



VERIFICATION OF PRACTICE
 NORTH DAKOTA BOARD OF NURSING
 SFN 52754 (06/22)

I. LICENSEE/REGISTRANT INFORMATION

Last Name	First Name	Birth Date	*Social Security Number
Current Mailing Address	City	State	ZIP Code
Telephone Number	Email address		
ND RN/LPN License/UAP Registry Number (if applicable)	Expiration Date of ND License/Registration/Permit (if applicable)		

II. FACILITY/AGENCY INFORMATION

Name of Facility/Agency	Federal Facility/Agency <input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility Address	City	State	ZIP Code
Telephone Number	Fax Number	Email Address of Representative	
Name of Verifying Facility/Agency Representative (print)	Title/Position	Date	

III. PRACTICE VERIFICATION: To be completed by your employer.

Note: Include volunteer work as an APRN, RN, LPN, UAP, or MA: Include orientation – (orientation is considered practice).

The above referenced Individual practiced without a current ND license/registry as: (Check all that apply. If no practice occurred, check the first box, sign, and date)	Initial date of practice without a current license, registration, or permit	Last date of practice (NOTE: this may not be the last date of employment. Do not include a leave of absence or vacation)	State in which practice occurred
<input type="checkbox"/> No Practice has occurred	N/A	N/A	N/A
<input type="checkbox"/> Advanced Practice Registered Nurse			
<input type="checkbox"/> Prescriptive Authority			
<input type="checkbox"/> Registered Nurse			
<input type="checkbox"/> Licensed Practical Nurse			
<input type="checkbox"/> Unlicensed Assistive Person/Technician			
<input type="checkbox"/> Medication Assistant			

I certify the information documented is true, complete, and correct.

Signature of Facility/Agency Representative	Email Address	Date
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*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.

Return completed form to:
 North Dakota Board of Nursing
 919 S 7th St., Suite 504
 Bismarck ND 58504-5881
 Fax: (701) 751-2221
 Email: compliance@ndbon.org