



South Dakota Board of Nursing
Unlicensed Assistive Personnel
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

South Dakota Certified Nurse Aide (CNA) Registry By Interstate Endorsement

****Eligible ONLY if you are actively listed on another state's nurse aide registry. ****

Application Instructions Checklist:

All information should be printed clearly. It is your responsibility to submit the required forms.

- Complete Section A-1 (pages 3 & 4) (***nurse aide will complete this section.***)
 - ❖ Once the nurse aide has completed A-1, submit application (pages 3 & 4) to the South Dakota Board of Nursing.
- Complete Section A-2 (***nurse aide will complete this section.***)
- Send Sections A-2 & A-3 (page 5) to the state registry where you were ***first*** registered as a Nurse Aide.
 - ❖ A list of Nurse Aide Registries is listed on page 2 of the endorsement application packet.
 - ❖ **EXCEPTIONS:** If **Arizona, California, Colorado, Florida, Illinois, Louisiana, Michigan, Missouri, New York, or North Carolina** is your ***original*** state of CNA Registry, please send sections A-1, A-2, & A-3 directly to the South Dakota Registry.
- Complete section A-4 (***nurse aide will complete this section.***)
- Send sections A-4 & A-5 (page 6) to your current/previous employer.
 - ❖ Once employer has completed A-5, submit application (page 6) to the South Dakota Board of Nursing.

Please check with the registry in the state where you were first registered, because they may require a processing fee.

There is **NO** processing fee for the South Dakota Registry.

Please Note: Once your application has been processed and approved, no card will be mailed from the SD Board of Nursing CNA Registry.

To verify or print your registration card, use the following website:

<https://www.sduap.org/verify/>

NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

(Reference Sheet: where to send [page 5](#) of interstate endorsement application.)

Use only for endorsing into South Dakota and not other states.

ALABAMA

Alabama CNA Registry
Alabama Dept. of Public Health
Division of Healthcare Facilities
PO Box 303017
Montgomery, AL 36130-3017

ALASKA

Alaska Nurse Aide Registry
550 W. 7th Ave, Suite 1500
Anchorage, AK 99501-3567

ARIZONA

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite201
Sioux Falls, SD 57106

ARKANSAS

Prometric
Arkansas Nurse Aide
7941 Corporate Drive
Nottingham, MD 21236

CALIFORNIA

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite201
Sioux Falls, SD 57106

COLORADO

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite201
Sioux Falls, SD 57106

CONNECTICUT

Prometric - CT Nurse Aide
7941 Corporate Dr.
Nottingham, MD 21236

DELAWARE

Health Facilities Lic. & Certif.
Div. of Long Term Care
3 Mill Road, Suite 308
Wilmington, DE 19806

DISTRICT OF COLUMBIA

Pearson VUE
PO Box 13785
Philadelphia, PA 19101-3785

FLORIDA

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

GEORGIA

Georgia Dept. of Community
Health
P. O. Box 105753
Atlanta, GA 30348

HAWAII

Department of Commerce and
Consumer Affairs
Professional and Vocational
Licensing Division
Nurse Aide Program
Vendor: Prometric
345 Uluniu Street, Suite 308
Kailua, Hawaii 96734

IDAHO

ID Board of Nursing
PO Box 83720
Boise, ID 83720

ILLINOIS

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite 201
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INDIANA

Health Care Records and Registry
Services
2 North Meridian St, RM 4B
Indianapolis, IN 46204

IOWA

Direct Care Worker Registry
Division of Health Facilities
Dept. of Inspections & Appeals
Lucas State Office Bldg.
321 E 12th Street-3rd Floor
Des Moines, IA 50319

KANSAS

Kansas Department for Aging and
Disability Services,
Health Occupations Credentialing
612 S Kansas Ave
Topeka, KS 66605

KENTUCKY

KY Board of Nursing
312 Whittington Pkwy, Suite 300-A
Louisville, KY 40222-5172

LOUISIANA

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

MAINE

Dep. of Health & Human Services
Licensing & Regulatory Services
Maine Registry of CNA's
State House Station #11
41 Anthony Avenue
Augusta, Maine 04333

MARYLAND

Maryland Board of Nursing
CNA Registry
4140 Patterson Avenue
Baltimore, MD 21215-2298

MASSACHUSETTS

ARC/Massachusetts Nurse Aide
Program
Reciprocity Program
85 Lowell Street
Peabody, MA 01960

MICHIGAN

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite 201
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MINNESOTA

MN Nursing Assistant Registry
Minnesota DOH
PO Box 64501
St. Paul, MN 55164-0501

MISSISSIPPI

Mississippi State Department of Health
Bureau of Health Facilities
Licensure & Certification
P.O. Box 1700
Jackson, MS 39215

MISSOURI

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite 201
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MONTANA

Certification Bureau – DPHHS
Montana Nurse Aide Registry
2401 Colonial Drive, 2nd Floor
PO Box 202953
Helena, MT 59620-2953

NEBRASKA

Division of Public Health, Licensure Unit
Nursing and Nursing Support
P. O. Box 94986
Lincoln, NE 68509-4986

NEVADA

Nevada Dept. of Health & Human
Services
Division of Public & Behavioral Health
Health Care Quality and Compliance
727 Fairview Dr., Ste E
Carson City, NV 89701

NEW HAMPSHIRE

New Hampshire Board of Nursing
121 South Fruit Street, Suite 102
Concord, NH 03301-2431

NEW JERSEY

NJ Department of Health
Div. of Health Facilities Evaluation &
Licensing
Office of Program Compliance
P.O. Box 358
Trenton, NJ 08625-0367

NEW MEXICO

NM Nurse Aide Training & Registry
NM Department of Health
Program Operations Bureau
2040 S. Pacheco Street, Suite 237
Santa Fe, New Mexico 87505

NEW YORK

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SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

NORTH CAROLINA

Send to South Dakota
SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

NORTH DAKOTA

ND Dept. of Health Division of Health
Facilities
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200

OHIO

Bureau of Information & Operational
Support
OH CNA Registry
246 North High Street
Columbus, OH 43215-2412

OKLAHOMA

Oklahoma State Dept. of Health
Nurse Aide Registry
1000 NE 10th Street
Oklahoma City, OK 73117-1299

OREGON

OR Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012

PENNSYLVANIA

Pearson VUE
PA Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101-3785

RHODE ISLAND

RI Department of Health
CNA Registry
3 Capitol Hill, Room 103
Providence, RI 02908-5097

SOUTH CAROLINA

South Carolina Nurse Registry
Pearson VUE
PO Box 13785
Philadelphia, PA 19101-3785

SOUTH DAKOTA

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106
Phone: (605) 362-2760

TENNESSEE

Department of Health
CNA Registry
Office of Health Care Facilities
665 Main Stream Drive
Nashville, TN 37243

TEXAS

Texas Nurse Aide Registry
PO Box 149030
MC: E-414
Austin, TX 78714-9030

UTAH

Utah Nursing Assistant Registry
550 E. 300 South
Room 2036
Kaysville, UT 84037-2699

VERMONT

Vermont State Board of Nursing
89 Main Street, 3rd floor
Montpelier, VT 05620-3402

VIRGINIA

Virginia Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

VIRGIN ISLANDS

VI Board of Nurse Licensure
P.O. Box 4247 Veterans Drive
Station St. Thomas, VI 00803

WASHINGTON

OBRA Nurse Aide Registry
Department of Social and Health
Services
PO Box 45600
Olympia, WA 98504-5600

WEST VIRGINIA

WV Dept of Health and Human
Services
Office of Health Facilities, Licensure
& Certification
408 Leon Sullivan Way
Charleston, WV 25301-1713

WISCONSIN

Pearson VUE
Wisconsin CNA Registry
PO Box 13785
Philadelphia, PA 19101-3785

WYOMING

Aging Division, Healthcare Licensing
& Surveys
CNA Registry
6101 Yellowstone Rd, Suite 186C
Cheyenne, WY 82002



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Application for entry on the South Dakota Nurse Aide Registry by Interstate Endorsement

- This application is required to implement programs authorized by §1819(f) and §1991(f) of Public Law 100-03, the Omnibus Budget Reconciliation Act of 1987.
- A facility shall seek information from every state registry that the facility has reason to believe has information on the individual before allowing the individual to work as a nurse aide.
- A nurse aide shall apply for endorsement through the South Dakota Board of Nursing within 30 days of employment in this state. A facility may not employ a nurse aide for more than 60 days ***unless*** the aide provides proof that endorsement has been requested.
(44:74:02:04. Multistate registry verification required)

A nurse aide seeking registry status by endorsement from another state registry shall submit to the department the following information:

- | | |
|--|---|
| 1. A completed application; | 3. Verification of initial listing on the nurse aide registry in another state; |
| 2. Written documentation indicating successful completion of another state's approved nurse aide training and competency evaluation program; | 4. Verification of listing on a nurse aide registry from the state of most recent employment; and |
| | 5. Documentation of employment as a nurse aide within the last 24 consecutive months. |

Applicant Information for Interstate Endorsement

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

Instructions:

1. Complete Section A-1 (pages 3 & 4).
 - When completing the application, **please print clearly.**
2. Sign at the bottom to verify the information is true and correct.

Note: Incomplete forms will delay your transfer to the SD Registry and be **returned to you.**

Name (first, middle, last) (no initials):		Maiden Name (if applicable):
Social Security Number :	Date of Birth (mm/dd/yy):	Other Name (if applicable):
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		

Current Mailing Address (street, post office box, rural route, etc.):	Apartment #:
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City:	State:	Zip Code:
(Area Code) Home Phone Number:	(Area Code) Cell Phone Number:	Email Address:

State Originally Certified:

State Currently Employed In:



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Applicant Information for Interstate Endorsement

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

Disciplinary Information:

Please provide details and/or documentation to explain each question with a “yes” answer. Attach additional pages to the application if needed. If further information is required, you will be notified by the Department of Health.

1.	Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or adjudication, suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations that have not previously been reported to the Department of Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever had an allegation against you for abuse, neglect, or misappropriation of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are you currently being investigated or is disciplinary action pending against any license(s) or certificate(s) held by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has any license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital, nursing facility, or other healthcare provider entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you ever been treated for abuse or misuse of any alcohol or chemical substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you currently owe child support arrearages in the amount of \$1,000 or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Have you ever had action taken against you by the Office of Inspector General (OIG)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***I declare and affirm that, to the best of my knowledge and belief,
 all of the information provided on this application is complete, true, and correct.***

CNA Signature: _____ **Date:** _____

Nurse Aide: Please send this completed form via fax, email (Ashley.Vis@state.sd.us) or mail to the South Dakota Board of Nursing.



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Verification of Registration for Interstate Endorsement

Section A-2 (nurse aide will complete this section)

Instructions:

1. Complete section A-2
2. Send this page (page 5) to the State registry were you **first** registered as a nurse aide, so they may complete Section A-3.
 Contact information for state registries is available on the second page of this endorsement application packet.

EXCEPTIONS: If AZ, CA, CO, FL, IL, LA, MI, MO, NY or NC is your original state of registration;
 Please send this page directly to the South Dakota CNA Registry.

Name (first, middle, last) (no initials):		
Social Security Number:	Date of Birth (mm/dd/yy):	
State Originally Certified:	State Currently Certified:	Current State Registry Number:

Section A-3 -- State Nurse Aide Registry Information

The State registry were you first registered as a nurse aide will complete this section

Instructions:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Please do not remove attached documents. 2. Check or complete all items that apply. 3. Affix official agency stamp or seal. | <ol style="list-style-type: none"> 4. Have authorized person sign and date the bottom of Section A-3. 5. Return this request to the South Dakota Nursing Assistant Registry at the address above (do not return to the nurse aide). |
|--|---|

- 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.

CNA Training Agency:	CNA Testing Service:
Location:	Location:
Date of Manual Skills Exam (mm/dd/yy):	Date of Written Exam (mm/dd/yy):

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 mail this completed form and any attachments to the South Dakota Board of Nursing (do not return to nurse aide).



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Employment Verification for Interstate Endorsement

Section A-4 (nurse aide will complete this section)

Instructions:

1. Complete section A-4 and sign that the information is true and correct.
2. Send this page (page 6) to your current/previous employer, so they can complete Section A-5 (Employment Verification).
 - In order to maintain active status on the SD Registry, you must provide documentation of employment as a nurse aide for monetary compensation within the last 24 consecutive months.
 - ***Please note** that volunteer hours do not qualify towards employment hours.*
 - If there has been a gap of more than two years in your employment as a nurse aide, you must retrain and retest.

Name (first, middle, last) (no initials)	Other Names Used (if applicable):
Social Security Number:	Date of Birth (mm/dd/yy):

<input type="checkbox"/> Yes <input type="checkbox"/> No I have been employed for monetary compensation as a nurse aide within the last 24 months.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a record of abuse, neglect, misappropriation, or is there any pending action?	
<i>I authorize any facility/agency I am/was employed at to furnish the SD Nursing Aide Registry the information that they request.</i> Signature of Nurse Aide:	Today's Date:

Section A-5 -- Employment Verification

Your current/previous employer will complete this section

Instructions:

1. Complete the following information below.
2. Once employer has completed A-5, please submit application (page 6) to the SD Board of Nursing.

DATES OF EMPLOYMENT: FROM _____ TO _____ (If presently employed, use "present")		
Total number of hours worked during this period: _____		
<input type="checkbox"/> This nurse aide 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:	
Signature of DON, HR Representative, or Designee:	Title:	Date:

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