



INITIAL UAP / TECHNICIAN REGISTRY APPLICATION

NORTH DAKOTA BOARD OF NURSING
SFN 50422 (05-21)

FOR OFFICE USE ONLY	
Fee Received	Discipline Review
Registry Number	DRP
Approval	Date temp permit Issued
CHRC Form & fee	
Date permanent registry card issued	

UNLICENSED ASSISTIVE PERSON APPLICANT (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	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnic Information <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White-Not of Hispanic Origin <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other				

JOB CATEGORY – choose one Job Category

Unlicensed Assistive Person (also choose 1, 2, or 3 below)

1. **School Personnel – “Medication Administration”**

All SCHOOL PERSONNEL must complete the following:

1. School Medication Program Completion Date: _____
2. Documentation of Skills Competency Validation

2. **Nursing Student enrolled in a Nursing Program**

3. **Other (Explanation) _____**

Technician (you must also choose 1,2,3, or 4 below)

1. Dialysis Technician
2. Medical Assistant
3. Surgical Technician
4. Other (Explanation) _____

All TECHNICIANS must complete and submit the following along with this application:

1. Verification of completion of a board-recognized formal training program (have official transcripts from the program sent to the ND Board of Nursing-see electronic submission methods in Instructions on page 3),

OR

2. Current registration or certification by a recognized national body

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

Student Technician (also choose a, b, or c below)

- a. Dialysis Technician
- b. Surgical Technician
- c. Medical Assistant

All STUDENTS must also submit the following:

Verification of Enrollment form (found on the Board website at www.ndbon.org –choose Unlicensed Assistive Person & Medication Assistant for link under Related Forms)

EMPLOYMENT SETTING

Name of ND Institution/Clinical Facility	Employer Telephone Number	Start Date
Employer Address	City	State
		ZIP Code

****PLEASE NOTE THAT YOU MAY NOT BEGIN EMPLOYMENT AS A UAP/TECHNICIAN UNTIL YOU HAVE RECEIVED THE TEMPORARY PERMIT OR REGISTRATION FROM THE ND BOARD OF NURSING. "PRACTICE/EMPLOYMENT" DOES INCLUDE ORIENTATION.**

ALL QUESTIONS MUST BE COMPLETED

1.	Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest, for any felony or misdemeanor offense(s)? Must Answer YES if: A conviction has been pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended; or If you have entered into any agreement by which an offense would be dismissed upon completion of certain terms.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Are there any pending charges against you with respect to a felony or misdemeanor offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Have you had an unlicensed assistive person registry or nurse aide registry listing marked for abuse, neglect or misappropriation of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have you been denied registration or nursing licensure by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you been terminated from a nursing related job due to conduct that may be grounds for disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	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 question above, attach a detailed written explanation and related legal documents to the application and send to the board.

CRIMINAL HISTORY RECORD CHECK (CHRC)

As part of this application process, I agree to submit to a Criminal History Record Check. I will view the attached instructions and print the CHRC form from the link provided within the instructions. I can also find the instructions and the link on the Board website at www.ndbon.org under UAP/MAIII.

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" section. No hard copy temporary permits will be issued.

APPLICANT CERTIFICATION

I certify the information provided is true, correct, and complete, and I understand that submission of any false or incomplete information may be grounds for disciplinary action.

Applicant Signature	Date
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*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.

INSTRUCTIONS

1. Complete the UAP / Technician Application
2. Attach \$60 nonrefundable application/processing fee payable to 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 for “Technician”
 - ◆ Current national registration/certification OR
 - ◆ 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. Attach additional documentation as required for “Student Technician”
 - ◆ Verification of Enrollment Form
6. Submit all of the above to: North Dakota Board of Nursing, 919 S 7th Street, Suite 504, Bismarck, ND 58504-5881
Phone 701-328-9777, 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

1. 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.
 - Agencies and law enforcement are to use the standard FBI Applicant card (FD-258) for fingerprints.

2. Submit the following to North Dakota Board of Nursing (NDBON) - address is at bottom of this form:
 - Criminal History Record Check form at:
<https://attorneygeneral.nd.gov/sites/ag/files/documents/CHR-Request-SFN60688.pdf> - Complete the last section titled "To be Completed by Subject of Record Check" only. Also sign and date form.
 - Completed fingerprint cards (from the law enforcement agency/private agency)
 - TWO completed fingerprint cards if ink and roll
 - ONE completed fingerprint card if electronic
 - Do not fold fingerprint cards
 - Money Order or Cashier Check for **\$41.25**, with a **current date**, and must be made **PAYABLE TO BCI. (No personal checks accepted)**

3. NDBON will submit the completed form, fee, and fingerprint cards to Bureau of Criminal Investigations (BCI).
 - BCI will return the background check results to NDBON.
 - If fingerprints are rejected by BCI, NDBON will notify you.

Required fields to be completed at the top of the fingerprint card using BLACK ink:

- Last Name, First Name, Middle Name
- Signature of Person Fingerprinted (Your Signature)
- Aliases/AKA
 - Maiden name
 - Other names used by you
 - Insert N/A if you have none
- Date of Birth (MM/DD/YYYY format)
- Residence of Person Fingerprinted (Your physical residence address NOT mailing address)
- Citizenship (US or other country)
- Sex (M for male; F for female)
- Race
 - A - Asian/Pacific Islander
 - B – Black/African American
 - I - American Indian or Alaskan Native
 - W - White or Hispanic
 - U - Unknown
- ❖ Height (Enter in feet & inches. Examples-if 5 feet 7 inches tall enter 507; if 5 feet 10 inches tall enter 510)
- ❖ Weight (in pounds)
- ❖ Eyes (color- use code from color code box below)
- ❖ Hair (color- use code from color code box below)
- ❖ Place of birth (If in US, use 2 letter state abbreviation. If foreign country, enter full name)
- ❖ Date (date prints taken)
- ❖ Signature of Official Taking fingerprints
- ❖ Social Security Number (Use XXX-XX-XXX format)

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

North Dakota Board of Nursing
 919 S 7th St, Suite 504
 Bismarck, ND 58504-5881
 Email - chrc@ndbon.org

Reviewed/Revised: 05/21

Eye and Hair Color Codes					
BLK	Black	GRY	Gray	GRN	Green
BRO	Brown	HAZ	Hazel	MUL	Multi-colored
BLN	Blond or Strawberry	WHI	White	SDY	Sandy
RED	Red or Auburn	BLD	Bald	MAR	Maroon
PNK	Pink	BLU	Blue	ONG	Orange
PLE	Purple				