



## South Dakota Board of Nursing

4305 S. Louise Ave.; Suite 201  
Sioux Falls, SD 57106-3115  
605-362-2760 FAX: 605-362-2768

### Name Change Request Form

1. Enter SD license number(s):

☐ LPN # \_\_\_\_\_

☐ RN # \_\_\_\_\_

☐ CNM # \_\_\_\_\_

☐ CNP # \_\_\_\_\_

☐ CRNA # \_\_\_\_\_

☐ CNS # \_\_\_\_\_

2. Provide your former name: \_\_\_\_\_

3. Provide your new name: \_\_\_\_\_

4. Identify the date the change becomes or became effective: \_\_\_\_\_

5. Submit with this form:

☐ A copy of the legal document that makes the name change effective, such as a marriage license or divorce decree.

☐ \$10 Fee

6. Mail this form, required documents, and the \$10 fee to the Board's address, listed on the top of the form; or email to [SDBON@state.sd.us](mailto:SDBON@state.sd.us) and call office, 605-362-2760, to pay by credit card.

7. Upon receipt of this form, legal documentation, and fee, your new name will be entered in your licensure file and you will be mailed a new courtesy license renewal card.