



SOUTH DAKOTA BOARD OF NURSING

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

Lapsed 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

P: 605-362-2760 | sduap@state.sd.us | <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?

YES NO Did you work as a UDT while your registration was lapsed?

*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

Total number of hours worked as a **dialysis technician** during the preceding 24 consecutive months: _____

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.

Employer: _____

Address: _____

City, ST, Zip: _____

Telephone: _____ Date: _____

Employer Representative Name/Title (Please Print): _____

Signature of Employer Representative: _____

Email this completed application to sduap@state.sd.us.