



# South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: [SDNFA@midwestsolutionsssd.com](mailto:SDNFA@midwestsolutionsssd.com)

<http://nursingfacility.sd.gov>

## **REQUEST FOR AN EMERGENCY PERMIT RENEWAL**

*An emergency permit may be issued for 180 days and may be renewed only one time for an additional 180 days.*

Please submit the following:

1. Completed request;
2. Nonrefundable application fee of \$200.

*The request must be made by the chair of the facility's board of directors or the facility's owner or a designee thereof.*

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person Authorized to Request this Emergency Permit: \_\_\_\_\_

Position of Authorized Person (*please check one of the following*):

Chair of the Board of Directors

Facility Owner

Designee of the Chair or Facility Owner

Office Address (if different than facility): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Emergency Permit Applicant:

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Preceptor assigned to this Emergency Permit:

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please give a short description for the request for an Emergency Permit:

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***This understand that this form must be signed by a person authorized to make this request, which includes the chair of the facility's board of directors, the facility's owner or a designee thereof. I therefore verify that I am a person authorized to make this request. Furthermore, I declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.***

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Authorized Person: \_\_\_\_\_

For office use only: Check number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Approved: \_\_\_ Yes \_\_\_ No

Applicant has not previously held two Emergency permits? \_\_\_ Yes \_\_\_ No Certified Preceptor Verified \_\_\_ Yes \_\_\_ No

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## PRECEPTOR AND EMERGENCY ADMINISTRATOR AGREEMENT

A list of certified preceptors can be found on the Board's website.

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

I, \_\_\_\_\_ agree to be preceptor for \_\_\_\_\_  
(Preceptor) (Emergency Administrator)

at \_\_\_\_\_ beginning \_\_\_\_\_.  
(Facility) (Start Date)

I fully understand my responsibilities as stated in the administrative rules and statutes. I understand that an emergency permit may be issued for not more than 180 days. I further understand that this emergency permit may be renewed only one time for an additional 180 days and that it will not be renewed more than one time. I agree to have the preceptor observe me at least two days a month in the facility in which I am serving and keep a written memorandum of what was accomplished or discussed at these visits during the term of the emergency permit. **I understand that I do not submit these reports to the Board, but that I must maintain these reports for one year following the date of expiration of the emergency permit.** I also agree to inform the Board immediately if there is a change in this agreement.

\_\_\_\_\_  
Emergency Permit Holder

\_\_\_\_\_  
Date

I fully understand my responsibilities as stated in the administrative rules and statutes. I understand that an emergency permit may be issued for not more than 180 days. I further understand that this emergency permit may be renewed only one time for an additional 180 days and that it will not be renewed more than one time. I agree to provide appropriate supervision and make myself reasonably available to the emergency administrator to provide assistance. I agree to observe the emergency administrator at least two days a month in the facility in which the emergency administrator is serving and keep a written memorandum of what was accomplished or discussed at these visits, using a form that is found on the Board's website, during the term of the emergency permit. **I understand that I do not submit these reports to the Board, but that I must maintain these reports for one year following the date of expiration of the emergency permit.** I also agree to inform the Board immediately if there is a change in this agreement.

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Date