



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 APRN Licensure

Instructions:

1. APRNs requesting verification of South Dakota licensure should complete this request form.
2. Include a \$25 fee and form for **each** state requested verification in the form of a money order or cashier's check payable to the South Dakota Board of Nursing.
3. Mail the form and the fee to:

South Dakota Board of Nursing
4305 S. Louise Ave., Suite 201
Sioux Falls, SD 57106-3115

Last Name (Please Print)		First Name	Middle Initial
Mailing Address		City	State Zip Code
Social Security Number		SD RN License Number	SD APRN License Number(s)
I authorize the South Dakota Board of Nursing to provide verification of APRN licensure to the state listed below:			
Signature		Date	

Send verification to:

Board Name		
Mailing Address (Street or PO Box)		
City	State	Zip
Email Address		
Preferred Delivery	Email	Mail