



## 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/>

### Inactive Request Form

This form must be completed by the nurse whose intention is to place the identified license(s) on an inactive status. *Inactive status is for individuals who will not be practicing nursing with their South Dakota license(s).* The inactive status can be requested by any nurse who holds an active South Dakota license in good standing. **Complete all areas and submit to the South Dakota Board of Nursing along with a \$10 fee for each license you are requesting to be placed on inactive status.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please indicate license number(s) below:*

RN License # \_\_\_\_\_

LPN License # \_\_\_\_\_

CNM License # \_\_\_\_\_

CNP License # \_\_\_\_\_

CNS License # \_\_\_\_\_

CRNA License # \_\_\_\_\_

**Date of Inactivation:**

Immediate  Expiration Date of License

I hereby attest that I am the person who is referred to in the foregoing application for inactive nurse license status in the state of South Dakota; that the information herein is true and correct; that I understand that I CANNOT practice nursing on my South Dakota license while on inactive status.

Signature: \_\_\_\_\_

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

*Verification of License can be found using the following link:*

<https://www.sdbon.org/verify/>