



**NURSING EDUCATION LOAN (NEL)  
PROGRAM REAPPLICATION**  
NORTH DAKOTA BOARD OF NURSING  
SFN 58630 (06/22)

FOR OFFICE USE ONLY	
Fee Received	
Loan	
Date	
Account Number	
Discipline	

Name (First, Maiden, Last)		*Social Security Number	
Mailing Address	City	State	ZIP Code
Home/Cellular Telephone Number	Business Telephone Number	Date of Birth	
Licensed Nurse only - List your ND License Number	Email Address		
Name of Nursing Program you are attending			
School Street Address	City	State	ZIP Code
Type of Program <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Refresher Course	Enrollment Status <input type="checkbox"/> At least 6 credit hours per semester – under graduate <input type="checkbox"/> At least 3 credit hours per semester – graduate <input type="checkbox"/> Other _____		
Date of Admission	Date of Expected Completion		
Have you changed programs since initial NEL?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Previous NEL received	Amount of Previous NEL received	

\*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.

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.			

**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

NEL reapplication may occur annually if the applicant has not received the total loan allowed by NDAC 54-04.1-03-01.

Use this NEL Program Reapplication form if you are applying for the same degree level you received a previous award for. If you are applying for a new degree level, use the Nursing Education Loan Program Application form (SFN 11692)

1. The following materials must be completed and submitted as a single packet **by the 11:59 pm CST June 30<sup>th</sup> deadline:**

- a. Nursing Education Loan Program reapplication form (SFN 58630)
- b. \$30 nonrefundable application fee
- c. Co-Signer Information form (SFN 14689)
- d. Student Status memorandum form (SFN 14690) dated after March 1 verifying acceptable progression in a board approved education program and expected date of graduation from 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 will 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 continued enrollment and progression in the program and expected date of graduation will be used to determine if an applicant meets the qualifications for the education loan program.

4. Applications will ONLY be accepted between March 1st and July 1 (11:59 pm CST June 30<sup>th</sup>). 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 30<sup>th</sup> 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. Applicants with a graduation date prior to September 1<sup>st</sup> 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.

7. Submit the completed packet to:

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