FOR OFFICE USE ONLY	
Fee Received	CHRC Form & fee
Discipline Review	DRP
Approval	Temp Permit Issued
Permanent Issue Date	Registry Number

INITIAL MEDICATION ASSISTANT III APPLICATION
NORTH DAKOTA BOARD OF NURSING
SFN 50128 (01-23)

If an Unlicensed Assistive Person or Medication Assistant had previously been on the UAP/MA Registry, they must renew/reactivate that registry status prior to hire date including orientation. Employment prior to renewal/reactivation may be subject to disciplinary action including penalty fees.

APPLICANT INFORMATION (PLEASE PRINT)

First Name	Middle Name	Last Name		
*Social Security Number		Maiden Name		
Mailing Address		City	State	ZIP Code
Date of Birth	Home Telephone Number	Work Telephone Number		
Mother's Maiden Name	Email Address	☐ Male ☐ Female		
Ethnic Information ☐ African American ☐ Hispanic ☐ White-Not of Hispanic Origin ☐ Asian Indian ☐ Native American ☐ Asian Other ☐ Pacific Islander ☐ Other				

*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. Failure to provide the social security number will cause the application to not be processed.

CHOOSE NUMBER ONE OR TWO OF THE FOLLOWING TO COMPLETE:

1. **Medical Assistant Program**
   You must submit the following along with this form and fee:
   a. Complete the following and include a copy of your certification from AAMA, NHA or NCCT; OR Registration from AMT

Name of Certifying Organization	State you obtained your original certification
Certificate Number	Expiration Date

   b. Official Transcript sent directly from school – *Contact your school and have them send official transcripts directly to our office. Only official transcripts sent directly from the school to the Board office are accepted. If your school is closed, it is your responsibility to locate the custodian of the school records. See electronic transcript submission option in Instructions on page 3.*

Name of Medical Assistant Program			
Address	City	State	ZIP Code
Date of Enrollment	Date of Completion/Graduation		

2. **Nursing Education Program**
   You must submit the following along with this form and fee:
   a. "Verification of Eligibility for Medication Assistant Registry" form
      (You may find the Verification of Eligibility for Medication Assistant Registry form on our website at www.ndbon.org -choose UAP/MAIII; Overview and Initial Applications; look under Related Information on this page)

Name of Nursing Education Program			
Address	City	State	ZIP Code
Date of Enrollment	Approximate Date of Graduation		

CRIMINAL HISTORY RECORD CHECK (CHRC)

1. Have you completed a Criminal History Record Check for the ND Board of Nursing in the past 180 days? *Note- the ND Board of Nursing cannot share or receive CHRC results you may have done for other employers, schools, etc. This question pertains to completing a CHRC specifically for the ND Board of Nursing.*	☐ YES	☐ NO

If you answered "Yes" to the above question #1, what was the month and year of completion of the CHRC?	Month	Year

If you answered "No" to the above question #1, you must submit to a Criminal History Record Check by checking below and completing the attached Criminal History Record Check Instructions.

☐ As part of this application process, I agree to submit to a Criminal History Record Check.

Follow all Criminal History Record Check instructions found on the last page carefully. Make sure to follow the website link for the CHRC form. This form MUST be sent in along with all other items listed in #2 of the CHRC instructions.

A nonrenewable temporary permit will be issued to applicants that have met all other requirements for licensure or registration and have agreed to submit to a criminal history record check according to NDCC 43-12.1-09.1. The temporary permit will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify Permits, Licenses, Registries" section. No hard copy temporary permits will be issued.

REGISTRY INFORMATION

1. Are you currently registered as an Unlicensed Assistive Person, Technician or Medical Assistant at the ND Board of Nursing?	☐ Yes	☐ No

If you checked "yes" to question #1 above, fill in the following information ➔	UAP registry number	Expiration Date

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?	☐ YES	☐ NO
b.	Been convicted of a misdemeanor?	☐ YES	☐ NO
c.	Been convicted of a felony?	☐ YES	☐ NO
d.	Pled nolo contendere, no contest, or guilty to any offense?	☐ YES	☐ NO
e.	Received a deferred adjudication or deferred imposition of sentence?	☐ YES	☐ NO
f.	Had a criminal conviction pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended?	☐ YES	☐ NO
g.	Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?	☐ YES	☐ NO
h.	Been sentenced to serve jail or prison time, or court-ordered confinement?	☐ YES	☐ NO
i.	Been granted a pre-trial diversion?	☐ YES	☐ NO
j.	Been cited or charged with any violation of the law?	☐ YES	☐ NO
k.	Been subject to a court martial; Article 15 violation, or received any form of military judgment/punishment/action?	☐ YES	☐ NO
l.	Received any charges related to immigration violations?	☐ YES	☐ 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?	☐ YES	☐ 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?	☐ YES	☐ NO
4.	Have you been investigated or are you presently being investigated by any licensing authority, including the NDBON?	☐ YES	☐ 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?	☐ YES	☐ 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?	☐ YES	☐ 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?	☐ YES	☐ 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 CERTIFICATION (check each box to verify you have read and attest to the statement)

☐ I acknowledge that this form is a legal document.
☐ I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.
☐ I certify that the information provided is true, correct, and complete.
☐ I attest that I meet all the requirements to practice for the type of licensure requested, as listed in NDAC 54-02-06.
☐ I understand that submission of any false or incomplete information is a violation of NDCC 43-12.1-14 and may be grounds for disciplinary action.
☐ I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.
☐ I understand that a full license will not be issued until all CHRC requirements are met.

Applicant Signature	Date

INSTRUCTIONS

1. Complete the Medication Assistant Application.
2. Attach appropriate Medication Assistant non-refundable application/processing fee payable to the ND Board of Nursing
   - $60 if you answered "YES" the "Registry Information" question above *(Are you currently registered as an Unlicensed Assistive Person, Technician or Medical Assistant at the ND Board of Nursing?)*.
   - $100 if you answered "NO" to the "Registry Information question above *(Are you currently registered as an Unlicensed Assistive Person, Technician or Medical Assistant at the ND Board of Nursing?)*.
3. If you answered "no" to the Criminal History Record Check question in this application:
   - Follow the attached Criminal History Record Check Instructions to complete your fingerprinting process.
4. Attach additional documentation as required
   - Verification of Eligibility for Medication Assistant Registry" form **OR**
   - A copy of your certification or registration and have your school send Official Transcripts-
     - *Preferred Method* - Transcripts may be sent electronically through one of the following or another secure transcript service.
       - National Clearing House
       - e-script
       - Parchment
         - If prompted by a secure transcript service to enter an email address for ND Board of Nursing use transcripts@ndbon.org
     - You may use the Request for Release of Transcript form if you are requesting a paper copy from your school.
       You will find the form here - https://www.ndbon.org/UAP-MAIII/Overview.asp -scroll down to the Related Information section.

5. Submit all of the above to:
   North Dakota Board of Nursing
   919 S 7th Street, Suite 504
   Bismarck, ND 58504-5881
   Web Site: www.ndbon.org

CRIMINAL HISTORY RECORD CHECK (CHRC) INSTRUCTIONS

1. Submit an online RN or LPN initial application by exam or endorsement OR include one of the following forms:
   - An RN or LPN Reactivation Form or;
   - An initial APRN application or;
   - A UAP/Technician/MAIII initial or reactivation form
2. Contact your local law enforcement agency or a private agency that provides fingerprinting services to make an appointment to be fingerprinted.
   a. Fee for fingerprinting will vary depending upon agency charges.
   b. Agencies and law enforcement are to use the standard FBI Applicant card (FD-258) for fingerprints.
3. Submit the following to North Dakota Board of Nursing (NDBON) - address is at bottom of this form:
   a. [Criminal History Record Check Request Form (SFN 60688)](#)
      i. Complete the last section titled "To be Completed by Subject of Record Check" only. Also sign and date form.
   b. Completed fingerprint cards (from the law enforcement agency/private agency)
   c. TWO completed fingerprint cards if ink and roll
   d. ONE completed fingerprint card if electronic
   e. Do not fold fingerprint cards
   f. Money Order or Cashier Check for $41.25, with a current date, and must be made PAYABLE TO BCI. (No personal checks accepted)
4. NDBON will submit the completed form, fee, and fingerprint cards to Bureau of Criminal Investigations (BCI).
   a. BCI will return the background check results to NDBON.
   b. If fingerprints are rejected by BCI, NDBON will notify you.
5. Required fields to be completed at the top of the fingerprint card using BLACK ink:
   a. Last Name, First Name, Middle Name
   b. Signature of Person Fingerprinted (Your Signature)
   c. Aliases/AKA **(Do Not Leave Blank)**
   d. Maiden name
   e. Other names used by you
   f. Insert N/A if you have none
   g. Date of Birth (MM/DD/YYYY format)
   h. Residence of Person Fingerprinted (Your physical residence address NOT mailing address)
   i. Citizenship (US or other country)
   j. Sex (M for male; F for female)
   k. Race
      i. A - Asian/Pacific Islander
      ii. B – Black/African American
      iii. I - American Indian or Alaskan Native
      iv. W - White or Hispanic
      v. U - Unknown
   l. Height (Enter in feet & inches. Examples-if 5 feet 7 inches tall enter 507; if 5 feet 10 inches tall enter 510)
   m. Weight (in pounds)
   n. Eyes (color- use code from color code box below)
   o. Hair (color- use coed from color code box below)
   p. Place of birth (If in US, use 2 letter state abbreviation. If foreign country, enter full name)
   q. Date (date prints taken)
   r. Signature of Official Taking fingerprints
   s. Social Security Number (Use XXX-XX-XXX format)

Eye and Hair Color Codes

BLD = Bald	BLN = Blonde or Strawberry
BLK = Black	BLU = Blue
BRO = Brown	GRY = Gray
GRN = Green	HAZ = Hazel
MAR = Maroon	ONG = Orange
MUL = Multicolored	PLE = Purple
PNK = Pink	RED = Red
SDY = Sandy	WHI = White

If fingerprint cards are incomplete you will be required to submit new cards