SOUTH DAKOTA BOARD OF NURSING
4305 S. Louise Ave., Suite 201 I Sioux Falls, SD 57106-3115
605-362-2760 I https://doh.sd.gov/boards/nursing/

Instructions to Reinstate Lapsed APRN Nursing License

Lapsed Status: When a South Dakota nursing license is not renewed by the expiration date the license is placed on a lapsed status and must be reinstated prior to resuming practice. Once reinstatement requirements are met, you will be mailed a license renewal certificate that will be valid from the date of issuance to your second birthday thereafter.

Instructions: To reinstate a CNM, CNP, CRNA, or CNS license, you **must hold** an active South Dakota RN license or an active multi-state compact RN license.

Follow these steps carefully to request to reinstate your APRN license, if any information is incorrect, incomplete, or illegible, processing will be delayed. Upon receipt of all forms and fees your application will be considered for reinstatement. You will be notified in writing if additional information is required.

1. Submit completed **Application to Reinstate a Lapsed APRN License.**
2. Submit completed **Employment Verification Form**. Current nursing practice is required to retain an active license, you must verify employment/volunteer work in nursing of at least 140 hours in a 12-month period or 480 hours in 6 years.
3. Complete a **Criminal Background Check** (CBC) if you are declaring South Dakota as your primary state of residence and if you were originally licensed as an RN in South Dakota prior to July 2006.

   South Dakota belongs to the RN/LPN Nurse Licensure Compact (NLC). All NLC states require applicants to complete a CBC to be issued a multistate license (MSL) at the time of initial nurse licensure. If you were originally licensed in South Dakota prior to July 2006, you did not complete a CBC. Because your license lapsed, you are required to complete a CBC. Email sdbon@state.sd.us or call the Board office to request a CBC packet be mailed to you: 605-362-2760.
4. Submit **Renewal and Reinstatement Fees** (as required pursuant to ARSD 20:48 and 20:62):

Fees required to reinstate South Dakota nursing licenses:	
$115	RN renewal fee
$50	RN reinstatement fee
$95	APRN renewal fee
$50	APRN reinstatement fee
= **$310**	**Total** to reinstate **both** a SD RN license and a SD APRN license
= **$145**	**Total** to reinstate **only** a SD APRN license

5. Submit **Administrative Fine**: Practicing on a lapsed license is illegal pursuant to SDCL 36-9-49, 36-9-68, 36-9-71, 36-9A-29, and 36-9A-35. Pursuant to SDCL 3-1C-5, the Board can impose an administrative fine. The Board approved the following fines for working on a lapsed license. If you have questions on the number of days your license has been lapsed, please contact the board office.

90 days or less	$0
91 – 365 days	$100
366 – 730 days	$200
731 or more days	$300

   You may appeal the administrative fine by requesting a contested case under SDCL 1-26; to do so, select the *Appeal Administrative Fine* option on the *Application to Reinstate a Lapsed RN or LPN Nursing License.* Submission of the application serves as your notice to appeal (notice must be submitted to the Board's Administrator within 20 calendar days of the service of this fine). Complete all other reinstatement requirements to proceed with requesting reinstatement of your license(s). You will be contacted within 5 business days regarding the contested case process.
6. **Payment**: Must be in the form of a money order payable to South Dakota Board of Nursing. Fees are non-refundable and must accompany application. To pay by credit card you must call the board office.

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Application to Reinstate a Lapsed APRN License

Name(Last):_______________________________ (First):________________________(Middle):_________

Other Names Used:____

Address:____

City:____ State:______________Zip:________________

Home Phone: ______________________Cell:______________________Work: _____________________

Email Address:____

Which license(s) are you requesting to be reinstated?

☐ SD RN ☐ CNP ☐ CNS

☐ CNM ☐ CRNA

1. Explain why your license(s) lapsed:____
2. Have you worked in South Dakota on this lapsed license?

   ☐ No

   ☐ Yes: Where? ____

   How many days? __________. You are required to pay an administrative fine of:

90 days or less	$0
91 – 365 days	$100
366 – 730 days	$200
731 or more days	$300

   ☐ Mark this box if you are appealing the administrative fine and requesting a contested case under SDCL 1-26. Submission of this application serves as your notice to appeal; this notice must be submitted to the Board within 20 calendar days of the service of this fine. You will be contacted in 5 business days regarding the contested case process; your license will be reviewed and reinstated upon submission of this application and meeting all other reinstatement requirements.

3. SD belongs to the NLC and requires applicants to declare a **Primary State of Residence.** Primary state of residence is where you hold a driver's license, pay taxes and/or vote. This state is referred to as your "home state" and means that it is your "declared fixed permanent and principal home for legal purposes". "I declare ___________________________ to be my primary state of residence."

   The following can be used to document residency:

   ☐ Driver's license with a home address.
   ☐ Voter registration card displaying a home address.
   ☐ Federal income tax return declaring the primary state of residence.
   ☐ Military Form No. 2058 – state of legal residence certificate.
   ☐ W2 from US Government or any bureau, division, or agency indicating declared state of residence.

4. Year you first obtained your SD nursing license: ________________.
5. You are required to complete a **Criminal Background Check** (CBC) if you were originally licensed in South Dakota prior to July 2006. Email sdbon@state.sd.us or call 605-362-2760 to request a CBC packet mailed to you.
   - All NLC states require applicants to complete a CBC at the time of initial licensure to be issued a multistate license. If you were originally licensed in South Dakota prior to July 2006, you did not complete a CBC.

6. Are you employed by the military or practicing in a federal institution?

   ☐ Yes
   ☐ No

   A federal government/military nurse who practices only in the federal or military system needs to only hold one license from *any* state or territory per U.S. federal government/military policy.

   A federal or military nurse who *also* practices in a civilian health system is bound by the Compact law and rules, if the nurse has proof of residency in a Compact party state the nurse may be issued a Compact license with a multi-state practice privilege. A federal/military nurse who does not have proof of residency in a Compact party state may be issued a single-state license regardless of where the nurse is residing. A military/federal nurse may not hold a multi-state license from more than one Compact state at a time.

7. **Compliance Information:** Answer each question below, if you answer "**YES**" to any one of the questions, attach a detailed explanation and submit copies of charges or citations and ALL communication with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion / compliance with court requirements.

1.	Have you 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 board?	☐ Yes	☐ No
2.	Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?	☐ Yes	☐ No
3.	Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	☐ Yes	☐ No
4.	Has any nursing 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? That have not previously been reported to the board?	☐ Yes	☐ No
5.	Have you had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	☐ Yes	☐ No
6.	Have you been treated for abuse or misuse of any alcohol or chemical substance?	☐ Yes	☐ No
7.	Are you currently enrolled in an Alternative to Discipline Program? (i.e. SD HPAP.)	☐ Yes	☐ No
8.	Have you experienced a physical, emotional, or mental condition that has endangered or posed a direct threat to the health or safety of persons entrusted to your care or your ability to safely practice?	☐ Yes	☐ No
9.	Do you currently owe child support arrearages in the amount of $1000 or more?	☐ Yes	☐ No

8. **Certification Information:**
   Primary source verification of *current* certification from a board-approved certification body specific to your area of practice is *required* to be on file with the board office prior to your APRN license being reinstated. If you are unsure if current certification is on file contact the Board office. <u>Photocopies of certification documents are not accepted.</u>

   - ☐ My primary source verification of current certification is <u>already on file</u> with the BON office.
   - ☐ My primary source verification of current certification is NOT on file with the BON: I will request my certifying organization send verification directly to the SD BON office.
   - ☐ CRNAs primary source re-certification verification will be monitored via NCSBN and NBCRNA's websites, no need to submit.
   - ☐ I am <u>exempt</u> from the certification requirement, I was originally licensed in South Dakota as a <u>CNS</u> before July 1, 1996 and have never submitted certification evidence to the Board for licensure purposes.

9. **Employment and Education Information:**

   A. What type of nursing degree / credential qualified you for your first U.S. nursing license?

   ☐ Vocational / Practical Certificate Nursing
   ☐ Diploma – Nursing
   ☐ Associate Degree – Nursing
   ☐ Baccalaureate Degree – Nursing
   ☐ Master's Degree – Nursing
   ☐ Doctoral Degree – Nursing (PhD)
   ☐ Doctoral Degree – Nursing (DNP)

B. What is your highest level of education?

- ☐ Vocational / Practical Certificate Nursing
- ☐ Diploma – Nursing
- ☐ Associate Degree – Nursing
- ☐ Associate Degree – Non-Nursing
- ☐ Baccalaureate Degree – Nursing
- ☐ Baccalaureate Degree – Non-Nursing
- ☐ Master's Degree – Nursing
- ☐ Master's Degree – Non-Nursing
- ☐ Doctoral Degree – Nursing (PhD)
- ☐ Doctoral Degree – Nursing Practice (DNP)
- ☐ Doctoral Degree – Nursing Other
- ☐ Doctoral Degree – Non-Nursing

C. Year of initial U.S. Licensure: ______________________

D. Country of entry-level education: ____________________

E. What is your employment status?

- ☐ Actively employed in nursing or in a position that requires a nurse license (select one):
  - ☐ Full-time
  - ☐ Part-time
  - ☐ Per diem
- ☐ Actively employed in a field other than nursing (select one):
  - ☐ Full-time
  - ☐ Part-time
  - ☐ Per diem
- ☐ Working in nursing only as a volunteer
- ☐ Unemployed (select one)
  - ☐ Seeking work as a nurse
  - ☐ Not seeking work as a nurse
- ☐ Retired

F. In how many positions are you currently employed as a nurse?

- ☐ 1
- ☐ 2
- ☐ 3 or more

G. How many hours do you work during a typical week in all your nursing positions?

- ☐ <10 hours
- ☐ 11-20 hours
- ☐ 21-30 hours
- ☐ 31-40 hours
- ☐ 41-50 hours
- ☐ 51-60 hours
- ☐ >60 hours

H. Indicate the zip code, city, state, and county of your primary employer.

Zip Code: ____________________
City: ________________________
State: _______________________
County: ______________________

I. Identify the type of setting that most closely corresponds to your nursing practice position.

- ☐ Ambulatory Care Setting
- ☐ Assisted Living Facility
- ☐ Community Health
- ☐ Correctional Facility
- ☐ Dialysis Center
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital
- ☐ Insurance Claims / Benefits
- ☐ Nursing Home / Extended Care
- ☐ Occupational Health
- ☐ Policy/Planning Regulatory/Licensing Agency
- ☐ Public Health
- ☐ School Health Services
- ☐ School of Nursing
- ☐ Other

J. Identify the position title that most closely corresponds to your nursing practice position.

- ☐ Advanced Practice Registered Nurse
- ☐ Case Manager
- ☐ Consultant
- ☐ Nurse Executive
- ☐ Nurse Faculty / Educator
- ☐ Nurse Manager
- ☐ Nurse Researcher
- ☐ Staff Nurse
- ☐ Other – Health Related
- ☐ Other – Non-Health Related

K. Identify the employment specialty that most closely corresponds to your nursing practice position:

- ☐ Acute Care/ Critical Care
- ☐ Adult Health
- ☐ Anesthesia
- ☐ Cardiology
- ☐ Community
- ☐ Emergency / Trauma
- ☐ Family Health
- ☐ Genetics
- ☐ Geriatric / Gerontology
- ☐ Home Health
- ☐ Informatics
- ☐ Information Technology
- ☐ Maternal-Child Health / Obstetrics
- ☐ Medical / Surgical
- ☐ Neonatal
- ☐ Nephrology
- ☐ Neurology / Neurosurgical
- ☐ Occupational Health
- ☐ Oncology
- ☐ Orthopedic
- ☐ Palliative Care / Hospice
- ☐ Pediatrics
- ☐ Perioperative
- ☐ Primary Care
- ☐ Psychiatric/Mental Health/ Substance Abuse
- ☐ Public Health
- ☐ Radiology
- ☐ Rehabilitation
- ☐ School Health
- ☐ Urologic
- ☐ Women's Health
- ☐ Other – Clinical Specialties
- ☐ Other – Non-Clinical Specialties

L. What percent of your current position involves direct patient care?

- ☐ 0%
- ☐ 25%
- ☐ 50%
- ☐ 75%
- ☐ 100%

M. If unemployed, please indicate the reasons:

- ☐ Difficulty in finding a nursing position
- ☐ Disabled
- ☐ Inadequate Salary
- ☐ School
- ☐ Taking care of home and family
- ☐ Other

N. Formal Education:

- ☐ I am not taking courses toward an advanced degree in nursing
- ☐ I am currently taking courses toward an advanced degree in nursing

O. Do you intend to leave / retire from nursing practice in the next 5 years?

- ☐ Yes
- ☐ No

P. List other states in which you have ever held a license:

Active License: ______________________________

Inactive License: ______________________________

Q. List all states where you are currently practicing nursing, whether physically or electronically:

____

Affidavit: I, the undersigned, declare and affirm under the penalties of perjury that this application for licensure in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant ______________________________ Date ____________

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Verification of Employment

To obtain/retain active licensure, a nurse must provide verification of a minimum of 140 hours in a 12-month period OR 480 hours in six years of employment/volunteer work in nursing.

Applicant:

- Complete the top section of this form then forward to your employer or former employer.
- This form may be duplicated for additional employment verifications.
- Return completed form(s) via email (sdbon@state.sd.us) or mail to the South Dakota Board of Nursing.

Please Print

Name (First): ____________________(Middle): ________________(Last): __________________

License Number: ____________________________ SSN: _____________________________

I hereby request and authorize my employer/former employer to release the information requested on this form to the South Dakota Board of Nursing for Licensure purposes.

____ ______________________

Signature of Applicant Date

This Section to be Completed by Current or Previous Employer
Note: This section cannot be Signed by the Applicant

The above-named individual is/was employed/volunteered as a nurse (check one):

☐ A minimum of 140 hours in a 12-month period during the previous 6 years

☐ A minimum of 480 hours during the previous 6 years

I, the undersigned, declare and affirm that, according to our records and to the best of my knowledge and belief, the information provided above for purpose of licensure is true and correct.

____ ______________________

Signature of Agency Representative/Title Date
Who can verify/confirm number of hours employed/volunteered

Name of Employer: ____

Address of Employer: ____

Telephone: ____________________ Email: __________________________________