



**SPECIALTY PRACTICE REGISTERED NURSE  
INITIAL APPLICATION**  
NORTH DAKOTA BOARD OF NURSING  
SFN 53333 (06/22)

FOR OFFICE USE ONLY	
APPROVAL	PERMIT INFO
<input type="checkbox"/> Nursys	Permit Number
<input type="checkbox"/> Temp Permit	Date Issued
<input type="checkbox"/> Full License	Date Expired
<input type="checkbox"/> DRP	Fee Received
<input type="checkbox"/> Disc Review	SPRN Title
Permanent License Issue Date	

DEFINITION: "Specialty practice registered nurse" means a person who holds a current license to practice in this state as a specialty practice registered nurse and has the educational preparation and national certification within a defined area of nursing practice.

NDAC 54-05-03.2-04. INITIAL REQUIREMENTS FOR SPECIALTY PRACTICE LICENSURE. Applicants for specialty practice registered nurse licensure must:

1. Possess or submit one of the following:
  - a. Have a current license to practice as a registered nurse in North Dakota. Make sure to include your current ND RN license number on the specialty practice application where indicated; or
  - b. Have a current compact RN license in another compact state; or
  - c. Submit an "Initial RN or LPN License by Endorsement" if you do not currently have a ND RN license or an RN license from another compact state. You may find this application on our website at [www.ndbon.org](http://www.ndbon.org) – choose Initial RN or LPN License by Endorsement under Nurse Licensure.
2. Submit evidence of experiential expertise gained through the clinical aspect of coursework or employment; and/or
3. Submit evidence of additional educational preparation in continuing education programs or formal education in a board approved program; and
4. Submit evidence of current certification by a national certifying body in the specific area of nursing practice; and
5. Submit a completed application and pay the appropriate fee listed at the end of this application; and
6. Submit a scope of practice statement for review and approval by the board and
7. Submit other activities as approved by the board
8. Complete a Criminal History Record Check. The North Dakota Board of Nursing (NDBON) is responsible for coordinating the Federal Bureau of Investigations (FBI) background checks with the Bureau of Criminal Investigations (BCI) division of the State Attorney General. **Complete the Criminal History Record Check (CHRC) Process by following the attached CHRC instructions and include a \$20 processing fee if you have not completed a Criminal History Record Check for the ND Board of Nursing in the past 90 days.**

**PERSONAL INFORMATION**

Last Name		First Name		Middle Name
Maiden Name (If Married)		Mother's Maiden Name		*Social Security Number
Address		City	State	ZIP Code
County		ND RN License Number (if applicable)	Date of Birth	
Email Address		Home Telephone Number		Work Telephone Number
For Statistical Purposes <input type="checkbox"/> Male <input type="checkbox"/> Female		Primary Language Code <input type="checkbox"/> English <input type="checkbox"/> English and Another Language <input type="checkbox"/> Another Language		
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

\*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.

**NURSE LICENSURE COMPACT INFORMATION – DECLARATION OF PRIMARY STATE OF RESIDENCE**

<p><b>Primary state of residence is where you hold a driver’s license, pay taxes, and/or vote. This state is referred to as your “home state” under the Nurse Licensure Compact and means that it is your “declared fixed permanent and principal home for legal purposes”. If your primary state of residence is a compact state, you must have a current compact RN license in that compact state. For an up to date list of compact states please go to <a href="http://www.ncsbn.org">www.ncsbn.org</a>.</b></p>		
I declare my primary state of residence to be		
RN License Number in my compact primary state of residence (if applicable):		
RN license in my compact primary state of residence will expire (if applicable)		
Will you be changing your primary state of residence to North Dakota when you come to work in ND?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered “yes” to the above question, what date will ND become your primary state of residence?		

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

If your answer is “YES” to any of the above questions, attach a detailed written explanation and related legal documents to the application.

**BASIC NURSING PREPARATION (list complete information for basic nursing program)**

Name of College/School of Nursing			
Address	City	State	ZIP Code
Certificate/Degree Granted <input type="checkbox"/> Diploma(RN) <input type="checkbox"/> Associate Degree (RN) <input type="checkbox"/> Baccalaureate		Entry Date	Completion Date

**SPECIALTY PREPARATION**

School/Institution		Name of Program	
Address		City	State    ZIP Code
Date of Entry	Date of Completion	Credential Awarded	
SPRN category <input type="checkbox"/> CRNFA <input type="checkbox"/> CET <input type="checkbox"/> CDE <input type="checkbox"/> OTHER (specialty)_____			

**CERTIFICATION**

Name of Certifying Organization		Certificate Number	
Address		City	State    ZIP Code
Date of Original Certification	Date Scheduled for Examination	Expiration Date of Current Certification	

**LIST ALL OTHER STATES YOU HAVE EVER HELD AN RN LICENSE**

<b>ACTIVE LICENSES</b>	
<b>INACTIVE LICENSES</b>	

**LIST ALL OTHER STATES YOU HAVE EVER HELD AN SPRN LICENSE**

<b>ACTIVE LICENSES</b>	
<b>INACTIVE LICENSES</b>	

Have you ever had approval to practice in a specialty role denied, limited, suspended, or revoked? If yes, attach a letter of explanation to this application.	<input type="checkbox"/> NO	<input type="checkbox"/> YES
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<b>LIST ALL STATES YOU ARE CURRENTLY PRACTICING IN</b>	<b>SINCE YOUR LAST RENEWAL, WHAT STATES DID YOU PRACTICE IN?</b>

**EMPLOYMENT INFORMATION** -List all past employment as a nurse during the past four years, starting with your most recent employer. If employed part time, you must list the number of hours employed.

PRACTICE YEAR	HOURS PRACTICED IN NURSING EACH YEAR	PLACE OF NURSING PRACTICE (NAME OF AGENCY, CITY, STATE)	NURSING POSITION
2022			
2021			
2020			
2019			

**ND PRACTICE SETTING**

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

**CRIMINAL HISTORY RECORD CHECK (CHRC)**

1. Have you completed a Criminal History Record Check for the ND Board of Nursing in the past 90 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "Yes" to the above question #1, what was the month and year of completion of the CHRC?	Month	Year
<p>If you answered "No" to the above question #1, you must submit to a Criminal History Record Check by checking below, including an additional \$20 processing fee with this application, completing the Criminal History Record Check Process by following the attached CHRC Instructions.</p> <p><input type="checkbox"/> As part of this application process, I agree to submit to a Criminal History Record Check.</p>		
<p><b>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 <a href="http://www.ndbon.org">www.ndbon.org</a> in the "Verify" section. No hard copy temporary permits will be issued.</b></p>		

**APPLICANT CERTIFICATION (check each box to verify you have read and attest to the statement)**

<input type="checkbox"/> I acknowledge that this form is a legal document.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> I certify that the information provided is true, correct, and complete.	
<input type="checkbox"/> I attest that I meet all the requirements to practice for the type of licensure requested, as listed in NDAC 54-02-06.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.	
<input type="checkbox"/> I understand that a full license will not be issued until all CHRC requirements are met.	
Applicant Signature	Date

**\*\*PLEASE NOTE THAT YOU MAY NOT BEGIN PRACTICE AS AN SPRN UNTIL YOU HAVE RECEIVED THE TEMPORARY PERMIT OR LICENSE FROM THE NORTH DAKOTA BOARD OF NURSING. "PRACTICE/EMPLOYMENT" DOES INCLUDE ORIENTATION.**



**SPECIALTY PRACTICE REGISTERED NURSE  
SCOPE OF PRACTICE  
NORTH DAKOTA BOARD OF NURSING**

Scope of Practice is the delineation of the applicant's practice which identifies the nature and extent of the applicant's practice and includes 1) focus of care, 2) elements of care, 3) type of client, and 4) consultation patterns with members of the health care team.

**SCOPE OF PRACTICE STATEMENT:** The scope of practice statement is submitted for review and approval for initial licensure, and for biennial renewal. You must also submit a revised scope of practice statement if there is any change in the employment status, practice setting, or scope of practice. It is the licensee's responsibility to make sure the scope of practice statement on file in the board office reflects current practice.

The scope of practice for a registered nurse with specialty licensure is based upon an understanding that a broad range of health care services can be appropriately and competently provided by a registered nurse with validated knowledge, skills, and abilities in specific practice areas. The health care needs of citizens in North Dakota require that nurses in specialty practice roles provide care to the fullest extent of their scope of practice. The specialty practice registered nurse retains the responsibility and accountability for that scope of practice and is ultimately accountable to the client within the Nurse Practices Act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SEND APPLICATION WITH THE FOLLOWING**

- 1. SCOPE OF PRACTICE**
- 2. COPY OF CURRENT CERTIFICATION**
- 3. OFFICIAL TRANSCRIPT**
- 4. \$125 NONREFUNDABLE APPLICATION FEE**
- 5. \$20 NONREFUNDABLE PROCESSING FEE (If you answered "no" to the CHRC question)**
- 6. THE CHRC FORM AND FINGERPRINT CARDS AS LISTED IN ATTACHED CHRC INSTRUCTIONS (If you answered "no" to the CHRC question)**

NORTH DAKOTA BOARD OF NURSING  
919 S 7<sup>th</sup> STREET, SUITE 504  
BISMARCK, ND 58504-5881  
Website: [www.ndbon.org](http://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/MALII 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**

North Dakota Board of Nursing  
 919 S 7<sup>th</sup> St, Suite 504  
 Bismarck, ND 58504-5881  
 Email: [chrc@ndbon.org](mailto:chrc@ndbon.org)

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