

LPN Equivalency: Verification of Military Training & Education Form

Applicant Section: Complete the top section then forward to your 4N Unit Training Manager, 4N Functional Manager, or Chief Nurse Officer.

Print Name:				
First Name	MI	Last Name		
E-Mail:		Phone:		

I hereby request and authorize the 4N Unit Training Manager, 4N Functional Manager, or Chief Nurse Officer to release the information requested on this form to the South Dakota Board of Nursing for licensure purposes.

Date

۸n	nlica	+ Cia	naturo
AΡ	piicai	it Jig	nature

4N Unit Training Manager, 4N Functional Manager, or Chief Nurse Officer Representative Section:

□ I verify that the person named above has completed the *Air Force Basic Medical Technician Corpsman Program BMTCP 4N051 - 5 Skill Level* or above.

□ Please attach a copy of the individual's **DD Form 2586**.

Comments (Optional):

 Print First & Last Name of Representative
 Title

 E-Mail:
 Phone:

 Signature of Representative
 Date

Representative must return the completed form directly to SDNCLEX@state.sd.us