



SOUTH DAKOTA BOARD OF NURSING

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

Employment Verification

Nurse Aide Instructions:

1. Print this Employment Verification form.
2. Complete section A-1 with your information.
3. Send this Employment Verification form to a current/previous employer where you work/worked as a nurse aide, so they can complete section A-2.
4. Once section A-2 has been completed by a current/previous employer, please submit this form to the South Dakota Board of Nursing.

Please Note: To obtain active registry status on the SD Registry, you must provide documentation of employment as a nurse aide within the last 24 consecutive months (*volunteer hours do not qualify towards employment hours.*)

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

Name (first, middle, last):	
Social Security Number:	Date of Birth (mm/dd/yy):
<input type="checkbox"/> Yes <input type="checkbox"/> No I have been employed as a nurse aide during the preceding 24 consecutive months.	
<i>I authorize any facility/agency I am/was employed at to furnish the SD Board of Nursing the information that they request.</i>	
Signature of Nurse Aide:	Date:

Section A-2 (Your current/previous employer will complete this section)

Employer Instructions: <ol style="list-style-type: none"> 1. Complete section A-4 with applicant's employment information. 2. Once completed, please submit the Employment Verification form to the South Dakota Board of Nursing. 		
Total number of hours worked as a nurse aide during the preceding 24 consecutive months: _____		
<input type="checkbox"/> To the best of my knowledge, this applicant has no record of abuse, neglect, or misappropriation, nor is there any pending action.		
<input type="checkbox"/> I affirm that, to the best of my knowledge, all information provided on this verification is complete, true, and correct.		
Employer:	Address:	
City, State, Zip:	Telephone:	Date:
Name of DON, HR Representative, or Designee/Title (please print):	Signature of DON, HR Representative, or Designee:	

Employer: Please send this completed form via email (sduap@state.sd.us) or mail to the South Dakota Board of Nursing.

All sections must be answered for your employment verification to be processed.