



# 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/>

Registration Fee:  
**\$100.00**

## Nursing Corporation: Application for Initial Registration

Be advised, if information is incomplete or illegible, processing will be delayed. Upon receipt of all forms and fee the application will be considered for approval; notice will be sent by email if additional information is required.

Name of Corporation: \_\_\_\_\_

*Requirement in SDCL 47-11E-4: The Name of a limited liability company shall contain words professional limited liability company, or abbreviation, Prof. L.L.C., Prof. LLC, P.L.L.C., or PLLC. Or name of a corporation shall contain professional company or professional corporation or abbreviations thereof, such as Prof. Co., Prof. Corp., P.C., or PC. The name of a corporation or limited liability company shall always meet ethical standards.*

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Purpose of corporation: \_\_\_\_\_

2. Officers: (minimum of one required) (Nurse listed first will be sent communication from board.)

Officer Name and Title (president, director, manager):	Nursing License #:	Business address: (if different than above)
1.		
2.		
3.		

3. Sworn statement from an officer:

*"The Corporation, as named above, will not hold itself out to the public as possessing any skills or expertise not possessed by nurses in noncorporate practices; and the Corporation will not do anything which if done by a nurse employed by it would violate the standards of professional conduct established for such a nurse pursuant to SDCL 36-9, 36-9A, ARSD 20:48, or 20:62".*

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. List all Shareholder(s): (must be licensed as a nurse; SDCL 47-11E-5) (President/director must be a nurse and a shareholder)

Name:	Nursing License #:	Business address: (if different than above)

5. Employees authorized to practice nursing (other than officers or shareholders):

- None; or
- List below:

Name:	Nursing License #:	Business address: (if different than above)

6. Required documentation that must be submitted with this application:

- Copy of the **Articles of Incorporation** (official documents) and **amendments** certified by Secretary of State;
- Copy of the **minutes** of the Corporation's organizational meeting;
- Fee of \$100** payable by money order to the SD Board of Nursing.



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### Additional Information:

- **Renewal of Certificate:** By November 1 of each year, a holder of a *Nursing Corporation under SDCL 47-11E* shall apply to the board for renewal of registration for the following calendar year. The applicant shall provide in writing any changes to the initial application or previous renewal and submit required fee.
- **Changes to Corporation's Location/Contact Information:** Submit a written notice of change in address, phone number, or email address to the Board office within 10 days. The Board may request additional information to determine continuing approval status to meet requirements in 47-11E.
- **Changes to Corporation's Ownership:** Submit written notice of a proposed change in ownership. The Board will notify the Corporation within 10 days regarding the additional information the Corporation will need to submit to allow the Board to determine continuing approval status to meet requirements in 47-11E.