

**SOUTH DAKOTA BOARD OF EXAMINERS FOR NURSING FACILITY
ADMINISTRATORS
RECIPROCITY APPLICATION
TO ESTABLISH ELIGIBILITY FOR LICENSURE**

NAME: _____ <small>(Please Print)</small>		SOC SEC NO: _____	
HOME ADDRESS: _____			
Street	City	ST	Zip Code
TELEPHONE NUMBER: _____ <small>(Home)</small>		_____ <small>(Work)</small>	
DATE OF BIRTH: _____			
FACILITY NAME: _____			
ADDRESS: _____			
Street	City	ST	Zip Code
Circle Employment Status:	Full-Time?	Part-Time?	
Circle Gender Type:	Male?	Female?	

Every applicant for a nursing facility administrator's license is required to submit the following with his/her application:

- 1) **\$100 non-refundable Application fee** (separate fees are required for the License and State exam)
- 2) Copy of Administrator's License in the state you are currently licensed
- 3) Copy of College Transcripts verifying at least a Baccalaureate degree
- 4) Copy of your driver's license
- 5) Employment history of previous two-year period

Please Answer:

- I am / am not (CIRCLE ONE) currently \$1,000 or more behind in child support payments?
- I have / have not (CIRCLE ONE) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year.
If yes, please explain on a separate sheet of paper.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I am aware that any misstatements of material facts may cause rejection of my application. I have no objection to inquires being made for the purpose verifying the statements made herein.

Signature of Applicant

Date

Sworn to and before me this _____ day of _____, 20_____

Notary Signature

My commission expires:
(seal)

Please return this **notarized** application, required copies, and your non-refundable \$100 **check** payable to:
SD Board of Examiners for NFA, PO Box 632, Sioux Falls, SD 57101-0632

SDCL 36-28-14. Issuance of license without examination to license holder from another jurisdiction. The board may issue a nursing facility administrator's license, without examination, to any person who holds a current license as a nursing facility administrator from another jurisdiction, if the board finds that the standards for licensure in such other jurisdiction are at least substantially equivalent of those prevailing in this state and that the applicant is otherwise qualified. The board may adopt, by rules promulgated pursuant to chapter 1-26, minimum requirements for qualification and a fee for reciprocal licensure.

ARSD20:49:01:01. Definitions. Terms defined in SDCL [36-28-1](#) have the same meaning when used in this article. In addition, terms used in this article mean:

(2) "Administrator-in-training," "(AIT)," a person who is serving in a licensed nursing facility under the supervision of a preceptor and is in the process of completing the administrator-in-training internship in at least 240 hours in six consecutive months.

ARSD20:49:06:01. Reciprocal licensure. The board may recognize and endorse a nursing facility administrator license issued by the authorities of another political subdivision of the United States if the following requirements are met:

(1) The other political subdivision provides verification of the educational level of the applicant and a passing score on the board approved national examination;

(2) The applicant is familiar with state and local health and safety rules related to nursing facilities, has passed the board's state examination as defined in § 20:49:03:01(2), and has had an orientation under a preceptor covering South Dakota Department of Health rules governing nursing facilities. The preceptor shall file a report on the orientation with the board;

(3) The applicant for reciprocal licensure has never had a license as a nursing facility administrator revoked or suspended;

(4) The applicant has demonstrated at least six consecutive months of service as an administrator of a licensed nursing facility; has served as an administrator-in-training for at least six consecutive months; or has completed a practicum in long term healthcare from a regionally accredited higher education program within four years preceding the date of application for reciprocal licensure; and

(5) The nonrefundable fee for reciprocal licensure is \$150 prorated to the next biennial renewal date.

VERIFICATION BY SECRETARY OF STATE BOARD

(To be completed by the State that issued applicant's current, active license.)

PERSONAL INFO (applicant to complete)

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH _____

LICENSE INFO (State Board to complete)

LICENSE NUMBER: _____ ISSUE DATE: _____

EXPIRATION DATE: _____

Status of License: Active: _____ Inactive: _____

Exam Score: Type: NAB _____ Other _____

Raw Score: _____

Scale Score: _____

Examination State: _____

Date of Exam: _____

Did the applicant earn a Baccalaureate degree? _____ yes _____ no

Did the applicant complete _____ an AIT or _____ College Practicum?

If yes, how many hours was the AIT? _____

Has the applicant been a practicing administrator in your state for at least 6 months?

_____ yes _____ no

Has the applicant ever been disciplined or investigated by the Board? _____ yes _____ no

If yes, please attach a separate sheet for explanation.

Acting on behalf of the _____ State Board of Examiners for Nursing Facility Administrators, I hereby certify to the reputability of _____ based on the records of this Board, and recommend him/her to the South Dakota Board of Examiners for Nursing Facility Administrators as a fit and proper person to receive a license to serve as a Nursing Facility Administrator.

Return to:
SD Board of Examiners for NFA
PO Box 632
Sioux Falls, SD 57101-0632

State Seal

Signature of Official from State Licensing Board

Name of Board

Address

