



## SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115  
 P: 605-362-2760 | <https://doh.sd.gov/boards/nursing/>

### Verification of Registration

**Nurse Aide Instructions:**

1. Print this Verification of Registration form.
2. Complete section A-1 with your information.
3. Send this Verification of Registration form to the state registry where you *first* registered as a nurse aide, so they can complete section A-2.
  - **Exceptions:** If **Alabama, Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Louisiana, Michigan, Missouri, Nebraska, New York, North Carolina, North Dakota, Tennessee, Virginia, or Wisconsin** was the *first* state you were originally registered in, please do not fill out the Verification of Registration form.
4. Once your original state of registration has completed section A-2, they will mail/email the completed form to the South Dakota Board of Nursing.

#### **Section A-1 (nurse aide will complete this section)**

Name (first, middle, last):		
Social Security Number:	Date of Birth (mm/dd/yy):	
State Originally Certified:	State Currently Certified:	Current State Registry Number:

#### **Section A-2 (The State registry were you first registered as a nurse aide will complete this section)**

**State Nurse Aide Registry Instructions:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Please do not remove attached documents.</li> <li>2. Check or complete all items that apply.</li> <li>3. Affix official agency stamp or seal.</li> </ol> | <ol style="list-style-type: none"> <li>4. Have authorized person sign and date the bottom of Section A-2.</li> <li>5. Return this request to the South Dakota Board of Nursing at the address above (do not return to the nurse aide).</li> </ol> |
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- The information on this application is accurate; this person is listed on the Nurse Aide Registry in our state.
- The above-named person is **not** listed on the Nurse Aide Registry in our state.

Date of Manual Skills Exam (mm/dd/yy):	Date of Written Exam (mm/dd/yy):
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**Is there a record of abuse, neglect, misappropriation, or pending action?**

- Yes (please attach copies of the documentation)  No

Signature of State Nurse Aide Registry Representative		Affix State Stamp Or Seal here.
Title		
Agency	State	
Date		

**Agency Representative:** Please send this completed form via email ([Ashley.Vis@state.sd.us](mailto:Ashley.Vis@state.sd.us)) or mail to the South Dakota Board of Nursing.  
***Do not return to applicant.***