

**NONRESIDENT NURSING EMPLOYMENT RELOCATION PROGRAM
GRANT APPLICATION**

NORTH DAKOTA DEPARTMENT OF COMMERCE
WORKFORCE DEVELOPMENT DIVISION
SFN 61703 (10/19)

Name of License Healthcare Facility		License Number	
Contact - First Name	Last Name	County	
Address	City	State	ZIP Code
Telephone Number		Email Address	
Type of Licensed Healthcare Facility (Check Only One)			
<input type="checkbox"/> Hospital		<input type="checkbox"/> Long-term Care/Basic Care	<input type="checkbox"/> Group Home

Current Number of Relocated North Dakota Licensed Nurse/s

Name Last, First	License Type	Start Date	Unit/Specialty	4-year Facility Agreement Signed	New Graduate	Prior State
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program must provide two dollars of incentive match for each dollar provided by Commerce. Describe how the match dollars will be identified.

Please check and include the following required supporting documents to this application:

- A copy of the four-year agreement between the healthcare facility and each hired nurse.
- If previously awarded applicant, please mark this box.

Certification:

I, certify that to the best of my knowledge the information in the application is true and correct. I shall maintain accurate accounting records. I further certify that I represent a licensed healthcare facility within the state of North Dakota and I am in compliance with all local, state and federal laws and regulations. I certify that the program is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans. Furthermore, I agree I will abide by the guidelines of the Nonresident Nurse Employment Recruitment Program.

Name	Title
Authorized Signature	Date

To apply, please submit a completed application via email to kkraft@nd.gov or mail a completed application to ND Department of Commerce, Attn: Kerri Kraft, PO Box 2057, Bismarck, ND 58502-2057.

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount of Grant
Authorized Signature	Date