



South Dakota Board of Nursing
South Dakota Department of Health
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

Inactive Request Form

This form must be completed by the nurse whose intention is to place the identified license(s) on an inactive status. *Inactive status is for individuals who will not be practicing nursing with their South Dakota license(s).* The inactive status can be requested by any nurse who holds an active South Dakota license in good standing. **Complete all areas and submit to the South Dakota Board of Nursing along with a \$10 fee for each license you are requesting to be placed on inactive status.**

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

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

SSN: _____ Email Address: _____

Please indicate license number(s) below:

RN License # _____

LPN License # _____

CNM License # _____

CNP License # _____

CNS License # _____

CRNA License # _____

Date of Inactivation:

Immediate Expiration Date of License

I hereby attest that I am the person who is referred to in the foregoing application for inactive nurse license status in the state of South Dakota; that the information herein is true and correct; that I understand that I CANNOT practice nursing on my South Dakota license while on inactive status.

Signature: _____

Date: _____

Verification of License can be found using the following link:

<https://www.sdbon.org/verify/>