



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 Certificate of Registration for a Healthcare Corporation: Application for Annual Renewal

Pursuant to SDCL 47-11F-5, corporations are required to renew registration annually. Submit this application by November 1st, to include changes to the corporation's initial application or previous renewal application.

Due Date: November 1st

Corporation Name: _____

Main Office Address: _____

Telephone: _____ Email: _____

A. Provide officer information:

- President: _____ Profession: _____
Email: _____ Nursing License # _____
Business Address: _____
- Vice President: _____ Profession: _____
Email: _____ Nursing License # _____
Business Address: _____
- Secretary-Treasurer: _____ Profession: _____
Email: _____ Nursing License # _____
Business Address: _____

B. Provide Nursing shareholder(s) information:

- Name: _____ Email: _____
Nursing License # _____ Business Address: _____
- Name: _____ Email: _____
Nursing License # _____ Business Address: _____
- Name: _____ Email: _____
Nursing License # _____ Business Address: _____

C. Provide a list of employees authorized to practice nursing (other than officers or shareholders):

- Name: _____ Email: _____
Nursing License # _____ Business Address: _____
- Name: _____ Email: _____
Nursing License # _____ Business Address: _____
- Name: _____ Email: _____
Nursing License # _____ Business Address: _____



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D. Provide a list of other professional shareholders:

- Name: _____ Email: _____
Nursing License # _____ Business Address: _____
- Name: _____ Email: _____
Nursing License # _____ Business Address: _____
- Name: _____ Email: _____
Nursing License # _____ Business Address: _____

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