



South Dakota Board of Nursing Facility Administrators

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Emergency Permit Report

DO NOT SUBMIT THIS REPORT TO THE BOARD OFFICE. ARSD 20:49:05:01 requires that the preceptor observe the emergency administrator at least two day a month in the facility in which the emergency administrator is serving and keep a written memorandum of what was accomplished or discussed at each visit. A copy of this form must be maintained by the emergency administrator and the preceptor for one year following the date of expiration of the emergency permit.

Reporting Preceptor: _____
(Last) (First)

Emergency Permit Holder: _____
(Last) (First)

Facility Name: _____

Facility Address: _____

Observation – Day 1

Date: _____ *I hereby verify that I observed the emergency administrator on this date in the facility in which the emergency administrator is serving* _____

Preceptor Signature

The following were tasks accomplished or discussed at this visit:

Observation – Day 2

Date: _____ *I hereby verify that I observed the emergency administrator on this date in the facility in which the emergency administrator is serving*_____

Preceptor Signature

The following were tasks accomplished or discussed at this visit:

I declare and affirm under the penalties of perjury that this report has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Emergency Administrator Signature

Preceptor Signature

Date

Date