



**NURSING EDUCATION LOAN  
AFFIDAVIT OF EMPLOYMENT**  
NORTH DAKOTA BOARD OF NURSING  
SFN 16156 (12-17)

FOR OFFICE USE ONLY

Employment Credit

Nursing Education Loan Recipient	Employed As: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Advanced Practice Registered Nurse		
Name of Employer			
Address of Employer	City	State	Zip Code

**EMPLOYMENT VERIFICATION**

Dates Employed (From-To)		
Total Hours Employed During Dates Listed Above		
Signature for Employer	Title	Date

**SEND TO**

North Dakota Board of Nursing  
919 South 7th St, Suite 504  
Bismarck, ND 58504-5881  
(701) 328-9777  
www.ndbon.org