



## 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/>

### Notification of Change for a Nursing Corporation or Nursing Certificate issued for Health Care Professional Corporation

Complete this application to provide notice or to request a change and continued approval for a change in address, contact information, ownership, or nursing employees. Submit by mail to address listed above or email to [SDBON@state.sd.us](mailto:SDBON@state.sd.us). The Board will notify the Corporation within 10 days if additional information is needed to allow the Board to determine continuing approval status to meet requirements in SDCL chapter 47-11E or 47-11F.

**Corporation Name:** \_\_\_\_\_

**Main Office Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notification of New Address / Contact Information:**

- Not applicable; no change to information currently on file, or
- Request to update contact information, as provided above.

**Proposed Change to Corporation's Ownership:**

- Not applicable; no change to information currently on file, or
- Request changes to officers, shareholders, or directors as provided below:

**Changes to president and officer information:**

**President:** \_\_\_\_\_ Nursing License # \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Vice President:** \_\_\_\_\_ Nursing License # \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Secretary-Treasurer:** \_\_\_\_\_ Nursing License # \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Changes to shareholder(s) / director(s) information:**

Name:	Business Address:	Nursing License Number(s):

- Submit** copies of official documents, amendment(s) to Articles of Incorporation, certified by Secretary of State that reflect changes.

**Proposed Change to Employees** authorized to practice nursing (other than officers or shareholders):

- Not applicable; no change to information currently on file, or
- Request changes below:

**List employees** authorized to practice nursing (other than officers or shareholders):

Name:	Business Address:	Nursing License Number(s):