



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

FOR OFFICE USE ONLY		
License by	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Renewal
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

*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.

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