



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768

REQUEST FOR A DUPLICATE

To request a duplicate license,
complete this form and submit it to the Board
with a \$20 fee for each duplicate requested.

NAME: _____

ADDRESS: _____

LICENSE #: _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

LICENSE(S) REQUESTED:

- CNA
- RN
- LPN
- CNM
- CNP
- CNS
- CRNA

DUPLICATE(S) REQUESTED: ORIGINAL LICENSE
 CURRENT RENEWAL CARD
 INACTIVE STATUS CARD

REASON DUPLICATE(S) NEEDED: _____

DECLARATION OF PRIMARY STATE OF RESIDENCE – AND – AFFIDAVIT

- I declare that my primary state of residence (where I hold a driver's license, pay taxes, and or/vote) is _____
This is my "home state" under the [Nurse Licensure Compact](#) and is my "declared fixed permanent and principal home for legal purposes."
- OR -
- I am employed by the federal government, and so am not affected by the Nurse Licensure Compact requirements regarding Primary State of Residence. Name of employer: _____

I further declare and affirm under penalties of perjury that I am the person referred to in this application, and that this application has been examined by me and that, to the best of my knowledge and belief, the information provided in this application is in all things true and correct.

APPLICANT SIGNATURE

DATE