



REQUEST FOR NURSING PRACTICE INQUIRIES

NORTH DAKOTA BOARD OF NURSING
SFN 52120 (11/17)

In aligning with the Board's duties and mission, nursing practice inquiries are accepted for consideration. The following form will assist the Board Directors in addressing your specific practice inquiry. Please complete and submit to practice@ndbon.org

To review the North Dakota Board adopted Policy & Procedure for Nursing Practice Inquiries and Practice Statements and Scope of Practice Decision Framework, please refer to www.ndbon.org under **Regulations/Practice**

Please check all that apply

- | |
|---|
| <input type="checkbox"/> North Dakota Board of Nursing Practice Statements and Frequently Asked Questions (FAQ) were reviewed for possible resolution of the practice inquiry. |
| <input type="checkbox"/> North Dakota Practices Act 43-12.1 and Administrative Code 54-05 were reviewed for possible resolution of the practice inquiry (available at www.ndbon.org under Regulations/Practice). |

Individual/Agency Requesting Opinion				
Current Mailing Address		City	State	Zip Code
Email Address		Telephone Number		

The practice inquiry includes the following license/registration (check all that apply)

- | | | | |
|---|---|--|------------------------------|
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> UAP |
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Describe the nursing practice inquiry. Include related population, setting, intervention, national trends, barriers, etc.

Describe the measures taken to investigate the practice inquiry prior to submission to the Board.

Attach any supporting documentation from nursing organizations and/or nursing research data.
Attach Scope of Practice Decision Making Framework, if completed.