the application.			

CRIMINAL HISTORY RECORD CHECK (CHRC)

1. Have you completed a Criminal History Record Check for the ND Board of Nursing in the past 90 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "Yes" to the above question #1, what was the month and year of completion of the CHRC?	Month	Year
If you answered "No" to the above question #1, you must submit to a Criminal History Record Check by checking below and completing the attached Criminal History Record Check.		
<input type="checkbox"/> As part of this application process, I agree to submit to a Criminal History Record Check.		
A nonrenewable temporary permit will be issued to applicants that have met all other requirements for licensure or registration and have agreed to submit to a criminal history record check according to NDCC 43-12.1-09.1. The temporary permit will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify" section. No hard copy temporary permits will be issued.		

APPLICANT CERTIFICATION (check each box to verify you have read and attest to the statement)

<input type="checkbox"/> I acknowledge that this form is a legal document.	
<input type="checkbox"/> I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.	
<input type="checkbox"/> I certify that the information provided is true, correct, and complete.	
<input type="checkbox"/> I attest that I meet all the requirements to practice for the type of licensure requested, as listed in NDAC 54-02-06.	
<input type="checkbox"/> I understand that submission of any false or incomplete information is a violation of NDCC 43-12.1-14 and may be grounds for disciplinary action.	
<input type="checkbox"/> I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.	
<input type="checkbox"/> I understand that a full license will not be issued until all CHRC requirements are met.	
Applicant Signature	Date

THIS FORM IS FOR NURSES WHOSE ND NURSING LICENSE IS CURRENTLY INACTIVE AND ARE APPLYING FOR REACTIVATION

- COMPLETE THE FOLLOWING -**
 REACTIVATION FORM;
 VERIFICATION OF EMPLOYMENT FORM (found on the board website -www.ndbon.org- choose practice and then forms);
 CRIMINAL HISTORY RECORD CHECK FORM AND PROCESS BY FOLLOWING ATTACHED CHRC INSTRUCTIONS (if you answered "no" to the Criminal History Record Check question in this application)
- ENCLOSE PROPER NONREFUNDABLE REACTIVATION FEE(S):**
 RN - \$190 – (Add an additional \$20 if you answered "no" to the criminal history record check in this application)
 LPN - \$180 – (Add an additional \$20 if you answered "no" to the criminal history record check in this application)
- RETURN FORMS TO:** NORTH DAKOTA BOARD OF NURSING, 919 S 7TH ST., SUITE 504, BISMARCK, ND 58504-5881. Email renewal@ndbon.org with questions.

CRIMINAL HISTORY RECORD CHECK (CHRC) INSTRUCTIONS

1. Submit an online RN or LPN initial application by exam or endorsement OR include one of the following forms:
 - An RN or LPN Reactivation Form or;
 - An initial APRN application or;
 - A UAP/Technician/MAIII initial or reactivation form
2. Contact your local law enforcement agency or a private agency that provides fingerprinting services to make an appointment to be fingerprinted.
 - a. Fee for fingerprinting will vary depending upon agency charges.
 - b. Agencies and law enforcement are to use the standard FBI Applicant card (FD-258) for fingerprints.
3. Submit the following to North Dakota Board of Nursing (NDBON) - address is at bottom of this form:
 - a. Criminal History Record Check form at:
 - i. <https://attorneygeneral.nd.gov/sites/ag/files/documents/CHR-Request-SFN60688.pdf> - Complete the last section titled "To be Completed by Subject of Record Check" only. Also sign and date form.
 - b. Completed fingerprint cards (from the law enforcement agency/private agency)
 - c. TWO completed fingerprint cards if ink and roll
 - d. ONE completed fingerprint card if electronic
 - e. Do not fold fingerprint cards
 - f. Money Order or Cashier Check for \$41.25, with a current date, and must be made PAYABLE TO BCI. (No personal checks accepted)
4. NDBON will submit the completed form, fee, and fingerprint cards to Bureau of Criminal Investigations (BCI).
 - a. BCI will return the background check results to NDBON.
 - b. If fingerprints are rejected by BCI, NDBON will notify you.
5. Required fields to be completed at the top of the fingerprint card using BLACK ink:
 - a. Last Name, First Name, Middle Name
 - b. Signature of Person Fingerprinted (Your Signature)
 - c. Aliases/AKA (**Do Not Leave Blank**)
 - d. Maiden name
 - e. Other names used by you
 - f. Insert N/A if you have none
 - g. Date of Birth (MM/DD/YYYY format)
 - h. Residence of Person Fingerprinted (Your physical residence address NOT mailing address)
 - i. Citizenship (US or other country)
 - j. Sex (M for male; F for female)
 - k. Race
 - i. A - Asian/Pacific Islander
 - ii. B – Black/African American
 - iii. I - American Indian or Alaskan Native
 - iv. W - White or Hispanic
 - v. U - Unknown
 - l. Height (Enter in feet & inches. Examples-if 5 feet 7 inches tall enter 507; if 5 feet 10 inches tall enter 510)
 - m. Weight (in pounds)
 - n. Eyes (color- use code from color code box below)
 - o. Hair (color- use coed from color code box below)
 - p. Place of birth (If in US, use 2 letter state abbreviation. If foreign country, enter full name)
 - q. Date (date prints taken)
 - r. Signature of Official Taking fingerprints
 - s. Social Security Number (Use XXX-XX-XXX format)

Eye and Hair Color Codes	
BAL = Bald	BLN = Blonde or Strawberry
BLK = Black	BLU = Blue
BRO = Brown	GRY = Gray
GRN = Green	HAZ = Hazel
MAR = Maroon	ONG = Orange
MUL = Multicolored	PLE = Purple
PNK = Pink	RED = Red
SDY = Sandy	WHI = White

If fingerprint cards are incomplete you will be required to submit new cards