



## **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/>

### **Duplicate License Request Form**

**Complete all areas and submit to the South Dakota Board of Nursing along with a \$20 fee for each duplicate license you are requesting.**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # : \_\_\_\_\_

*Please indicate license number(s) below:*

RN License # \_\_\_\_\_

LPN License # \_\_\_\_\_

CNM License # \_\_\_\_\_

CNP License # \_\_\_\_\_

CNS License # \_\_\_\_\_

CRNA License # \_\_\_\_\_

I further declare and affirm under penalties of perjury that I am the person referred to in this application, and that this application has been examined by me and that, to the best of my knowledge and belief, the information provided in this application is in all things true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_