



**VERIFICATION OF ELIGIBILITY FOR MEDICATION ASSISTANT REGISTRATION
(STUDENTS IN NURSING EDUCATION PROGRAM)**
NORTH DAKOTA BOARD OF NURSING
SFN 53337 (06/22)

Student Name	*Social Security Number	Date of Birth	UAP Registry Number
Address	City	State	ZIP Code

The student named above has submitted an application to the Board of Nursing for a Medication Assistant III registration. Before the application can be considered by the Board, it is necessary that we have verification of the individual's status in the nursing education program. Please complete the following information and return it to the North Dakota Board of Nursing.

Name of School			
Address	City	State	ZIP Code
The student has successfully completed one (1) semester of nursing education			<input type="checkbox"/> Yes <input type="checkbox"/> No
The semester of nursing education has included a clinical skills component			<input type="checkbox"/> Yes <input type="checkbox"/> No
The semester of nursing education has included a course which includes medication administration from an approved nursing education program, which must have included a clinical nursing component. The course must have included basic clinical skills, basic pharmacology, principles of medication administration, and mathematics competency.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Program Administrator/Designee name (printed)	Title
Signature of Nursing Program Administrator or Designee	Date

*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.

Complete and return to:

North Dakota Board of Nursing
919 S 7th St., Suite 504
Bismarck, ND 58504-5881
Email: UAP_MAIll@ndbon.org
Fax: (701) 751-2221
Website: www.ndbon.org