



**VERIFICATION OF ENROLLMENT FOR  
UNLICENSED ASSISTIVE PERSON/TECHNICIAN**  
NORTH DAKOTA BOARD OF NURSING  
SFN 60216 (6/22)

**APPLICANT INFORMATION**

Applicant/Student Name
Applicant/Student Status (Select the applicable title)
<input type="checkbox"/> Medical Assistant <input type="checkbox"/> Dialysis Technician <input type="checkbox"/> Surgical Technician <input type="checkbox"/> Nursing Student

**EDUCATION PROGRAM INFORMATION**

**(To be completed by the Program Administrator/Designee of Education Program)**

The student named above has submitted an application to the Board of Nursing for an Unlicensed Assistive Person/Technician registration. Before the application can be considered by the Board, it is necessary that we have verification of the current enrollment in education program. Please complete the following information for the student to attach to their initial application or send to the North Dakota Board of Nursing.			
Name of School/Program		Telephone Number	
Address	City	State	ZIP Code
Date of Applicant Enrollment in Program	Date of Applicant's Expected Completion/Graduation of Program		
Comments			
Program Administrator/Designee name (printed)		Title	
Signature of Program Administrator/ Designee		Date	

Complete and return to:

North Dakota Board of Nursing  
919 S 7th St., Suite 504  
Bismarck, ND 58504-5881  
Email: UAP\_MAllI@ndbon.org  
Fax Number: (701) 751-2221  
Website: www.ndbon.org