



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/>

Application for Initial Dialysis Technician Registration

If any of the information is incorrect, incomplete or illegible, processing may be delayed. An applicant will be notified if additional information is required. **Email this completed application to sduap@state.sd.us.**

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

Please Print

Name: First _____ Middle _____ Last _____

Other names previously used: _____

Mailing Address: _____ City _____ State _____ Zip _____
Street/PO Box

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



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1. Provide high school education information (or Equivalency information).

Name of High School (or Equivalent):	Location of School (City, State):	Year Diploma Received (or Equivalency):

2. Provide dialysis technician training validation.

Name of Dialysis Technician Training Program:	Location of Training (City, State):	Year Training Completed:

- Provide a copy of training certificate (if available)

3. 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"/> National Nephrology Certification Organization (NNCO).		

- Provide a copy of certification information/card with this application

4. Do you currently owe child support arrearages in the sum of \$1,000 or more? YES NO

I, the undersigned, declare and affirm under the penalties of perjury that this application for registration in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Dialysis Technician Applicant Signature

Date