



**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 1. <input type="checkbox"/> Medical Assistant 2. <input type="checkbox"/> Dialysis Technician 3. <input type="checkbox"/> Surgical Technician

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
Email: UAP_MAll@ndbon.org
Fax Number: (701) 751-2221
Website: www.ndbon.org