



**INITIAL UAP / TECHNICIAN REGISTRY APPLICATION**  
**NORTH DAKOTA BOARD OF NURSING**  
 SFN 50422 (12-18)

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)**

Name (Last, First, Middle)		*Social Security Number	
Address		City	State Zip Code
Date of Birth	Home Telephone Number	Work Telephone Number	
Mother's Maiden Name	Email Address	For Statistical Purposes <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) \_\_\_\_\_**

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**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](http://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
<p>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.</p> <p><input type="checkbox"/> As part of this application process, I agree to submit to a Criminal History Record Check.</p> <p><b>Follow all Criminal History Record Check instructions found on the last page carefully. Make sure to follow the website link for the CHRC form. This form MUST be sent in along with all other items listed in #2 of the CHRC instructions.</b></p> <p>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 <a href="http://www.ndbon.org">www.ndbon.org</a> in the "Verify" section. No hard copy temporary permits will be issued.</p>		

**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.

## **INSTRUCTIONS**

1. Complete the UAP / Technician Application
2. Attach \$50 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 7<sup>th</sup> Street, Suite 504, Bismarck, ND 58504-5881  
Phone 701-328-9777, Web Site [www.ndbon.org](http://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 (**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 7<sup>th</sup> St, Suite 504  
 Bismarck, ND 58504-5881  
 Telephone: 701-328-9780

Reviewed/Revised: 12/18

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				