



**NURSING EDUCATION LOAN (NEL)
PROGRAM APPLICATION**
NORTH DAKOTA BOARD OF NURSING
SFN 11692 (03/22)

FOR OFFICE USE ONLY	
Fee Received	
Loan	
Date	
Account Number	
Discipline	

DEMOGRAPHIC INFORMATION

Last Name	First Name	Maiden Name (if married)	
Address	City	State	Zip Code
ND Nursing License Number if currently licensed	Date of Birth	*Social Security Number	
Email Address	Home/Cellular Telephone Number	Business Telephone Number	

PREVIOUS NEL INFORMATION

Have you ever received a Nursing Education Loan for a different degree level? <i>If you chose Yes, answer the 3 questions below.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type of Program you received previous NEL for	Amount of Previous NEL	Date of Previous NEL

NURSING PROGRAM

Name of Nursing Program you plan to attend, or are attending			
School Street Address	City	State	Zip Code
Type of Program: <input type="checkbox"/> Certificate LPN <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Associate Degree-LPN <input type="checkbox"/> Masters Degree <input type="checkbox"/> Associate Degree-RN <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Refresher Course	Enrollment Status <input type="checkbox"/> At least 6 credit hours per semester – under graduate (baccalaureate applicant must be at least a junior within the next academic year) <input type="checkbox"/> At least 3 credit hours per semester – graduate <input type="checkbox"/> Other _____		
Date of Admission	Date of Expected Completion		

REFERENCES

LIST THE NAME, PLACE OF EMPLOYMENT AND TITLE OF ONE PROFESSIONAL REFERENCE		
NAME	PLACE OF EMPLOYMENT	TITLE

COLLEGES ATTENDED

LIST NAMES AND ADDRESSES OF COLLEGES ATTENDED AND PROVIDE UNOFFICIAL TRANSCRIPTS TO THE NORTH DAKOTA BOARD OF NURSING OFFICE WITH THE APPLICATION PACKET	
NAMES	ADDRESSES

COMPLETE BOTH SIDES OF THIS APPLICATION OR IT WILL BE RETURNED TO YOU →

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.			

APPLICANT SIGNATURE, CERTIFICATION AND ATTESTATION

I certify the information on this document is true, correct, and complete. I acknowledge repayment of the NEL is through working as a nurse in North Dakota.	
Signature	Date

The administrative rules governing the Nursing Education Loan Program and the Policies for Applicants/Recipients are available at www.ndbon.org. It is recommended that you read the rules and policies.

*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.

FOR OFFICE USE ONLY
<input type="checkbox"/> DISCIPLINE REVIEW <input type="checkbox"/> CAC <input type="checkbox"/> APPROVAL



NURSING EDUCATION LOAN (NEL) PROGRAM APPLICATION INSTRUCTIONS NORTH DAKOTA BOARD OF NURSING

1. The following materials must be completed and submitted as a single packet **by the 11:59 pm CST June 30th deadline:**
 - a. Nursing Education Loan Program application form (SFN 11692)
 - b. \$25 nonrefundable application fee
 - c. Unofficial transcripts or copies of transcripts with nursing degree(s) awarded or nursing program enrolled in from all colleges/universities attended.
 - d. Co-Signer Information form (SFN 14689)
 - e. One professional reference letter
 - f. Student Status memorandum form (SFN 14690) dated after March 1st verifying your acceptance and enrollment into a board approved nursing education program
2. The spouse or another education loan applicant is not acceptable as the co-signer of the note. The co-signer of the note should be a North Dakota resident. If the co-signer is not a ND resident, the applicant must provide a letter of explanation. The co-signer must be 18 years or older. Proof of age may be requested by board staff.
3. A written statement from the administrator of the nursing program or designee verifying the applicant's acceptance and enrollment in the program will be used to determine if an applicant meets the qualifications for the education loan program. A baccalaureate applicant must be at least a junior within the next academic year to be considered for the education loan.
4. Applications will ONLY be accepted between March 1st and July 1 (11:59 pm CST June 30th). All education loan applications will be considered annually at the July board meeting. An application will be reviewed by the board only if it is received into the board office by the 11:59 pm CST June 30th deadline and the application packet contains all required items as listed.
5. All applicants for education loans are considered under blind review. A board member, staff employee or family member of either of the foregoing, who submits an application for an education loan will be excluded from all application processing, review and board actions relative to the education loan program.
6. Reapplication may occur annually, if the applicant has not received the total loan amount allowed by NDAC 54-04.1-03-01, by completing Nursing Education Loan (NEL) Program Reapplication (SFN 58630).
7. Applicants with a graduation date prior to September 1st will be considered as the current academic term for purposes of number of cycles to complete the program and will not be eligible for reapplication.
8. Submit the completed packet to:

NORTH DAKOTA BOARD OF NURSING
EDUCATION LOAN PROGRAM
919 S 7th STREET, SUITE 504
BISMARCK, ND 58504-5881
Email: NEL@ndbon.org
Web Site: www.ndbon.org