



# 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@midwestsolutionssd.com](mailto:SDNFA@midwestsolutionssd.com)

<http://nursingfacility.sd.gov>

## APPLICATION FOR INACTIVE STATUS OF LICENSE

Submit the following:

1. Completed application;
2. Nonrefundable fee of \$150; and
3. Your current nursing facility administrator license.

License No. \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Employer Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

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

Reason for requesting to inactivate my license:

*I hereby attest that it is my wish to place my South Dakota Nursing Facility Administrator license on inactive status. I understand that I may only reactivate my license within five years following the date of inactivation. I have read and understand the reactivation requirements.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only:

Date Rec'd \_\_\_\_\_

Check # \_\_\_\_\_