



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
P: 605-362-2760 | F: 605-362-2768 | <https://doh.sd.gov/boards/nursing/>

RN Attestation for UDA Training Course

Applicant: Complete the top section of this form and then forward to your RN Trainer to have bottom portion of form completed. This form must be completed in order to take the SDBON UDA exam. **Fax this completed form to the number listed above or email to Ashley.Vis@state.sd.us.**

Please Print

Name (First): _____ (Last): _____

Social Security #: _____ Date of Birth: _____

Signature of Applicant

Date

*This Section to be completed by RN Trainer
Note: This section cannot be signed by the Applicant*

RN Attestation:

I, _____, RN verify that the individual identified on this application has completed the SD Board of Nursing's approved 10-hour UDA Training and Registration Course. I further verify that this individual is capable of performing all skills listed on the SD Board of Nursing's Approved Skills Competency.

RN Signature:

DATE:

RN License #:

Telephone: _____ Email: _____