



**INITIAL UAP / TECHNICIAN REGISTRY APPLICATION**  
 NORTH DAKOTA BOARD OF NURSING  
 SFN 50422 (06-22)

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

**ALL QUESTIONS / SECTIONS MUST BE COMPLETED- incomplete applications will be returned. This form is a legal document. No one else may submit this form on your behalf. You are accountable and responsible for the accuracy of any answer or statement on this form. Submission of a false statement or omission of truth is a violation of North Dakota Century Code 43-12.1 and North Dakota Administrative Code 54-02-06.**

**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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address		
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 or 2 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**

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

1.  Dialysis Technician

2.  Medical Assistant

3.  Surgical Technician

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

1.  Verification of completion of a board-recognized formal training program (have official transcripts from the program sent to the ND Board of Nursing-see electronic submission methods in Instructions on page 3),

**OR**

2. Current registration or certification by a recognized national body

Name of Certifying Organization	State you obtained your original certification
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))

**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 A TEMPORARY PERMIT OR FULL REGISTRATION FROM THE ND BOARD OF NURSING. "PRACTICE/EMPLOYMENT" INCLUDES ORIENTATION.**

**ALL QUESTIONS MUST BE COMPLETED**

1.	Have you ever, for any criminal offense, including those pending appeal:		
a.	Been arrested and have a pending criminal charge for a felony or misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Been convicted of a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Pled nolo contendere, no contest, or guilty to any offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	Received a deferred adjudication or deferred imposition of sentence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Had a criminal conviction pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Been sentenced to serve jail or prison time, or court-ordered confinement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	Been granted a pre-trial diversion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	Been cited or charged with any violation of the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k.	Been subject to a court martial; Article 15 violation, or received any form of military judgment/punishment/action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l.	Received any charges related to immigration violations?	<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 or theft of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Has any licensing authority refused to issue you a license/registration, denied you a license/registration, or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate or multi-state privilege or registration held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you been investigated or are you presently being investigated by any licensing authority, including the NDBON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been terminated from a nursing, or nursing-related job due to issues or concerns related to your nursing practice or for conduct that may be grounds for disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	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 with another board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	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 of the above questions, attach a detailed written explanation and related legal documents to the application.			

**CRIMINAL HISTORY RECORD CHECK (CHRC)**

As part of this application process, I agree to submit to a Criminal History Record Check. I will view the attached instructions and print the CHRC form from the link provided within the instructions. I can also find the instructions and the link on the Board website at [www.ndbon.org](http://www.ndbon.org) under UAP/MAIII.

**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.**

**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](http://www.ndbon.org) in the "Verify" section. No hard copy temporary permits will be issued.**

**APPLICANT CERTIFICATION (check each box to verify you have read and attest to the statement)**

<input type="checkbox"/> I acknowledge that this form is a legal document.	
<input type="checkbox"/> I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.	
<input type="checkbox"/> I certify that the information provided is true, correct, and complete.	
<input type="checkbox"/> I attest that I meet all the requirements to practice for the type of licensure requested, as listed in NDAC 54-02-06.	
<input type="checkbox"/> I understand that submission of any false or incomplete information is a violation of NDCC 43-12.1-14 and may be grounds for disciplinary action.	
<input type="checkbox"/> I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.	
<input type="checkbox"/> I understand that a full license will not be issued until all CHRC requirements are met.	
<b>Applicant Signature</b>	<b>Date</b>

\*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"
  - ◆ Current national registration/certification OR
  - ◆ Official Transcripts
    - *Preferred Method* - Transcripts may be sent electronically through one of the following or another secure transcript service.
      - National Clearing House
      - e-script
      - Parchment
        - If prompted by a secure transcript service to enter an email address for ND Board of Nursing use [transcripts@ndbon.org](mailto:transcripts@ndbon.org)
    - You may use the Request for Release of Transcript form if you are requesting a paper copy from your school.  
You will find the form here - <https://www.ndbon.org/UAP-MAIII/Overview.asp> -scroll down to the Related Information section.
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  
Website: [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/MAllI initial or reactivation form
2. 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.
  - b. Agencies and law enforcement are to use the standard FBI Applicant card (FD-258) for fingerprints.
3. Submit the following to North Dakota Board of Nursing (NDBON) - address is at bottom of this form:
  - a. [Criminal History Record Check Request Form \(SFN 60688\)](#)
    - i. Complete the last section titled "To be Completed by Subject of Record Check" only. Also sign and date form.
  - b. Completed fingerprint cards (from the law enforcement agency/private agency)
  - c. TWO completed fingerprint cards if ink and roll
  - d. ONE completed fingerprint card if electronic
  - e. Do not fold fingerprint cards
  - f. Money Order or Cashier Check for \$41.25, with a current date, and must be made PAYABLE TO BCI. (No personal checks accepted)
4. NDBON will submit the completed form, fee, and fingerprint cards to Bureau of Criminal Investigations (BCI).
  - a. BCI will return the background check results to NDBON.
  - b. If fingerprints are rejected by BCI, NDBON will notify you.
5. Required fields to be completed at the top of the fingerprint card using BLACK ink:
  - a. Last Name, First Name, Middle Name
  - b. Signature of Person Fingerprinted (Your Signature)
  - c. Aliases/AKA (**Do Not Leave Blank**)
  - d. Maiden name
  - e. Other names used by you
  - f. Insert N/A if you have none
  - g. Date of Birth (MM/DD/YYYY format)
  - h. Residence of Person Fingerprinted (Your physical residence address NOT mailing address)
  - i. Citizenship (US or other country)
  - j. Sex (M for male; F for female)
  - k. Race
    - i. A - Asian/Pacific Islander
    - ii. B – Black/African American
    - iii. I - American Indian or Alaskan Native
    - iv. W - White or Hispanic
    - v. U - Unknown
  - l. Height (Enter in feet & inches. Examples-if 5 feet 7 inches tall enter 507; if 5 feet 10 inches tall enter 510)
  - m. Weight (in pounds)
  - n. Eyes (color- use code from color code box below)
  - o. Hair (color- use coed from color code box below)
  - p. Place of birth (If in US, use 2 letter state abbreviation. If foreign country, enter full name)
  - q. Date (date prints taken)
  - r. Signature of Official Taking fingerprints
  - s. Social Security Number (Use XXX-XX-XXX format)

Eye and Hair Color Codes	
BLD = Bald	BLN = Blonde or Strawberry
BLK = Black	BLU = Blue
BRO = Brown	GRY = Gray
GRN = Green	HAZ = Hazel
MAR = Maroon	ONG = Orange
MUL = Multicolored	PLE = Purple
PNK = Pink	RED = Red
SDY = Sandy	WHI = White

### 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  
 Email: [chrc@ndbon.org](mailto:chrc@ndbon.org)

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