



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
 605-362-2760 | <https://www.sdbon.org/>

Practice Verification Form: CNM & CNP

Applicants for licensure as a CNM or CNP in South Dakota are required to practice a minimum of 1,040 hours as a *licensed* CNM or CNP to practice without a collaborative agreement. *If you cannot verify 1,040 hours of licensed practice*, submit a completed [Collaborative Agreement](#) with a SD licensed physician, CNM, or CNP.

CNP/CNM Name: _____
First Middle Last

Phone: () _____ Email: _____

I, hereby request and authorize my employer / former employer to release the information requested on this form to the South Dakota Board of Nursing for Licensure purposes.

Signature Date

This section to be completed by Employer / Agency Representative:

I, the undersigned, declare and affirm that, according to our records and to the best of my knowledge and belief, the above-named individual practiced in the role of a:

- Licensed certified nurse midwife (CNM)
- Licensed certified nurse practitioner (CNP)

Within the Preceding 5 Years:

From (Month/Date/Year)	/	/
To (Month/Date/Year)	/	/
Total number of licensed practice hours:		

I, the undersigned, declare and affirm the information provided above for purpose of licensure is true and correct.

Signature of Agency Representative/Title **Date**

Employer Name: _____

Employer Address: _____

Phone: () _____ Email: _____

Return this completed form via email (sdbon@state.sd.us) or mail to the SD Board of Nursing.