NORTH DAKOTA BOARD OF NURSING
INSTRUCTIONS FOR ADVANCED PRACTICE with or without PRESCRIPTIVE AUTHORITY
LICENSE REACTIVATION (SFN 58481)

This form is for nurses wanting to reactivate a currently inactive ND advanced practice license with or without prescriptive authority.

INSTRUCTIONS/REQUIREMENTS- applicants must:

1. **POSSESS OR SUBMIT ONE OF THE FOLLOWING (Your reactivation will be delayed if one of the following is not submitted with this application):**
   - **a.** Reactivate your ND RN license if it is inactive by paying the appropriate fee listed below

   OR

   - **b.** Have a current ND RN license or a current compact RN license in another compact state. (**see compact information and primary state of residence information below).

   For an up to date list of compact states please go to www.ncsbn.org

   Primary State of Residence - Effective January 1, 2004 North Dakota joined the Nurse Licensure Compact along with several other states. More States will join the compact when it is enacted by their state legislatures. The Nurse Licensure Compact states you must claim a primary state of residence. Primary state of residence is where you hold a driver's license, pay taxes, and/or vote. This state is referred to as your "home state" under the Nurse Licensure Compact and means that it is your "declared fixed permanent and principal home for legal purposes".** *The Nurse Licensure Compact allows the multistate licensure privilege to practice in other compact states as an **RN or LPN**. The Advanced Practice license is not part of the Nurse Licensure Compact.* For more information regarding the Nurse Licensure Compact visit the National Council State Boards of Nursing website at www.ncsbn.org.

2. **COMPLETE THIS APPLICATION AND PAY THE APPROPRIATE FEE LISTED BELOW:**

   All APRNs must also either reactivate their RN license in ND or have a current RN license in ND or another compact state:

   Nurses with an inactive RN license in ND and reactivating RN & APRN only
   Reactivation of RN and Advanced Practice only……………………..…………$210

   Nurses with an inactive RN license in ND and reactivating RN, APRN and RX Authority
   Reactivation of RN, Advanced Practice, and Prescriptive Authority…………$260

   Nurses with a current RN license in ND or another compact state and reactivating APRN only
   Reactivation of Advanced Practice only…………………………………………$90

   Nurses with a current RN license in ND or another compact state and reactivating APRN and RX Authority
   Reactivation of Advanced Practice and Prescriptive Authority………………$140

   (Fees include $20 processing fee)

3. **SCOPE OF PRACTICE**
   You must verify that your Scope of Practice is consistent with your education and certification by checking the appropriate box on the reactivation form.
   54-05-03.1-06.2. Scope of practice. Scope of practice of the advanced practice registered nurse must be consistent with the nursing education and nursing certification.

4. CONTINUING EDUCATION CONTACT HOURS

Each person licensed as a Licensed Practical Nurse, a Registered Nurse, or an Advanced Practice Registered Nurse in ND must complete at least 12 contact hours of approved CE in the past two years to renew/reactivate their license.

THOSE ALSO REACTIVATING PRESCRIPTIVE AUTHORITY MUST VERIFY COMPLETION OF FIFTEEN CONTACT HOURS OF EDUCATION DURING THE PREVIOUS TWO YEARS IN PHARMACOTHERAPY RELATED TO THE SCOPE OF PRACTICE. THE EDUCATION MAY BE OBTAINED FROM ONE OR MORE OF THE FOLLOWING METHODS:

a. One academic semester hour credit in pharmacotherapy related to scope of practice is the equivalent of fifteen contact hours;

b. These contact hours may fulfill the registered nurse renewal continuing education requirement. The education or its equivalent as approved by the board may include academic credits, attendance at approved seminars, and courses or participation in approved correspondence or home study continuing education courses.

Retain all continuing education records in your personal file for at least four years. Do not submit to the board office unless you receive a Notice of Audit.

5. PRACTICE REQUIREMENTS

Nursing practice for purposes of renewal/reactivation must meet or exceed four hundred hours within the preceding four years. Nursing is defined in subsection 6 of North Dakota Century Code section 43-12.1-02. Hours practiced in another regulated profession cannot be used for nursing practice hours.

6. COMPLETE A CRIMINAL HISTORY RECORD CHECK (CHRC)

The North Dakota Board of Nursing (NDBON) is responsible for coordinating the Federal Bureau of Investigations (FBI) background checks with the Bureau of Criminal Investigations (BCI) division of the State Attorney General.

Complete the Criminal History Record Check (CHRC) Process listed in attached CHRC instructions and include a $20 processing fee if you have not completed a Criminal History Record Check for the ND Board of Nursing in the past 90 days.

RETURN COMPLETED FORM(S) AND APPROPRIATE FEE TO:

NORTH DAKOTA BOARD OF NURSING
919 SOUTH 7th STREET, SUITE 504
BISMARCK, ND 58504-5881

TELEPHONE NUMBER	(701) 328-9777
FAX NUMBER	(701) 328-9785
WEBSITE	www.ndbon.org

2019-2020 TWO YEAR LICENSE REACTIVATION APPLICATION APRN WITH OR WITHOUT PRESCRIPTIVE AUTHORITY

NORTH DAKOTA BOARD OF NURSING
SFN 58481 (12-18)

FOR OFFICE USE ONLY	
Fee received	
CE Requirements	Disc Review
AP Approval	Nursys
RX Approval	Date Issued

Last Name	First Name	Middle Name	
Maiden Name (if married)	Mother's Maiden Name	*Social Security Number	
Address	City	State	Zip Code
County	ND RN/APRN License Number	Birth Date	
Email Address	Home Telephone Number	Work Telephone Number	

APRN Roles

- ☐ NP (choose specialty below)
  - ☐ Adult
  - ☐ Family
  - ☐ Gerontology
  - ☐ Neonatal
  - ☐ Pediatric
  - ☐ Psychiatric
  - ☐ Women's Health Care
- ☐ CNS (choose specialty below)
  - ☐ Adult
  - ☐ Gerontology
  - ☐ Child/Adolescent Psychiatric
  - ☐ Adult Psychiatric
- ☐ CRNA
- ☐ CNM

APRN Certifying Agency	**Certifying Agency Certificate Number**	**Expiration 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.

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.	☐ YES	☐ NO
2.	Are there any pending charges against you with respect to a felony or misdemeanor offense?	☐ YES	☐ NO
3.	Have you had an unlicensed assistive person registry or nurse aide registry listing marked for abuse, neglect or misappropriation of property?	☐ YES	☐ NO
4.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	☐ YES	☐ NO
5.	Have you been investigated or are you presently being investigated by any other jurisdiction?	☐ YES	☐ NO
6.	Have you been denied registration or nursing licensure by any other jurisdiction?	☐ YES	☐ NO
7.	Have you been terminated from a nursing related job due to conduct that may be grounds for disciplinary action?	☐ YES	☐ 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?	☐ YES	☐ 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?	☐ YES	☐ 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.

NURSE LICENSURE COMPACT INFORMATION – DECLARATION OF PRIMARY STATE OF RESIDENCE

Primary state of residence is the state referred to as your "home state" under the Nurse Licensure Compact (NLC) and means that it is your "declared fixed permanent and principal home for legal purposes".

One or more of the following documents may be used to verify your primary state of residence pursuant to the Compact laws and rules.

1. **Military Form No. 2058 - state of legal residence certificate**
2. **Current driver's license with a home street address.**
3. **Voter registration displaying the primary state of residence.**
4. **Federal income tax return declaring the primary state of residence.**
5. **W2 from US government or any bureau, division or agency thereof indicating the declared state of residence.**

I declare my primary state of residence to be -		

My primary state of residence listed above is ND or a state that does not belong to the NLC; OR I am practicing exclusively in a military capacity or a federal institution and do not have a current RN license in any other state	☐ Yes	☐ No
If you chose "Yes", complete the following information about your RN license in ND: RN License Number in ND:		
RN license in ND will expire/has expired:		
I understand that if my ND RN license is expired, I will reactivate it on this application by including the appropriate fee listed in the instructions. I will NOT need to include an RN Reactivation form.	☐ Yes	
My primary state of residence listed above is a state other than ND that belongs to the NLC. If you chose "Yes", complete the following information about your RN license from your primary state of residence:	☐ Yes	☐ No
RN License Number in my compact primary state of residence is:		
RN license in my compact primary state of residence will expire:		

ARMED SERVICES OR FEDERAL EMPLOYEE INFORMATION

***A federal government/military nurse practicing exclusively in federal or military systems, need only have one license from any state or territory per U.S. federal government/military policy. A federal or military nurse who also practices in a civilian health system is bound by the Compact law and rules.**

Are you practicing only in a military capacity?	Yes ☐	No ☐	Are you practicing only in a federal institution?	Yes ☐	No ☐

LIST ALL OTHER STATES YOU HAVE EVER HELD LICENSES

ACTIVE LICENSES	
INACTIVE LICENSES	

LIST ALL STATES YOU ARE CURRENTLY PRACTICING IN	**SINCE YOUR LAST RENEWAL, WHAT STATES DID YOU PRACTICE IN?**

HIGHEST EDUCATION COMPLETED

☐ Vocational Certificate (LPN/VN)	☐ Diploma (RN)	☐ Master's Degree (Nursing)	☐ Doctorate Degree (Nursing)
☐ Associate Degree (LPN)	☐ Associate Degree (RN)	☐ Master's Degree (Other)	☐ Doctorate Degree (Other)
	☐ Bachelor's Degree (Nursing)		
	☐ Bachelor's Degree (Other)		☐ Advanced Practice Post Basic Education

CONTINUING EDUCATION

☐ I certify that I have completed 12 contact hours of Continuing Education in the past two years and will retain the CE records for the next 4 years.

LIST ALL NURSING EMPLOYMENT IN THE PAST 2 YEARS

PRACTICE YEAR	NURSING PRACTICE EMPLOYER NAME(S)	NUMBER OF NURSING POSITIONS HELD	CITY AND STATE OF NURSING PRACTICE	HOURS PRACTICED IN NURSING EACH YEAR
2019				
2018				
2017				
2016				

COMPLETE THE MOST APPLICABLE CHOICE FROM EACH CATEGORY

EMPLOYMENT SETTING FOR PRINCIPAL NURSING POSITION

- ☐ Ambulatory Care Clinic
- ☐ Church
- ☐ Government
- ☐ Home Health
- ☐ Hospital
- ☐ Military
- ☐ Nursing Education Program
- ☐ Nursing Home/ Extended Care
- ☐ Occupational Health
- ☐ Physician's Office
- ☐ Public/Community Health
- ☐ School Health Services
- ☐ Self Employed
- ☐ Social/Human Services
- ☐ Temporary Agency
- ☐ Other (Please specify)_____________

MAJOR CLINICAL PRACTICE OR TEACHING AREA

- ☐ Anesthesia
- ☐ Chemical Dependency
- ☐ Critical Care
- ☐ Emergency Care
- ☐ Family Practice
- ☐ Geriatrics
- ☐ Home Health
- ☐ Maternal/Child Health
- ☐ Medical/Surgical
- ☐ Mental Health
- ☐ Neonatology
- ☐ Nursing Administration
- ☐ Oncology
- ☐ Parish
- ☐ Pediatrics
- ☐ Perioperative
- ☐ Public/Community Health
- ☐ Quality Assurance
- ☐ Rehabilitation
- ☐ School
- ☐ Other (Please specify)________________

TYPE OF PRINCIPAL NURSING POSITION

- ☐ Advanced Practice Registered Nurse
- ☐ Nurse Administrator
- ☐ Nurse Consultant
- ☐ Nurse Educator
- ☐ Nursing Faculty in College of Nursing
- ☐ Nursing Manager
- ☐ Office Nurse
- ☐ Specialty Practice Registered Nurse
- ☐ Staff Nurse
- ☐ Travel Nurse
- ☐ Other (Please specify)_____________________

EMPLOYMENT STATUS

- ☐ Full Time
- ☐ Not Employed
- ☐ Nursing Volunteer
- ☐ Part Time
- ☐ Per diem
- ☐ Retired

IF YOU ARE UNEMPLOYED WHAT IS YOUR REASON FOR BEING UNEMPLOYED?

- ☐ Caring for Home and Family
- ☐ Difficulty Finding Position
- ☐ Disabled
- ☐ Inadequate salary
- ☐ Other ___________________
- ☐ School

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?	☐ YES	☐ 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, including an additional $20 processing fee (already included in fees due in instructions), completing the attached Criminal History Record Check Process by following the attached CHRC Instructions.

☐ 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.

SCOPE OF PRACTICE VERIFICATION (please read and certify by checking the box for your application to be processed)

☐ I certify that my scope of practice is consistent with my education, certification and NDAC Section 54-05-03.1-03.2.

PRESCRIPTIVE AUTHORITY

I am also reactivating my Prescriptive Authority and will include the appropriate fee as listed in the instructions. With this Prescriptive Authority Reactivation, I certify that I will utilize the Prescription Drug Monitoring Program (PDMP) consistent with ND Administrative Code 54-05-03.1-10 (4)	☐ YES	☐ NO

CONTINUING EDUCATION FOR PRESCRIPTIVE AUTHORITY (if applicable)

☐ I verify that I have completed 15 contact hours of continuing education or 1 semester hour of academic credit that:

1. has been obtained during the previous two years prior to renewal
2. is pharmacotherapy content related to the scope of practice
3. these contact hours may fulfill the registered nurse/APRN renewal continuing education requirement listed above. The education or its equivalent as approved by the board may include academic credits, attendance at approved seminars, and courses or participation in approved correspondence or home study continuing education courses.

Retain all continuing education records in your personal file for at least four years. Do not submit to the board office unless you receive a Notice of Audit from the Board office.

I certify that I will utilize the Prescription Drug Monitoring Program (PDMP) consistent with ND Administrative Code 54-05-03.1-10 (4)	☐ YES	☐ NO

APPLICANT CERTIFICATION - ALL Advanced Practice nurses wishing to reactivate their license must sign and date

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.
I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.
I understand that a full license will not be issued until all CHRC requirements are met.

Applicant Signature	Date

VERIFICATION OF EMPLOYMENT

NORTH DAKOTA BOARD OF NURSING

SFN 17706 (12-18)

FOR OFFICE USE ONLY
License by ☐ Endorsement ☐ Renewal
ND License Number

This employment verification will be used to determine eligibility for license/renewal. (NDAC 54-02-05.1)

54-02-05-05.1 PRACTICE REQUIREMENTS FOR LICENSE RENEWAL. Nursing practice for purposes of relicensure must meet or exceed four hundred hours within the preceding four years. Nursing is defined in subsection 6 of North Dakota Century Code section 43-12.1-02. Hours practiced in another regulated profession cannot be used for nursing practice hours.

APPLICANT: Please complete the top portion of this form and forward it to your most recent employer for completion of the verification of nursing practice hours. If employment with most recent employer is less than 400 hours, please duplicate this form and send to previous employer(s) as necessary.

Name(Last,First,Middle)			Maiden Name
Address	City	State	Zip Code
*Social Security Number	Date of Birth		
Beginning Date of Employment	Ending Date of Employment	Position	
Signature of Applicant		Date	

EMPLOYER: Please verify nursing practice for the above named individual.

Employing Agency			
Address	City	State	Zip Code

LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR

YEAR	NUMBER OF HOURS	NURSING POSITION
2019		
2018		
2017		
2016		
2015		

Signature of Employer	Title	Date	Telephone Number

*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.

Please return completed form to address below unless instructed otherwise.

North Dakota Board of Nursing
919 S 7th St., Suite 504
Bismarck, ND 58504-5881
Telephone Number (701) 328-9777
Fax Number (701) 328-9785
WebSite 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

2. Contact your local law enforcement agency or a private agency that provides fingerprinting services to make an appointment to be fingerprinted.
   - 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.

3. **S**ubmit 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)**

4. 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 7th St, Suite 504
Bismarck, ND 58504-5881
Telephone: 701-328-9780

Reviewed/Revised: 12/18

Eye and Hair Color Codes

Code	Color	Code	Color	Code	Color
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				