



VERIFICATION OF EMPLOYMENT
 NORTH DAKOTA BOARD OF NURSING
 SFN 17706 (6-24)

FOR OFFICE USE ONLY		
License by	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Renewal
ND License Number		

This employment verification will be used to determine eligibility for license/renewal. (NDAC 54-02-05.1)

54-02-05-05.1 PRACTICE REQUIREMENTS FOR LICENSE RENEWAL. Nursing practice for purposes of relicensure must meet or exceed four hundred hours within the preceding four years. Nursing is defined in subsection 6 of North Dakota Century Code section 43-12.1-02. Hours practiced in another regulated profession cannot be used for nursing practice hours.

APPLICANT: Please complete the top portion of this form and forward it to your most recent employer for completion of the verification of nursing practice hours. If employment with most recent employer is less than 400 hours, please duplicate this form and send to previous employer(s) as necessary.

Name (Last, First, Middle)			Maiden Name
Address	City	State	ZIP Code
*Social Security Number		Date of Birth	
Beginning Date of Employment	Ending Date of Employment	Position	
Signature of Applicant			Date

*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.

EMPLOYER: Please verify nursing practice for the above-named individual.

Employing Agency			
Address	City	State	ZIP Code
LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR Use only the hours worked for the level of licensure applicant is seeking			
YEAR/EVENT	NUMBER OF HOURS	NURSING POSITION	
2023			
2022			
2021			
2020			
2019			
Typed/printed name of Employer signing below		Title	Telephone Number
Signature of Employer			Date

Return completed form to address, fax or email below unless instructed otherwise.

North Dakota Board of Nursing
 919 S 7th St., Suite 504
 Bismarck, ND 58504-5881
 Fax Number: (701) 751-2221
 Email: contactus@ndbon.org