



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/>

Verification of License

Complete Part I, then send this form to the Board of Nursing in the state where you were originally licensed. Most states charge a fee for verification of licensure; to save processing time, contact that [Board of Nursing](#) to determine the appropriate fee to enclose with this form.

Part I: To be completed by Applicant; Forward to Original State of Licensure

Name(Last): _____ (First): _____ (Middle): _____

Name as it Appears on Original License: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SSN: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

I authorize the _____ Board of Nursing to furnish to the South Dakota Board of Nursing the information requested on this form.

Signature of Applicant _____ **Date** _____

Part II: To be completed by Original State of Licensure and Forwarded to SD Board of Nursing

This is to certify that _____ was issued license # _____.

Issue Date:	Expiration Date:
License Type: <input type="checkbox"/> Practical/Vocational Nurse <input type="checkbox"/> Registered Nurse	Current Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
Licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver	Exam Type: <input type="checkbox"/> SBTPE <input type="checkbox"/> NCLEX Date Exam Passed: ____/____/____
Nursing Education Program Completed: Name of Institution: _____ Location: _____ Graduation Date: _____	
Has the license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? <input type="checkbox"/> Yes, please provide explanation <input type="checkbox"/> No	
Is Disciplinary Action Pending? <input type="checkbox"/> Yes, please provide explanation <input type="checkbox"/> No	

SEAL

Signature/Title: _____

State: _____ Date: _____