



South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

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Fax: 888-425-3032

E-mail: SDNFA@midwestsolutionssd.com

<http://nursingfacility.sd.gov>

REQUEST FOR AN EMERGENCY PERMIT

An emergency permit may be issued for 180 days and may be renewed only one time for an additional 180 days.

Please submit the following:

1. Completed request;
2. Nonrefundable application fee of \$260; and
3. Preceptor and Emergency Administrator Agreement.

The request must be made by the chair of the facility's board of directors or the facility's owner or a designee thereof.

Facility: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Person Authorized to Request this Emergency Permit: _____

Position of Authorized Person (*please check one of the following*):

Chair of the Board of Directors

Facility Owner

Designee of the Chair or Facility Owner

Office Address (if different than facility): _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail address: _____

Emergency Permit Applicant:

Name: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail address: _____

Social Security # _____ DOB _____

Preceptor assigned to this Emergency Permit:

Name: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail address: _____

Please give a short description for the request for an Emergency Permit:

This understand that this form must be signed by a person authorized to make this request, which includes the chair of the facility's board of directors, the facility's owner or a designee thereof. I therefore verify that I am a person authorized to make this request. Furthermore, 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.

Signature of Authorized Person: _____ Date: _____

Printed Name of Authorized Person: _____

For office use only: Check number: _____ Amount: _____ Date Rec'd: _____ Approved: ___ Yes ___ No

Applicant has not previously held two Emergency permits? ___ Yes ___ No Certified Preceptor Verified ___ Yes ___ No



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doh.sd.gov/boards/nursingfacility

PRECEPTOR AND EMERGENCY ADMINISTRATOR AGREEMENT

A list of certified preceptors can be found on the Board's website.

Date: _____

I, _____ agree to be preceptor for _____
(Preceptor) (Emergency Administrator)

at _____ beginning _____.
(Facility) (Start Date)

I fully understand my responsibilities as stated in the administrative rules and statutes. I understand that an emergency permit may be issued for not more than 180 days. I further understand that this emergency permit may be renewed only one time for an additional 180 days and that it will not be renewed more than one time. I agree to have the preceptor observe me at least two days a month in the facility in which I am serving and keep a written memorandum of what was accomplished or discussed at these visits during the term of the emergency permit. **I understand that I do not submit these reports to the Board, but that I must maintain these reports for one year following the date of expiration of the emergency permit.** I also agree to inform the Board immediately if there is a change in this agreement.

Emergency Permit Holder

Date

I fully understand my responsibilities as stated in the administrative rules and statutes. I understand that an emergency permit may be issued for not more than 180 days. I further understand that this emergency permit may be renewed only one time for an additional 180 days and that it will not be renewed more than one time. I agree to provide appropriate supervision and make myself reasonably available to the emergency administrator to provide assistance. I agree to observe the emergency administrator at least two days a month in the facility in which the emergency administrator is serving and keep a written memorandum of what was accomplished or discussed at these visits, using a form that is found on the Board's website, during the term of the emergency permit. **I understand that I do not submit these reports to the Board, but that I must maintain these reports for one year following the date of expiration of the emergency permit.** I also agree to inform the Board immediately if there is a change in this agreement.

Preceptor

Date