



South Dakota Board of Nursing Facility Administrators

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APPLICATION FOR INACTIVE STATUS OF LICENSE

Submit the following:

1. Completed application;
2. Nonrefundable fee of \$195; and
3. Your current nursing facility administrator license.

License No. _____

Name: _____ E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Office: _____ Phone: _____

Physical Address: _____ Mailing address: _____

City: _____ State: _____ Zip: _____

Reason for requesting to inactivate my license:

I hereby attest that it is my wish to place my South Dakota Nursing Facility Administrator license on inactive status. I understand that I may only reactivate my license within five years following the date of inactivation. I have read and understand the reactivation requirements.

Signature _____

Date _____

For Office Use Only:

Date Rec'd _____

Check # _____