



**NURSING EDUCATION LOAN (NEL)  
PROGRAM APPLICATION**  
NORTH DAKOTA BOARD OF NURSING  
SFN 11692 (01/18)

FOR OFFICE USE ONLY	
Fee Received	
Loan	
Date	
Account Number	
Discipline	

**DEMOGRAPHIC INFORMATION**

Last Name	First Name	Maiden Name (if married)	
Address	City	State	Zip Code
ND Nursing License Number if currently licensed	Date of Birth	*Social Security Number	
Email Address	Home/Cellular Telephone Number	Business Telephone Number	

**PREVIOUS NEL INFORMATION**

Have you ever received a Nursing Education Loan for a different degree level? <i>If you chose Yes, answer the 3 questions below.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type of Program you received previous NEL for	Amount of Previous NEL	Date of Previous NEL

**NURSING PROGRAM**

Name of Nursing Program you plan to attend, or are attending			
School Street Address	City	State	Zip Code
Type of Program: <input type="checkbox"/> Certificate LPN <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Associate Degree-LPN <input type="checkbox"/> Masters Degree <input type="checkbox"/> Associate Degree-RN <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Refresher Course	Enrollment Status <input type="checkbox"/> At least 6 credit hours per semester – under graduate (baccalaureate applicant must be at least a junior within the next academic year) <input type="checkbox"/> At least 3 credit hours per semester – graduate <input type="checkbox"/> Other _____		
Date of Admission	Date of Expected Completion		

**REFERENCES**

LIST NAMES AND ADDRESSES OF THREE PERSONS, WHO ARE NOT RELATIVES, THAT WILL BE USED AS REFERENCES	
NAMES	ADDRESSES

**COLLEGES ATTENDED**

LIST NAMES AND ADDRESSES OF COLLEGES ATTENDED AND REQUEST AN OFFICIAL TRANSCRIPT BE SENT TO THE BOARD OFFICE	
NAMES	ADDRESSES

**COMPLETE BOTH SIDES OF THIS APPLICATION OR IT WILL BE RETURNED TO YOU →**

**ALL QUESTIONS MUST BE COMPLETED**

1.	Have you ever 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Are there any pending charges against you with respect to a felony or misdemeanor offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Have you had an unlicensed assistive person registry or nurse aide registry listing marked for abuse, neglect or misappropriation of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have you been denied registration or nursing licensure by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you been terminated from a nursing related job due to conduct that may be grounds for disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If your answer is "YES" to any question above, attach a detailed written explanation and related legal documents to the application and send to the board.			

**APPLICANT SIGNATURE AND CERTIFICATION**

I certify the information on this document is true, correct and complete.	
Signature	Date

**The administrative rules governing the Nursing Education Loan Program and the Policies for Applicants/Recipients are attached. It is recommended that you read and file the rules and policies for future reference.**

\*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.

<b>FOR OFFICE USE ONLY</b>
<input type="checkbox"/> DISCIPLINE REVIEW <input type="checkbox"/> CAC <input type="checkbox"/> APPROVAL



**NURSING EDUCATION LOAN (NEL)  
PROGRAM APPLICATION INSTRUCTIONS**  
NORTH DAKOTA BOARD OF NURSING

1. The following materials must be completed and submitted **by the July 1 deadline:**

- a. Nursing Education Loan Program application form (SFN 11692)
- b. \$25 nonrefundable application fee
- c. Official transcripts of all college credits from all the schools attended. Must be sent directly to the Board office from the school
- d. Co-Signer Information form (SFN 14689)
- e. Three letters of reference or three Personal Reference forms (SFN 14688)
- f. Student Status memorandum form (SFN 14690) dated after March 1<sup>st</sup> verifying your acceptance and enrollment into a board approved nursing education program

2. The spouse or another education loan applicant is not acceptable as the co-signer of the note. The co-signer of the note should be a North Dakota resident. If the co-signer is not a ND resident, the applicant must provide a letter of explanation. The co-signer must be 18 years or older. Proof of age may be requested by board staff.

3. A written statement from the administrator of the nursing program or designee verifying the applicant's acceptance and enrollment in the program will be used to determine if an applicant meets the qualifications for the education loan program. A baccalaureate applicant must be at least a junior within the next academic year to be considered for the education loan.

4. Applications will **ONLY** be accepted between March and July 1. All education loan applications will be considered at the July board meeting. The application will be reviewed by the board if it is received into the board office by July 1 and the application is complete.

5. All applicants for education loans are considered under blind review. A board member, staff employee or family member of either of the foregoing, who submits an application for an education loan will be excluded from all application processing, review and board actions relative to the education loan program.

6. Reapplication may occur annually, if the applicant has not received the total loan amount allowed by NDAC 54-04.1-03-01, by completing Nursing Education Loan (NEL) Program Reapplication (SFN 58630).

7. Submit all completed forms to:

NORTH DAKOTA BOARD OF NURSING  
EDUCATION LOAN PROGRAM  
919 S 7<sup>th</sup> STREET, SUITE 504  
BISMARCK, ND 58504-5881  
(701) 328-9777  
Web Site [www.ndbon.org](http://www.ndbon.org)