

**Verification of Employment  
Online Renewal Application**

Applicant: Complete the top section of this form then forward to your employer or former employer. This form may be duplicated for additional employment verifications. **Return completed form(s) via fax, email or mail to the South Dakota Board of Nursing.**

To obtain/retain active licensure, a nurse must provide verification of a minimum of 140 hours in a 12-month period OR 480 hours in six years of employment/volunteer work in nursing.

**Please Print**

Name (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

- I have been employed / volunteered as a nurse (LPN, RN, CRNA, CNM, CNP or CNS).
- I have not been employed as a nurse within the last six years.

I hereby request and authorize my employer/former employer to release the information requested on this form to the South Dakota Board of Nursing for Licensure purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This Section to be Completed by Employer  
(Provide Employment Hours Within the Last 6 Years)  
Note: This section cannot be Signed by the Applicant**

The above-named individual is/was employed/volunteered as a nurse

**From** \_\_\_\_\_  
Month/Date/Year

**To** \_\_\_\_\_  
Month/Date/Year

**Total hours worked in this period:** \_\_\_\_\_

I, the undersigned, declare and affirm that, according to our records and to the best of my knowledge and belief, the information provided above for purpose of licensure is true and correct.

\_\_\_\_\_  
Signature of Agency Representative/Title

\_\_\_\_\_  
Date

Who can verify/confirm number of hours employed/volunteered

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_