



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/>

LPN Licensure by Equivalency

South Dakota law allows nurses to license as an LPN by equivalency of education. Not all states recognize equivalency of education as a basis for licensure as an LPN. Therefore, a nurse issued an LPN license by equivalency from South Dakota may not be allowed to practice in another state and may not be able to obtain an LPN license in that other state. To determine whether a state will accept LPN licensure by equivalency and allow you to practice in their state, please contact that state's Board of Nursing office.

Eligibility:

Only individuals who meet one of the two conditions listed below may apply for LPN licensure by equivalency:

1. RN licensure applicants who successfully completed an RN education program but did not pass the NCLEX-RN examination. Obtaining LPN licensure by equivalency does not prohibit applicants from taking the NCLEX-RN and being licensed as an RN in the future.
2. RN students who completed a partial RN education program but are not currently enrolled and cannot enroll because of failure to progress in a nursing program or unable to complete a nursing program due to relocation or illness. (Other reasons may be considered.)

Overview of the LPN Licensure by Equivalency Process:

1. Complete and submit the *Request for LPN Licensure by Equivalency* and applicable documents as indicated on the request form to the South Dakota Board of Nursing (SDBON) office.
2. Following receipt and review of your application and documents you will be contacted whether or not you meet the eligibility criteria for LPN licensure by equivalency.
3. If eligible you will be required to:
 - a. Complete an independent learning course on the LPN role, South Dakota scope of practice, and LPN nursing responsibilities.
 - b. Complete the online the SDBON LPN licensure by examination application.
 - c. Complete a criminal background check (CBC) using fingerprint cards sent from the SDBON. Further instructions will be supplied at the time the application is completed.
 - d. Register to take the NCLEX-PN examination with Pearson VUE.
 - e. When you have met all eligibility requirements and have been deemed eligible for licensure by board staff, Pearson VUE will e-mail or mail you an Authorization to Test (ATT). Follow directions given by the ATT for scheduling your appointment to test.
 - f. After passing the NCLEX-PN exam you will receive a permanent single-state South Dakota LPN license.



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REQUEST FOR LPN LICENSURE BY EQUIVALENCY

Applicant: _____ E-Mail: _____

First Name
MI
Last Name

Address: _____ Telephone: _____

Street/PO Box
City
State
Zip

Other Names Previously Used: _____

Eligibility Category:

- I am an RN licensure applicant who successfully completed an RN education program but did not pass the NCLEX-RN examination. Request the following be submitted to the SDBON office:
 1. Official transcript from RN education program. Complete the college's online transcript request process and have the transcript electronically sent directly to: Glenna.Burg@state.sd.us

- I was an RN student who completed a partial RN education program. Request the following be submitted to the SDBON office:
 1. Official transcript from RN education program. Complete the college's online transcript request process and have the transcript electronically sent directly to: Glenna.Burg@state.sd.us
 - Your transcript must show evidence that you completed the following courses with a 'C' or higher grade: Adult Health Nursing, Maternal Child Health Nursing, Geriatric Nursing, and supervised clinical instruction. *Clinical instruction* is defined as specialized instruction occurring outside of traditional classroom that pertains to the direct application of nursing practice with patients/communities.
 2. Complete the top portion of the attached *Nursing Program Verification* form and forward to the nursing education program to complete. The nursing education program should submit the form directly to Glenna.Burg@state.sd.us.

NOTE: If courses were not completed in a South Dakota approved RN education program, submit course descriptions (syllabi) that identify the inclusion of the following concepts in the educational program: anatomy & physiology, microbiology, nutrition, pharmacology, interpersonal relations, communication & collaboration, cultural diversity, basic concepts of clinical judgment (nursing process) & professional responsibilities, legal & ethical basis of nursing practice, scope of practice, nursing history, trends in nursing & healthcare delivery.

Nursing Education Information:

Name of RN Program Attended:	Location (City, State)	Date Graduated/Attended:

AFFIDAVIT

I, the undersigned, declare and affirm under the penalties of perjury that this application for licensure in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant

Date



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REQUEST FOR LPN LICENSURE BY EQUIVALENCY - NURSING PROGRAM VERIFICATION

Section 1:

Applicant should complete Section 1 and forward to Nursing Program Representative.

Applicant: _____ E-Mail: _____
First Name MI Last Name

Address: _____ Telephone: _____
Street/PO Box City State Zip

Section 2:

Nursing Program Representative should complete Section 2 and return directly to Glenna.Burg@state.sd.us.

I verify the student named above has **successfully** completed courses that cover the following content:

___ Adult health nursing

___ Maternal child health nursing

___ Geriatric nursing

_____ Total number of clinical, simulation, and lab hours in the RN program.

_____ Indicate the total number of clinical, simulation, and lab hours that were **successfully** completed.

_____ Of the total number of clinical, simulation, and lab hours, indicate how many were lab hours.

Comments (Optional):

Nursing Program Name

Location

Nursing Program Representative: **PRINT/TYPE NAME**

Title or Relationship to Student

Nursing Program Representative: **SIGNATURE**

Date

Telephone

**AFFIX SCHOOL SEAL
OR STAMP HERE**