



**INITIAL MEDICATION ASSISTANT III APPLICATION**  
 NORTH DAKOTA BOARD OF NURSING  
 SFN 50128 (01-13)

FOR OFFICE USE ONLY	
Fee Received	CHRC Form & fee
Discipline Review	DRP
Approval	Temp Permit Issued
Permanent Issue Date	Registry Number

If an Unlicensed Assistive Person or Medication Assistant had previously been on the UAP/MA Registry, **they must renew/reactivate that registry status prior to hire date including orientation.** Employment prior to renewal/reactivation may be subject to disciplinary action including penalty fees.

**APPLICANT INFORMATION (PLEASE PRINT)**

Name (Last, First, Middle)		*Social Security Number	
Address		City	State Zip Code
Date of Birth	Home Telephone Number	Work Telephone Number	
Mother's Maiden Name	Email Address	For Statistical Purposes <input type="checkbox"/> Male <input type="checkbox"/> Female	
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.

**CHOOSE ONE OF THE FOLLOWING TO COMPLETE:**

**1. Medical Assistant Program**

You must submit the following along with this form and fee:

1. A copy of your certification from AAMA or Registration from AMT

2. Official Transcript from school - Send completed "Request for Release of Transcript-Technician" form

to the registrar's office of the college along with the appropriate fee if required by the registrar (You may find the Request for Release of Transcript-Technician on our website at [www.ndbon.org](http://www.ndbon.org) in the FORMS section under Unlicensed Assistive Person). If your college is closed, it is your responsibility to locate the custodian of the school records. **Only official transcripts sent directly from the college to the Board office are accepted.**

Name of Medical Assistant Program			
Address		City	State Zip Code
Date of Enrollment	Date of Completion		

**2. Nursing Education Program**

You must submit the following along with this form and fee:

1. "Verification of Eligibility for Medication Assistant Registry" form

(You may find the Verification of Eligibility for Medication Assistant Registry form on our website at [www.ndbon.org](http://www.ndbon.org) in the FORMS section under Unlicensed Assistive Person)

Name of Nursing Education Program			
Address		City	State Zip Code
Date of Enrollment	Date of Completion		

**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

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, and completing the attached Criminal History Record Check Form.

As part of this application process, I agree to submit to a Criminal History Record Check.

**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 [www.ndbon.org](http://www.ndbon.org) in the "Verify Permits, Licenses, Registries" section. No hard copy temporary permits will be issued.**

**REGISTRY INFORMATION**

1. Are you currently registered as an Unlicensed Assistive Person at the ND Board of Nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you checked "yes" to question #1 above, fill in the following information →	UAP registry number	Expiration Date

**ALL QUESTIONS MUST BE COMPLETED**

1.	Have you ever been arrested, charged, or convicted of a felony? ( <i>You must answer yes if the felony arrest or felony charge resulted in a plea agreement, misdemeanor, nolo contendere, deferred imposition, dismissal, or other action.</i> )	<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 of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been denied registration or nursing licensure by any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	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
7.	Have you, in the last 2 years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Have you, in the last 2 years, been diagnosed with or treated for a mental health or physical condition which has adversely affected your ability to safely assist in the practice of nursing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	If you answered "yes" to any of the questions 1-8 above, have you submitted a detailed written explanation and any legal documents to the North Dakota Board of Nursing in the past 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If your answer is "YES" to any of the questions 1 through 8 and "NO" to question 9, please attach a detailed written explanation and any legal documents to the application and send to the Board of Nursing. This information will be reviewed by the board's Disciplinary Review Panel. **The issuance of the registration may be delayed if the information is incomplete.**

If your answer is "YES" to any of the questions 1 through 8 and "YES" to question 9, you do not need to attach a detailed written explanation and any legal documents to the application.

I certify the information provided is true, correct, and complete, and I understand that submission of any false or incomplete information may be grounds for disciplinary action.

Signature	Date
-----------	------

**INSTRUCTIONS**

1. Complete the Medication Assistant Application.
2. Attach appropriate Medication Assistant non-refundable fee payable to the ND Board of Nursing
  - ◆ \$40 if you answered "YES" the "Registry Information" question above (*Are you currently registered as an Unlicensed Assistive Person at the ND Board of Nursing?*).
  - ◆ \$70 if you answered "NO" to the "Registry Information" question above (*Are you currently registered as an Unlicensed Assistive Person at the ND Board of Nursing?*).
3. If you answered "no" to the Criminal History Record Check question in this application:
  - ◆ Complete the attached Criminal History Record Check Form and include it with your Medication Assistant Application.
  - ◆ Include an additional non-refundable processing fee of \$20 with your application
  - ◆ Follow the attached Criminal History Record Check Instructions to complete your fingerprinting process.
4. Attach additional documentation as required
  - ◆ A copy of your certification from AAMA or Registration from AMT and Official Transcripts, or
  - ◆ Verification of Eligibility for Medication Assistant Registry" form
5. Submit all of the above to:
 

North Dakota Board of Nursing  
919 S 7<sup>th</sup> Street, Suite 504  
Bismarck, ND 58504-5881  
Phone 701-328-9777  
Web Site www.ndbon.org



**CRIMINAL HISTORY RECORD CHECK**  
 NORTH DAKOTA BOARD OF NURSING  
 SFN 58765 (01-13)

For BCI Use Only	
Check #	
Amount	
Receipt #	
SID #	
Date Mailed	

**SUBJECT OF RECORD CHECK**

Last Name	First Name	Middle Name	
(AKA/(Maiden/Former) Last Name	First Name	Middle Name	
*Social Security Number		Date of Birth	
Address	City	State	Zip

**CRIMINAL HISTORY**

Have you ever been arrested, charged, or convicted of a felony? (You must answer yes if the felony arrest or felony charge resulted in a plea agreement, misdemeanor, nolo contendere, deferred imposition, dismissal, or other action)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "yes", identify the offense(s), date(s), court jurisdiction(s) and the outcome of the case(s): (dismissed, deferred sentence, acquittal, conviction, etc). Use additional paper if necessary.		

**AUTHORIZATION**

I authorize the North Dakota Bureau of Criminal Investigation to release my state and national criminal history records to the NORTH DAKOTA BOARD OF NURSING. In the event my fingerprints are rejected, I authorize the ND Bureau of Criminal Investigation to conduct an additional Criminal History Record check using the name(s), social security number, and date of birth listed above.

I have been advised that I have a right to review and challenge the accuracy and completeness of the information obtained through this process. A photocopy of this signed release shall have the same force and effect as the original release.

Evidence of conviction, subsequently identified but not previously disclosed, leading to a fraudulent application may be grounds for disciplinary action according to NDCC 43-12.1-14(4).

Subject's Signature	Date
---------------------	------

**PARENTAL CONSENT – Applicants UNDER the age of 18 must have a parent's signature**

Parent's Signature	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.

In compliance with NDCC 43-12.1-09.1 Criminal History Record Checks.

North Dakota Board of Nursing  
 919 S 7<sup>th</sup> St Suite 504  
 Bismarck, ND 58504-5881  
 701-328-9777  
[www.ndbon.org](http://www.ndbon.org)

## **CRIMINAL HISTORY RECORD CHECK (CHRC) INSTRUCTIONS**

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 North Dakota Attorney General.

### **INSTRUCTIONS FOR SUBMISSION OF FINGERPRINTS FOR CHRC**

- Contact your local law enforcement agency or a private company that provides fingerprinting services for the fingerprint requirements and to make an appointment to be fingerprinted.
- The fee for the actual fingerprinting will vary depending upon what the local law enforcement agency charges

### **RETURN THE FOLLOWING TO THE NORTH DAKOTA BOARD OF NURSING**

**OPTION 1. ELECTRONIC FINGERPRINTING:** If your fingerprint process is done electronically, you will need to submit the following to the Board of Nursing:

- Criminal History Record Check form
- Acknowledgement Form (If provided by law enforcement agency)
- ONE completed fingerprint card\* (you will receive this form from the law enforcement agency/vendor)
- Money Order or Cashier Check for **\$44.50**, with a **current date**, and must be made **PAYABLE TO BCI**. (**No personal checks accepted**)

**OPTION 2. INK AND ROLL FINGERPRINTING:** If your fingerprint process is done by ink and roll, you will need to submit the following to the Board of Nursing:

- Criminal History Record Check form
- TWO completed fingerprint cards\* (from the law enforcement agency/vendor)
- Money Order or Cashier Check for **\$44.50**, with a **current date**, and must be made **PAYABLE TO BCI**. (**No personal checks accepted**)

- The Board will submit the completed form(s), fee, and fingerprint card(s) to BCI.
- BCI will return the background check report to the NDBON.
- If fingerprints are rejected by BCI, the NDBON will notify you.

#### **NOTE:**

\* **DO NOT FOLD FINGERPRINT CARDS**

\* **INCOMPLETE CARDS WILL BE RETURNED**

- Fill in **all** blanks at the top of the fingerprint cards using **BLACK** ink
- Sign fingerprint cards
- Make sure the official that is completing the fingerprinting also signs cards in appropriate area