



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/>

Renewal Fee:
\$25

Nursing Corporation: Annual Renewal Application

Pursuant to ARSD 20:48:14:03, approved nursing corporations are required to renew registration annually by November 1st and to submit changes to the corporation's initial application or previous renewal application.

Due Date: November 1st

Corporation Name: _____

Main Office Address: _____

Telephone: _____ Email: _____

1. Provide president and officer information:

President: _____ Nursing License # _____

Business Address: _____

Vice President: _____ Nursing License # _____

Business Address: _____

Secretary-Treasurer: _____ Nursing License # _____

Business Address: _____

2. Provide shareholder(s) / director(s) information:

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

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

None; or

List below:

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

4. Mail completed form and the fee of \$25 to the Board's address (listed above).