



## SOUTH DAKOTA BOARD OF NURSING

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

### LPN Licensure by Equivalency Application

Applicant: \_\_\_\_\_  
First Name Middle Last Name

Other Names Previously Used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### 1. Mark one category that applies:

- I am an **RN Graduate Applicant** who completed an RN education program but did not pass the NCLEX-RN exam after at least two attempts.
- I am a **Partial RN Education Program Applicant** who is not currently enrolled and cannot re-enroll because of failure to progress in the RN program.

**RN Graduate Applicant and Partial RN Education Program Applicant:** Request an official transcript from your RN nursing program be mailed directly to the South Dakota Board of Nursing. The college may send the transcript via a clearinghouse, the transcript must be emailed to [sdnclex@state.sd.us](mailto:sdnclex@state.sd.us).

- **If you completed courses in a state other than South Dakota**, you must send course descriptions/syllabi documents that identify the inclusion of the following concepts in the educational program: anatomy & physiology, microbiology, nutrition, pharmacology, interpersonal relations, communication & collaboration, cultural diversity, basic concepts of clinical judgment (nursing process) & professional responsibilities, legal & basis of nursing practice, scope of practice, nursing history, trends in nursing & healthcare delivery to the South Dakota Board of Nursing at [sdnclex@state.sd.us](mailto:sdnclex@state.sd.us).
- I am a **Military Applicant** who completed Air Force BMTCP 4NO51 – Skill Level 5 or above. (No other military education will be accepted.)
  - Request an official transcript from the Community College of the Air Force (Air University) that shows you completed Air Force BMTCP 4NO51 – Skill Level 5 or above be mailed directly to the South Dakota Board of Nursing. The college may send the transcript via a clearinghouse, the transcript must be emailed to [sdnclex@state.sd.us](mailto:sdnclex@state.sd.us).
  - Download the [LPN Equivalency: Verification of Military Training & Education Form](#) and send to your Military Representative to complete and email to [sdnclex@state.sd.us](mailto:sdnclex@state.sd.us).

*If you completed an Associate of Applied Science Practical Nursing Technology program from the Community College of the Air Force (Air University), apply on the LPN Examination or Endorsement Application.*

#### 2. Submit \$100 non-refundable application fee.



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### 3. Complete compliance section:

If "YES" is answered to any of the below questions please attach a detailed explanation. You must also submit copies of charges or citations and ALL communication with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion / compliance with court requirements.

1.	Have you 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	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
3.	Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has any nursing 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
5.	Have you had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you been treated for abuse or misuse of any alcohol or chemical substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are you currently enrolled in an Alternative to Discipline Program? (ie SD HPAP.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you experienced a physical, emotional, or mental condition that has endangered or posed a direct threat to the health or safety of persons entrusted to your care or your ability to safely practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you currently owe child support arrearages in the amount of \$1000 or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 4. Affidavit:

I, the undersigned, declare and affirm under the penalties of perjury that this application for licensure in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date