



**VERIFICATION OF ENROLLMENT FOR  
UNLICENSED ASSISTIVE PERSON/TECHNICIAN**

NORTH DAKOTA BOARD OF NURSING  
160216 (01/18)

**APPLICANT INFORMATION**

Applicant/Student Name
Applicant/Student Status 1. <input type="checkbox"/> Medical Assistant 2. <input type="checkbox"/> Dialysis Technician 3. <input type="checkbox"/> Surgical Technician 2. <input type="checkbox"/> Other

**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 Applicant Named Above Enrolled in the Program		Date of Expected Completion/Graduation of Education 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  
 Telephone Number (701) 328-9777  
 Fax Number (701) 328-9785  
 Website www.ndbon.org