



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 South Dakota registration number(s):
 Certified Nurse Aide # _____
 Registered Medication Aide # _____
2. Provide your former name: _____
3. Provide your new name: _____
4. Identify the date the change becomes or became effective: _____
5. Email this form and a copy of the legal document that makes the name change effective, such as a marriage license or divorce decree to SDUAP@state.sd.us.
6. Upon receipt your new name will be entered into your registration file and can be verified online.