



**VERIFICATION OF SUCCESSFUL COMPLETION OF  
REFRESHER COURSE - Following Disciplinary Sanctions**  
NORTH DAKOTA BOARD OF NURSING  
SFN 60185 (04/17)

**REFRESHER COURSE PARTICIPANT INFORMATION**

Name (Last, First, Middle)		Home Telephone Number
Address		Cell Phone Number
City	State	Zip Code
*Social Security Number		Date of Birth
ND RN License Number (if applicable)	ND LPN License Number (if applicable)	

**VERIFICATION SECTION**

The above identified individual has successfully completed:	
<b>COMPONENT</b>	<b>DATE OF COMPLETION</b>
<input type="checkbox"/> THEORY Component of Refresher Course (due within 10 days of theory completion)	
<input type="checkbox"/> CLINICAL Component of Refresher Course (due within 10 days of clinical completion)	
<input type="checkbox"/> REFRESHER COURSE (due within 10 days of entire course completion)	

**REFRESHER COURSE AGENCY INFORMATION**

Refresher Course Agency		Telephone Number
Address		Fax Number
City	State	Zip
Signature of Authorized Refresher Course Agency Personnel		Date

**Complete form and return to:** North Dakota Board of Nursing  
919 S 7th St., Suite 504  
Bismarck, ND 58504-5881  
Phone Telephone (701) 328-9775  
Fax (701) 328-9785  
compliance@ndbon.org

\*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.