



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

NEL RECIPIENT INFORMATION (to be completed by NEL recipient):

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
I Hereby Authorize the release of my employment hours to the North Dakota Board of Nursing. The employment hours are for the purpose of verifying employment credit in the state of North Dakota for my nursing education loan.			
Signature of NEL Recipient		Date	

NEL Recipient: Upon completion, please provide this form to each employer for the dates listed below for completion by the employer.

EMPLOYMENT VERIFICATION (to be completed by employer ONLY):

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

EMPLOYER: Upon completion of this form, please send directly back to the ND Board of Nursing utilizing one of the methods below:

SEND COMPLETED FORM TO ONE OF THE FOLLOWING:

Email: NEL@ndbon.org

Fax: 701-751-2221, Attn: NEL

North Dakota Board of Nursing
919 S 7th St. Suite 504
Bismarck, ND 58504-5881