



**NURSING EDUCATION LOAN (NEL)
PROGRAM REAPPLICATION**
NORTH DAKOTA BOARD OF NURSING
SFN 58630 (10/16)

FOR OFFICE USE ONLY	
Fee Received	
Loan	
Date	
Account Number	
Discipline	

Name (First, Maiden, Last)		*Social Security Number	
Mailing Address	City	State	Zip Code
Home/Cellular Telephone Number	Business Telephone Number	Date of Birth	
LICENSED NURSES ONLY - List your North Dakota License Number			
Name of Nursing Program you are attending			
School Street Address	City	State	Zip Code
Type of Program <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Refresher Course	Enrollment Status <input type="checkbox"/> At least 6 credit hours per semester – under graduate <input type="checkbox"/> At least 3 credit hours per semester – graduate <input type="checkbox"/> Other _____		
Date of Admission	Date of Expected Completion		
Have you changed programs since initial NEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Previous NEL received	Amount of Previous NEL received	

ALL QUESTIONS MUST BE COMPLETED

1.	Have you been arrested, charged, or convicted of a crime other than a minor traffic offense? <i>You may answer "no" if the crime occurred as a minor, has been expunged, or if you have previously disclosed the criminal matter otherwise responsive to this question in any prior licensure/registration application to the North Dakota Board of Nursing.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	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
3.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been denied registration or nursing licensure by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	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
7.	Have you, in the last 2 years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Have you, in the last 2 years, been diagnosed with or treated for a mental health or physical condition which has adversely affected your ability to safely practice nursing?	<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 and send to the board. This information will be reviewed by the board's Disciplinary Review Panel.

I certify the information on this document is true and correct.

Signature	Date
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**NURSING EDUCATION LOAN (NEL)
PROGRAM REAPPLICATION INSTRUCTIONS**
NORTH DAKOTA BOARD OF NURSING
SFN 58630 (10/16)

NEL reapplication may occur annually if the applicant has not received the total loan allowed by NDAC 54-04.1-03-01.

Use this NEL Program Reapplication form if you are applying for the same degree level you received a previous award for. If you are applying for a new degree level, use the Nursing Education Loan Program Application form (SFN 11692)

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

- a. Nursing Education Loan Program reapplication form (SFN 53740)
- b. \$25 nonrefundable application fee
- c. Co-Signer Information form (SFN 14689)
- d. Student Status memorandum form (SFN 14690) dated after March 1 verifying acceptable progression in a board approved education program and expected date of graduation from 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 will 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 continued enrollment in the program will be used to determine if an applicant meets the qualifications for the education loan program.

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. Submit all completed forms to:

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