



**South Dakota Board of Nursing**  
 4305 S. Louise Avenue Suite 201 ♦ Sioux Falls, SD 57106-3115  
 (605) 362-2760 ♦ Fax: (605) 362-2768 ♦ www.nursing.sd.gov

**Verification of License**

Complete Part I, then send this form to the Board of Nursing in the state where you were originally licensed. Most states charge a fee for verification of licensure; to save processing time, contact that state [Board of Nursing](#) to determine the appropriate fee to enclose with this form.

**Part I: To be completed by Applicant; Forward to Original State of Licensure**

Name(Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Name as it Appears on Original License: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I authorize the \_\_\_\_\_ Board of Nursing to furnish to the South Dakota Board of Nursing the information requested on this form.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part II: To be completed by Original State of Licensure and Forwarded to the SD Board of Nursing**

This is to certify that \_\_\_\_\_ was issued license number \_\_\_\_\_.

Issue Date: _____	Expiration Date: _____
License Type: <input type="checkbox"/> Practical/Vocational Nurse <input type="checkbox"/> Registered Nurse	Current Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
Licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver Exam Type: <input type="checkbox"/> SBTPE <input type="checkbox"/> NCLEX	Date Passed: _____
<b>Nursing Education Program Completed:</b>	
Institution: _____	
Location: _____	
Graduation Date: _____	
Has the license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Disciplinary Action Pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please provide explanation)

**SEAL**

Signature / Title: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_