



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 Corporation: Annual Renewal Application

Pursuant to ARSD 20:48:14:03, approved nursing corporations are required to renew registration annually by November 1st and to submit changes to the corporation's initial application or previous renewal application.

Due Date: November 1st

Name of Corporation: _____

Business Address: _____

Phone: _____ Email: _____

1. Provide officer information: (minimum of one required) (Nurse listed first will be sent communication from board.)

Officer Name and Title (president, director, manager):	Nursing License #:	Business address: (if different than above)
1.		
2.		
3.		

2. Provide shareholder(s) / director(s) information: (must be licensed as a nurse; SDCL 47-11E-5) (President/director must be a nurse and a shareholder)

Name:	Nursing License #:	Business address: (if different than above)

3. List employees authorized to practice nursing (other than officers or shareholders):

None; or

List below:

Name:	Nursing License #:	Business address: (if different than above)

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

Additional Information:

- Changes to Corporation's Location/Contact Information:** Submit a written notice of change in address, phone number, or email address to the Board office within 10 days. The Board may request additional information to determine continuing approval status to meet requirements in 47-11E.
- Changes to Corporation's Ownership:** Submit written notice of a proposed change in ownership. The Board will notify the Corporation within 10 days regarding the additional information the Corporation will need to submit to allow the Board to determine continuing approval status to meet requirements in 47-11E.