



# SOUTH DAKOTA BOARD OF NURSING

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

## Unlicensed Dialysis Technician (UDT) Renewal Application

*\*Allow up to 5-7 business days for the SDBON to process your application\**

To renew registration, the Dialysis Technician shall submit verification of:

- A minimum of 12 hours of employment as an unlicensed dialysis technician within the last 2 years, as required in [20:48:16:03](#).

An incomplete form will result in denial of registration renewal.

**Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Other names previously used: \_\_\_\_\_

**Registry #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Gender:**  Male  Female

**Ethnicity:**  Caucasian  Black  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native  Other

### Disciplinary Information:

Please provide details and/or documentation to explain each question with a “yes” answer. Attach additional pages to the application if needed. If further information is required, you will be notified by the South Dakota Board of Nursing.

1.	Have you been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or adjudication, suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations that have not previously been reported to the South Dakota Board of Nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is there any pending criminal prosecution against you which would constitute a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you had action taken against you for abuse, neglect, or misappropriation of property by a state or federal agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are you currently being investigated or is disciplinary action pending against any license(s) or certificate(s) held by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has any license or certificate held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you been treated for abuse or misuse of any alcohol or chemical substance since your last renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you currently owe child support arrearages in the amount of \$1,000 or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## SOUTH DAKOTA BOARD OF NURSING

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

### This Section To Be Completed By Unlicensed Dialysis Technician Applicant

**Provide certification information:** Verification of having passed an approved dialysis technician certification exam and maintaining active certification is required. Provide your certification information below.

I hold current certification as a dialysis technician with:	Certification Number:	Expiration Date:
<input type="checkbox"/> Certified Clinical Hemodialysis Technician (CCHT) <i>(through Nephrology Nursing Certification Commission (NNCC))</i>		
<input type="checkbox"/> Board of Nephrology Examiners for Nursing and Technology (BONENT)		
<input type="checkbox"/> <i>National</i> Nephrology Certification Organization (NNCO).		

YES  NO I have been employed as an unlicensed dialysis technician within the last 2 years for at least 12 hours.

YES  NO Do you have a record of abuse, neglect, misappropriation, or is there any pending action?

*I declare and affirm that, to the best of my knowledge and belief,  
all of the information provided on this application is complete, true, and correct.*

UDT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment Verification – This Section To Be Completed By Employer

**Dates of Employment:** From: \_\_\_\_\_ To \_\_\_\_\_ (If presently employed, use “present”)

Total number of hours worked during this period: \_\_\_\_\_

YES  NO Does this applicant have a record of abuse, neglect, or misappropriation, or is there any pending action?

YES  NO I affirm that, to the best of my knowledge, all information provided on this verification is complete, true, and correct.

**An incomplete form will result in denial of registration renewal.**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature/Title: \_\_\_\_\_

*Send this completed application to the fax number listed above or email to [Ashley.Vis@state.sd.us](mailto:Ashley.Vis@state.sd.us)*