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South Dakota Board of Nursing
SDBON

SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 l Sioux Falls, SD 57106-3115
P: 605-362-2760 **l** sduap@state.sd.us **l** **https://doh.sd.gov/boards/nursing/**

Lapsed Certified Nurse Aide (CNA) Renewal Application

***Allow up to 5-7 business days** for the SDBON to process your application**

To renew registration, the Nurse Aide shall submit verification of:

- a minimum of 12 hours of training **per year** as required in § 44:74:02:02(4), and
- a minimum of 12 hours of employment as a nurse aide for monetary compensation during the preceding 24 months.

An incomplete form will result in denial of registration renewal.

Name: First_____ Middle_____ Last _____

Other names previously used:_____

Registry #:_____ **Expiration Date:**_____

Mailing Address:_____ City_____ State_____ Zip_____

Telephone: Home: (___)_____ Cell: (___)_____ Other: (___)_____

Email: _____ **Date of Birth**:_____

Social Security #: _____ **Gender**: ❑Male ❑Female

Ethnicity: ❑Caucasian ❑Black ❑Hispanic ❑Asian/Pacific Islander ❑American Indian/Alaskan Native ❑Other

Disciplinary Information:

If "YES" is answered to any of the disciplinary questions, please attach a detailed explanation. You must also submit copies of charges or citations and ALL communication with (to and from) the citing agency AND the court jurisdiction, including evidence of completion/compliance with court requirements.

1.	Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or adjudication, suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations that have not previously been reported to the Department of Health?	☐ Yes	☐ No
2.	Have you ever had an allegation against you for abuse, neglect, or misappropriation of property?	☐ Yes	☐ No
3.	Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?	☐ Yes	☐ No
4.	Are you currently being investigated or is disciplinary action pending against any license(s) or certificate(s) held by you?	☐ Yes	☐ No
5.	Has any license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	☐ Yes	☐ No
6.	Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital, nursing facility, or other healthcare provider entity?	☐ Yes	☐ No
7.	Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?	☐ Yes	☐ No
8.	Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?	☐ Yes	☐ No
9.	Do you currently owe child support arrearages in the amount of $1,000 or more?	☐ Yes	☐ No
10.	Have you ever had action taken against you by the Office of Inspector General (OIG)?	☐ Yes	☐ No

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This Section To Be Completed By Nurse Aide Applicant

☐ Yes ☐ No I have been employed for monetary compensation as a nurse aide during the preceding 24 months for at least 12 hours.

☐ Yes ☐ No I have completed a minimum of 12 hours of training **per year** (24 hours total) within the last 24 months.

☐ Yes ☐ No Do you have a record of abuse, neglect, misappropriation, or is there any pending action?

An incomplete form will result in denial of registration renewal.

I declare and affirm that, to the best of my knowledge and belief, all of the information provided on this application is complete, true, and correct.

CNA Signature: _____ **Date:** _____

Employment Verification – This Section To Be Completed By Employer

Total number of hours worked as a ***nurse aide*** during the preceding 24 consecutive months: _____

□ Yes □ No This applicant has completed a minimum of 12 hours of training per year within the last 24 months (24 hours total)

□ Yes □ No To the best of my knowledge, this applicant has no record of abuse, neglect, or misappropriation, nor is there any pending action.

□ Yes □ No I affirm that, to the best of my knowledge, all information provided on this Verification is complete, true, and correct.

Employer: _____

Address: _____

City, ST, Zip: _____

Telephone: _____ **Date:** _____

Employer Representative Name/Title (Please Print): _____

Signature of Employer Representative: _____

Send this completed application to sduap@state.sd.us .