



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
 605-362-2760 | <https://www.sdbon.org/>

Advance Practice Registered Nurse

Nurse Practitioner Supervisory Agreement for Temporary Permit to Practice

Whereas, a Certified Nurse Practitioner (CNP) license or temporary permit is required to practice in the role of a Nurse Practitioner (NP) in South Dakota (SD) as provided for under SDCL Chapter [36-9A](#), as administered by the SD Board of Nursing, hereinafter referred to as Board.

And Whereas, the scope of practice listed in SDCL [36-9A-12](#) may be performed by the CNP applicant, herein referred to as CNP-App, under the supervision of a licensed physician or CNP as defined in SDCL 36-9A, while holding a temporary CNP permit.

Now, therefore, it is agreed between the physician/CNP and the CNP-App:

The CNP-App may perform such services as are allowed by SDCL [36-9A-12](#) and not expressly excluded by SDCL Chapter [36-9A](#) for which educational and clinical competency has been demonstrated in a manner satisfactory to said Board.

[36-9A-12](#). In addition to the registered nurse scope of practice, as defined in § 36-9-3, and within the certified nurse practitioner role and population focus, a certified nurse practitioner may perform the following advanced practice registered nursing scope:

1. Conduct an advanced assessment;
2. Order and interpret diagnostic procedures;
3. Establish primary and differential diagnoses;
4. Prescribe, order, administer, and furnish therapeutic measures as follows:
 - a) Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources;
 - b) Prescribe, procure, administer, and furnish pharmacological agents, including over the counter, legend, and controlled drugs or substances listed on Schedule II in chapter [34-20B](#);
 - c) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including durable medical equipment, medical devices, nutrition, blood and blood products, diagnostic, and supportive services including home health care, hospice, and physical and occupational therapy; and
5. Write a chemical or physical restraint order when the patient may do personal harm or harm others;
6. Perform a physical examination for the determination of participation in athletics or employment duties;
7. Complete and sign official documents such as death certificates, birth certificates, and similar documents required by law; and
8. Delegate and assign therapeutic measures to assistive personnel.

It is further understood and agreed by and between the parties:

1. The CNP-App and Physician/CNP shall be subject to **thirty days of on-site, direct supervision** by the Physician/CNP. Thereafter the direct supervision shall include two, one-half business days per week of on-site supervision by a supervising physician/CNP.
2. Nothing in this agreement shall be construed to limit the responsibility of either party to the other in the fulfillment of this agreement.
3. In the event the Board puts a restriction upon the services that may be performed by the CNP-App, as a condition precedent to licensure, the Physician/CNP hereby waives any objection to the CNP-App's failure to perform tasks not permitted by said Board.
4. This agreement shall not take effect until it has been filed in the SD Board of Nursing office and approved by the Board and shall remain in effect until the temporary permit becomes invalid or unless terminated in writing by the physician/CNP or CNP-App.

NAME OF PRACTICE SETTING:	ADDRESS:	PHONE NUMBER:
1.		
2.		

The parties hereto enter in this agreement on: ____ / ____ / ____

I, the undersigned, declare and affirm under the penalties of perjury that this Supervisory Agreement has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I am aware that should I furnish any false information, such an act may constitute cause for denial of approval and discipline of my license to practice in SD.

CNP-App Name:	
Email Address:	
Signature:	

Supervising Physician / CNP Name:		SD LICENSE #:
Have you practiced for a minimum of 2 years as a licensed professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:		
Signature:		