



INITIAL UAP / TECHNICIAN REGISTRY APPLICATION

NORTH DAKOTA BOARD OF NURSING
SFN 50422 (07-20)

FOR OFFICE USE ONLY	
Fee Received	Discipline Review
Registry Number	DRP
Approval	Date temp permit Issued
CHRC Form & fee	
Date permanent registry card issued	

UNLICENSED ASSISTIVE PERSON APPLICANT (Please print)

First Name	Middle Name	Last Name		
*Social Security Number		Maiden Name		
Mailing Address		City	State	ZIP Code
Date of Birth	Home Telephone Number	Work Telephone Number		
Mother's Maiden Name	Email Address	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnic Information <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White-Not of Hispanic Origin <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other				

JOB CATEGORY – choose one Job Category

Unlicensed Assistive Person (also choose 1, 2, or 3 below)

1. **School Personnel – “Medication Administration”**

All SCHOOL PERSONNEL must complete the following:

1. School Medication Program Completion Date: _____

2. Documentation of Skills Competency Validation

2. **Nursing Student enrolled in a Nursing Program**

3. **Other (Explanation) _____**

Technician (you must also choose 1,2,3, or 4 below)

1. Dialysis Technician

2. Medical Assistant

3. Surgical Technician

4. Other (Explanation) _____

All TECHNICIANS must complete and submit the following along with this application:

1. Verification of completion of a board-recognized formal training program will be submitted (have official transcripts from program sent to the ND Board of Nursing),

OR

2. Current registration or certification by a recognized national body :

Certifying Organization _____

Certificate Number _____ Expiration Date _____

Student Technician (also choose a, b, or c below)

a. Dialysis Technician

b. Surgical Technician

c. Medical Assistant

All STUDENTS must also submit the following:

Verification of Enrollment form (found on the Board website at www.ndbon.org –choose Unlicensed Assistive Person & Medication Assistant for link under Related Forms)

EMPLOYMENT SETTING

Name of ND Institution/Clinical Facility	Employer Telephone Number	Start Date
Employer Address	City	State
		ZIP Code

****PLEASE NOTE THAT YOU MAY NOT BEGIN EMPLOYMENT AS A UAP/TECHNICIAN UNTIL YOU HAVE RECEIVED THE TEMPORARY PERMIT OR REGISTRATION FROM THE ND BOARD OF NURSING. "PRACTICE/EMPLOYMENT" DOES INCLUDE ORIENTATION.**

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.			

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 Form and CHRC Process by following the CHRC Instructions.		
<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

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.	
Applicant Signature	Date

*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. Failure to provide the social security number will cause the application to not be processed.

INSTRUCTIONS

1. Complete the UAP / Technician Application
2. Attach \$60 nonrefundable application/processing fee payable to the ND Board of Nursing.
3. If you answered “no” to the Criminal History Record Check question in this application:
 - ◆ Follow the attached Criminal History Record Check Instructions to complete your fingerprinting process.
4. Attach additional documentation as required for “Technician”
 - ◆ Official Transcripts, or
 - ◆ Current national registration/certification
5. Attach additional documentation as required for “Student Technician”
 - ◆ Verification of Enrollment Form
6. Submit all of the above to: North Dakota Board of Nursing, 919 S 7th Street, Suite 504, Bismarck, ND 58504-5881
Phone 701-328-9777, Web Site 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. Submit 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
 - 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 code 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

Reviewed/Revised: 08/19

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				