



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

Name Change Request Form

Please indicate all that apply:

- RN License # _____
- LPN License # _____
- CNM License # _____
- CNP License # _____
- CNS License # _____
- CRNA License # _____

Please submit with this form:

1. A copy of the legal document that makes the name change effective, such as a marriage license or divorce decree.
2. \$10 Fee

Social Security # _____

Name Change

Former Name: _____

New Name: _____

Effective Date: _____

Address Change

Name (Last) : _____ (First) : _____ (Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Email Address: _____

Declaration of Primary State of Residence

I declare _____ to be my primary state of residence. Primary state of residence is where you hold a driver's license, pay taxes and/or vote. This state is referred to as my "home state" under the Nurse Licensure Compact and means that it is my "declared fixed permanent and principal home for legal purposes".

The following can be used to document residency pursuant to the Compact laws and rules.

1. Driver's license with a home address.
2. Voter registration card displaying a home address.
3. Federal income tax return declaring the primary state of residence.
4. Military Form No. 2058 – state of legal residence certificate.
5. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

Are you employed by the military or practicing in a Federal institution?

- Yes
- No

Signature: _____ Date: _____