



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
(p) 605-362-2760 | <https://doh.sd.gov/boards/nursing/>

Verification of Employment

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 email (sdbon@state.sd.us) 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): _____

License Number: _____ SSN: _____

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 Current or Previous Employer
Note: This section cannot be Signed by the Applicant

The above-named individual is/was employed/volunteered as a nurse (check one):

- A minimum of 140 hours in a 12-month period during the previous 6 years
- A minimum of 480 hours during the previous 6 years

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: _____