



**ADVISORY PANEL APPLICATION**  
NORTH DAKOTA BOARD OF NURSING  
SFN 61197 (12/22)

Name (Last, First, Middle)		License Number (if applicable)	
Credentials			
Current Mailing Address	City	State	ZIP Code
Telephone Number	Email Address		

**AREA OF SPECIFIC INTEREST, EXPERIENCE, KNOWLEDGE, PRACTICE SETTING AND/OR POPULATION FOCUS (NURSING) AND/OR AREAS OF SPECIFIC EXPERIENCE AND/OR KNOWLEDGE (NON-NURSING).  
SELECT UP TO FOUR (4).**

**ATTACH CV OR RESUME WITH APPLICATION.**

Email completed form to Dr. Stacey Pfenning, Executive Director, at: [advisorypanel@ndbon.org](mailto:advisorypanel@ndbon.org)

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