



**VERIFICATION OF SUCCESSFUL COMPLETION OF
REFRESHER COURSE - Following Disciplinary Sanctions**
NORTH DAKOTA BOARD OF NURSING
SFN 60185 (06/22)

REFRESHER COURSE PARTICIPANT INFORMATION

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

*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.

VERIFICATION SECTION

The above identified individual has successfully completed:	
COMPONENT	DATE OF COMPLETION
<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
Email Address		
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
Fax: (701) 751-2221
Email: compliance@ndbon.org
Phone: (701) 527-5212