



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/>

LPN Licensure by Equivalency Request REQUEST FOR LPN LICENSURE BY EQUIVALENCY

Applicant: _____ E-Mail: _____
First Name MI Last Name

Address: _____ Telephone: _____
Street/PO Box City State Zip

Other Names Previously Used: _____

Eligibility Category:

- I am an RN licensure applicant who successfully completed an RN education program but did not pass the NCLEX-RN examination. Request the following be submitted to the SDBON office:
 1. Official transcript from RN education program. Complete the college's online transcript request process and have the transcript electronically sent directly to: Glenna.Burg@state.sd.us

- I was an RN student who completed a partial RN education program. Request the following be submitted to the SDBON office:
 1. Official transcript from RN education program. Complete the college's online transcript request process and have the transcript electronically sent directly to: Glenna.Burg@state.sd.us
 - Your transcript must show evidence that you completed the following courses with a 'C' or higher grade: Adult Health Nursing, Maternal Child Health Nursing, Geriatric Nursing, and supervised clinical instruction. *Clinical instruction* is defined as specialized instruction occurring outside of traditional classroom that pertains to the direct application of nursing practice with patients/communities.
 2. Complete the top portion of the attached *Nursing Program Verification* form and forward to the nursing education program to complete. The nursing education program should submit the form directly to Glenna.Burg@state.sd.us.

NOTE: If courses were not completed in a South Dakota approved RN education program, submit course descriptions (syllabi) that identify the inclusion of the following concepts in the educational program: anatomy & physiology, microbiology, nutrition, pharmacology, interpersonal relations, communication & collaboration, cultural diversity, basic concepts of clinical judgment (nursing process) & professional responsibilities, legal & ethical basis of nursing practice, scope of practice, nursing history, trends in nursing & healthcare delivery.

Nursing Education Information:

Name of RN Program Attended:	Location (City, State)	Date Graduated/Attended:

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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REQUEST FOR LPN LICENSURE BY EQUIVALENCY - NURSING PROGRAM VERIFICATION

Section 1:

Applicant should complete Section 1 and forward to Nursing Program Representative.

Applicant: _____ E-Mail: _____
First Name MI Last Name

Address: _____ Telephone: _____
Street/PO Box City State Zip

Section 2:

Nursing Program Representative should complete Section 2 and return directly to Glenna.Burg@state.sd.us.

I verify the student named above has **successfully** completed courses that cover the following content:

___ Adult health nursing

___ Maternal child health nursing

___ Geriatric nursing

_____ Total number of clinical, simulation, and lab hours in the RN program.

_____ Indicate the total number of clinical, simulation, and lab hours that were **successfully** completed.

_____ Of the total number of clinical, simulation, and lab hours, indicate how many were lab hours.

Comments (Optional):

Nursing Program Name

Location

Nursing Program Representative: **PRINT/TYPE NAME**

Title or Relationship to Student

Nursing Program Representative: **SIGNATURE**

Date

Telephone

**AFFIX SCHOOL SEAL
OR STAMP HERE**