



**NURSING EDUCATION SCHOLARSHIP (NES)
PROGRAM APPLICATION**
NORTH DAKOTA BOARD OF NURSING
SFN 11692 (7/25)

FOR OFFICE USE ONLY	
Fee Received	
Date	
Account Number	
Discipline	

DEMOGRAPHIC INFORMATION

Last Name	First Name	Maiden Name (if married)	
Address	City	State	Zip Code
ND Nursing License Number if currently licensed	Date of Birth	*Social Security Number	
Email Address	Home/Cellular Telephone Number	Business Telephone Number	

NURSING PROGRAM

Name of Nursing Program you plan to attend, or are attending			
School Street Address	City	State	Zip Code
Type of Program: <input type="checkbox"/> Certificate LPN <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Associate Degree-LPN <input type="checkbox"/> Masters Degree <input type="checkbox"/> Associate Degree-RN <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Refresher Course	Enrollment Status <input type="checkbox"/> At least 6 credit hours per semester – under graduate (baccalaureate applicant must be at least a junior within the next academic year) <input type="checkbox"/> At least 3 credit hours per semester – graduate <input type="checkbox"/> Other _____		
Date of Admission	Date of Expected Completion		

REFERENCES

LIST THE NAME, PLACE OF EMPLOYMENT AND TITLE OF ONE PROFESSIONAL REFERENCE		
NAME	PLACE OF EMPLOYMENT	TITLE

COLLEGES ATTENDED

LIST NAMES AND ADDRESSES OF COLLEGES ATTENDED AND PROVIDE UNOFFICIAL TRANSCRIPTS TO THE NORTH DAKOTA BOARD OF NURSING OFFICE WITH THE APPLICATION PACKET	
NAMES	ADDRESSES

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION OR IT WILL BE RETURNED TO YOU ➔

ALL QUESTIONS MUST BE COMPLETED

1.	Have you ever, for any criminal offense, including those pending appeal:		
a.	Been arrested and have a pending criminal charge for a felony or misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Been convicted of a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Pled nolo contendere, no contest, or guilty to any offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	Received a deferred adjudication or deferred imposition of sentence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Had a criminal conviction pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Been sentenced to serve jail or prison time, or court-ordered confinement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	Been granted a pre-trial diversion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	Been cited or charged with any violation of the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k.	Been subject to a court martial; Article 15 violation, or received any form of military judgment/punishment/action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l.	Received any charges related to immigration violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Have you had an unlicensed assistive person registry or nurse aide registry listing marked for abuse, neglect or misappropriation or theft of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Has any licensing authority refused to issue you a license/registration, denied you a license/registration, or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate or multi-state privilege or registration held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you been investigated or are you presently being investigated by any licensing authority, including the NDBON?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been terminated from a nursing, or nursing-related job due to issues or concerns related to your nursing practice or for conduct that may be grounds for disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Do you currently have a diagnosis of chemical dependency or are you participating in chemical dependency treatment/rehabilitation or an alternative to discipline/monitoring program with another board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Are you currently experiencing a physical, emotional, or mental condition that may impair your ability to practice nursing with reasonable skill and safety?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If your answer is "YES" to any of the above questions, attach a detailed written explanation and related legal documents to the application.			

APPLICANT SIGNATURE, CERTIFICATION AND ATTESTATION

I certify the information on this document is true, correct, and complete. I acknowledge my intent to work as a nurse in North Dakota following graduation.	
Signature	Date

The administrative rules governing the Nursing Education Scholarship Program and the Policies for Applicants/Recipients are available at www.ndbon.org. It is recommended that you read the rules and policies.

*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.

FOR OFFICE USE ONLY
<input type="checkbox"/> DISCIPLINE REVIEW <input type="checkbox"/> CAC <input type="checkbox"/> APPROVAL