



South Dakota Board of Nursing
Unlicensed Assistive Personnel
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

Unlicensed Diabetes Aide: Initial Registration

Registration as an Unlicensed Diabetes Aide (UDA) permits the registrant to accept delegated nursing tasks to assist persons with diabetes. Some tasks a registered nurse may choose to delegate to a UDA include administration of subcutaneous insulin such as helping with an insulin pump, or administering an injection using a vial and syringe or an insulin pen device. The UDA may also assist with other tasks such as performing blood glucose monitoring and counting carbohydrates.

Process for initial registration as a UDA:

1. Complete the South Dakota Board of Nursing's (SDBON) approved 5-hour Unlicensed Diabetes Aide (UDA) Training Course.
 - The registered nurse responsible for delegating diabetes tasks to you should contact the SDBON to request the training materials, which includes a booklet and DVD.
2. Complete a 5-hour clinical/lab training session and skills checklist with the registered nurse responsible for delegating diabetes tasks to you.
3. Complete and submit to the SDBON the Application for Initial UDA Registration. You will be required to take the UDA online exam.
 - You must identify a test proctor to monitor you during the exam. The test proctor guidelines and Proctor Approval Form are located on the SDBON website.
4. **Within 5-7 business days** of receiving your application the SDBON will provide the approved proctor listed on your application the access information to allow you to take the SDBON UDA online exam.
5. Upon passing the exam the SDBON will list you as registered on the UDA registry. (If you should fail the exam you may retake the exam one time).
 - Renewal of registration is required every 2 years.
6. Once you are listed on the SDBON website as a registered UDA you may then accept delegated diabetes care tasks from an RN, including the subcutaneous administration of insulin.



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UDA INITIAL REGISTRATION APPLICATION

If any of the information is incorrect, incomplete or illegible, processing may be delayed. An applicant will be notified if additional information is required. **Send this completed application to the fax number listed above or email to Ashley.Kroger@state.sd.us.**

Allow up to **5-7 business days for the SDBON to process your application, upon approval the BON will email the approved proctor the access information to allow you to take the SDBON online exam.**

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

1. High school education information or equivalency information.

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

2. 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 the skills listed on the SD Board of Nursing's Approved Skills Competency Checklist safely and competently.

RN Signature: _____ RN License #: _____ Date: _____

3. SD Board of Nursing Approved Test Proctor Information.

Name of SDBON Approved Proctor:	Phone:	Email Address:

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

If YES, please contact South Dakota Department of Social Services to make arrangements prior to issuance of registration.

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.

 UDA Applicant Signature

 Date