South Dakota Board of Nursing Facility Administrators
P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340
Ph.: 605-224-1721
E-mail: SDNFA@midwestsolutionssd.com doh.sd.gov/boards/nursingfacility

Request for Verification Letter

The official verification letter will include the license number, original license date and license expiration date, status of license, basis for licensure and the licensees NAB scale score along with verification of the licensee's standing with the state of South Dakota.

You must submit this form and $25 per verification letter requested to:

South Dakota Board of Nursing Facility Administrators
Verification Letter Request
PO Box 340
Pierre, SD 57501

Contact Information of person submitting this form:

Name of Person Submitting This Form: _____

Phone: _____ E-mail: _____

Licensee Information:

Name: _____ License or Registration #: _____

Address: _____

City: _____ State: _____ Zip: _____

Information regarding where you would like the verification letter(s) sent:

Name of Entity: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only: Check # _____ Amount _____ Date _____ Version 16.0628