2019-2020 TWO YEAR RN/LPN LICENSE REACTIVATION

NORTH DAKOTA BOARD OF NURSING

SFN 53335 (12-18)

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

First Name
Last Name
North Dakota RN/LPN License Number

FOR OFFICE USE ONLY

FEE _______

APPROVAL ________________

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

DATE TEMP PERMIT ISSUED_______________

DATE PERMANENT LICENSE ISSUED ________

Instructions and fees due are listed on page 4

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

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 ☐	No ☐	Are you practicing in a federal institution?	Yes ☐	No ☐

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?

HIGHEST EDUCATION COMPLETED

☐ Vocational Certificate (LPN/VN)	☐ Diploma (RN)	☐ Master's Degree (Nursing)	☐ Doctorate Degree (Nursing)
☐ Associate Degree (LPN)	☐ Associate Degree (RN)	☐ Master's Degree (Other)	☐ Doctorate Degree (Other)
	☐ Bachelor's Degree (Nursing)		
	☐ Bachelor's Degree (Other)		☐ Advanced Practice Post Basic Education

CONTINUING EDUCATION

I certify that I have completed 12 contact hours of approved continuing education between January 1, 2017 and the present date. 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 ☐	No ☐

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
2019				
2018				
2017				

COMPLETE THE MOST APPLICABLE CHOICE FROM EACH CATEGORY

EMPLOYMENT SETTING FOR PRINCIPAL NURSING POSITION

- ☐ Ambulatory Care Clinic
- ☐ Church
- ☐ Government
- ☐ Home Health
- ☐ Hospital
- ☐ Military
- ☐ Nursing Education Program
- ☐ Nursing Home/ Extended Care
- ☐ Occupational Health
- ☐ Physician's Office
- ☐ Public/Community Health
- ☐ School Health Services
- ☐ Self Employed
- ☐ Social/Human Services
- ☐ Temporary Agency
- ☐ Other (Please specify)______________

MAJOR CLINICAL PRACTICE OR TEACHING AREA

- ☐ Anesthesia
- ☐ Chemical Dependency
- ☐ Critical Care
- ☐ Emergency Care
- ☐ Family Practice
- ☐ Geriatrics
- ☐ Home Health
- ☐ Maternal/Child Health
- ☐ Medical/Surgical
- ☐ Mental Health
- ☐ Neonatology
- ☐ Nursing Administration
- ☐ Oncology
- ☐ Parish
- ☐ Pediatrics
- ☐ Perioperative
- ☐ Public/Community Health
- ☐ Quality Assurance
- ☐ Rehabilitation
- ☐ School
- ☐ Other (Please specify)________________

TYPE OF PRINCIPAL NURSING POSITION

- ☐ Advanced Practice Registered Nurse
- ☐ Nurse Administrator
- ☐ Nurse Consultant
- ☐ Nurse Educator
- ☐ Nursing Faculty in College of Nursing
- ☐ Nursing Manager
- ☐ Office Nurse
- ☐ Specialty Practice Registered Nurse
- ☐ Staff Nurse
- ☐ Travel Nurse
- ☐ Other (Please specify)______________________

EMPLOYMENT STATUS

- ☐ Full Time
- ☐ Not Employed
- ☐ Nursing Volunteer
- ☐ Part Time
- ☐ Per diem
- ☐ Retired

IF YOU ARE UNEMPLOYED WHAT IS YOUR REASON FOR BEING UNEMPLOYED?

- ☐ Caring for Home and Family
- ☐ Difficulty Finding Position
- ☐ Disabled
- ☐ Inadequate salary
- ☐ Other ____________________
- ☐ 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 felony or misdemeanor 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.	☐ YES	☐ NO
2.	Are there any pending charges against you with respect to a felony or misdemeanor offense?	☐ YES	☐ NO
3.	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 of property?	☐ YES	☐ NO
4.	Since you last renewed your ND license, has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	☐ YES	☐ NO
5.	Since you last renewed your ND license, have you been investigated or are you presently being investigated by any other jurisdiction?	☐ YES	☐ NO
6.	Since you last renewed your ND license, have you been denied registration or nursing licensure by any other jurisdiction?	☐ YES	☐ NO
7.	Since you last renewed your ND license, have you been terminated from a nursing related job due to conduct that may be grounds for disciplinary action?	☐ YES	☐ NO
8.	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?	☐ YES	☐ NO
9.	Are you currently experiencing a physical, emotional, or mental condition that may impair your ability to practice nursing with reasonable skill and safety?	☐ YES	☐ 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?	☐ YES	☐ 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, including an additional $20 processing fee with this application, and completing the attached Criminal History Record Check Form.

☐ 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

I certify the information provided is true, correct, and complete, and I understand that submission of any false or incomplete information may be grounds for disciplinary action.
I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.
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

1. **COMPLETE ALL OF THE FORMS -** REACTIVATION FORM; VERIFICATION OF EMPLOYMENT FORM; 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)
2. **ENCLOSE PROPER NONREFUNDABLE REACTIVATION FEE(S):**
   LICENSED PRACTICAL NURSE - $140.00
   REGISTERED NURSE - $150.00
   PROCESSING FEE – $20 (if you answered "no" to the Criminal History Record Check question in this application)
3. **RETURN TO:** NORTH DAKOTA BOARD OF NURSING, 919 S 7TH ST., SUITE 504, BISMARCK, ND 58504-5881. TELEPHONE NUMBER (701) 328-9777, FAX NUMBER (701) 328-9785, WEBSITE www.ndbon.org.

VERIFICATION OF EMPLOYMENT

NORTH DAKOTA BOARD OF NURSING
SFN 17706 (12-18)

FOR OFFICE USE ONLY
License by ☐ Endorsement ☐ Exam
ND License Number

This employment verification will be used to determine eligibility for license/renewal. (NDAC 54-02-05.1)

54-02-05-05.1 PRACTICE REQUIREMENTS FOR LICENSE RENEWAL. Nursing practice for purposes of relicensure must meet or exceed four hundred hours within the preceding four years. Nursing is defined in subsection 6 of North Dakota Century Code section 43-12.1-02. Hours practiced in another regulated profession cannot be used for nursing practice hours.

APPLICANT: Please complete the top portion of this form and forward it to your most recent employer for completion of the verification of nursing practice hours. If employment with most recent employer is less than 400 hours, please duplicate this form and send to previous employer(s) as necessary.

Name(Last, First, Middle)			Maiden Name
Address	City	State	Zip Code
*Social Security Number	Date of Birth		
Beginning Date of Employment	Ending Date of Employment	Position	
Signature of Applicant		Date	

EMPLOYER: Please verify nursing practice for the above named individual.

Employing Agency			
Address	City	State	Zip Code

LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR		
YEAR	NUMBER OF HOURS	NURSING POSITION
2019		
2018		
2017		
2016		
2015		

Signature of Employer	Title	Date	Telephone Number

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Please return completed form to address below unless instructed otherwise.

North Dakota Board of Nursing
919 S 7th St., Suite 504
Bismarck, ND 58504-5881
Telephone Number (701) 328-9777
Fax Number (701) 328-9785
WebSite www.ndbon.org

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

1. 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.
   - Agencies and law enforcement are to use the standard FBI Applicant card (FD-258) for fingerprints.

2. **S**ubmit the following to North Dakota Board of Nursing (NDBON) - address is at bottom of this form:
   - Criminal History Record Check form at: 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.
   - Completed fingerprint cards (from the law enforcement agency/private agency)
     - TWO completed fingerprint cards if ink and roll
     - ONE completed fingerprint card if electronic
     - Do not fold fingerprint cards
   - Money Order or Cashier Check for **$41.25**, with a **current date,** and must be made **PAYABLE TO BCI**. (**No personal checks accepted)**

3. NDBON will submit the completed form, fee, and fingerprint cards to Bureau of Criminal Investigations (BCI).
   - BCI will return the background check results to NDBON.
   - If fingerprints are rejected by BCI, NDBON will notify you.

Required fields to be completed at the top of the fingerprint card using BLACK ink:

- Last Name, First Name, Middle Name
- Signature of Person Fingerprinted (Your Signature)
- Aliases/AKA – **(Do Not Leave Blank)**
  - Maiden name
  - Other names used by you
  - **Insert N/A if you have none**
- Date of Birth (MM/DD/YYYY format)
- Residence of Person Fingerprinted (Your physical residence address NOT mailing address)
- Citizenship (US or other country)
- Sex (M for male; F for female)
- Race
  - A - Asian/Pacific Islander
  - B – Black/African American
  - I - American Indian or Alaskan Native
  - W - White or Hispanic
  - U - Unknown
- Height (Enter in feet & inches. Examples-if 5 feet 7 inches tall enter 507; if 5 feet 10 inches tall enter 510)
- Weight (in pounds)
- Eyes (color- use code from color code box below)
- Hair (color- use coed from color code box below)
- Place of birth (If in US, use 2 letter state abbreviation. If foreign country, enter full name)
- Date (date prints taken)
- Signature of Official Taking fingerprints
- Social Security Number (Use XXX-XX-XXX format)

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

North Dakota Board of Nursing
919 S 7th St, Suite 504
Bismarck, ND 58504-5881
Telephone: 701-328-9780

Eye and Hair Color Codes

BLK	Black	GRY	Gray	GRN	Green
BRO	Brown	HAZ	Hazel	MUL	Multi-colored
BLN	Blond or Strawberry	WHI	White	SDY	Sandy
RED	Red or Auburn	BLD	Bald	MAR	Maroon
PNK	Pink	BLU	Blue	ONG	Orange
PLE	Purple				

Reviewed/Revised: 12/18