



## SOUTH DAKOTA BOARD OF NURSING

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

### Verification of Employment for Initial Registration as a Medication Aide

Only individuals who are employed in a **Nursing Facility, Assisted Living Facility, or Hospital** will be added to the Board's Medication Aide registry. An applicant must verify employment to be included on the registry.

**Instructions:**

Medication aide Applicant – complete the top portion of this form then provide to the nurse employer to complete the bottom portion. The **nursing employer** must submit the completed form to the Board office. [SDUAP@state.sd.us](mailto:SDUAP@state.sd.us)

Applicant - Last Name <b>(Please Print)</b>		First Name	Middle Initial
Mailing Address	City	State	Zip Code
Last four digits of SSN			
<i>I verify that I will be employed in the role of a medication aide in a nursing facility, assisted living facility, or hospital.</i>			
Signature		Date	

### Employer Verification:

Director of Nursing - Last Name <b>(Please Print)</b>		First Name	
Email Address			
SD Licensed Facility Name			
Facility Address: City	State	Zip	
<i>I verify that the above named Applicant will be employed in the role of a medication aide in the licensed nursing facility listed above.</i>			
Signature		Date	