# CNA Registration
# Nurse Aide Training Program (NATP) Completion Verification Form

This form must be completed and submitted to the Board to verify the below named CNA Applicant completed a SDBON approved 75-hour NATP.

**CNA Applicant:** Complete the top section of this form; provide to the NATP Program Director to complete the bottom section of the form. The **NATP Program Director** must email the completed form to sduap@state.sd.us.

## CNA Applicant Section

1. First Name:_____ Middle Initial:_____ Last Name:_____

2. Date of Birth:_____/_____/_____

3. Signature:_____ Date:_____

## NATP Program Director/Instructor Section

1. Name of NATP: _____

2. Applicant's Date of Completion of 75-hour NATP:_____

3. Program Director Name: _____

4. Primary Nurse Instructor Name: _____

***NATP Program Director or Primary Instructor Attestation:***
*I verify that the CNA Applicant identified on this application completed the above named SDBON approved 75-hour NATP curriculum. The Applicant demonstrated the ability to safely and competently perform all required skills on the SD Board of Nursing's "NATP Curriculum Guide".*

**Program Director/Instructor Signature:** _____

**Date:**_____

September 2, 2025