**SOUTH DAKOTA BOARD OF NURSING** 

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

## LPN Licensure by Equivalency – Nursing Education Verification Form

Applicant Section: Complete the top section then forward to your Nursing Education Program.

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

I hereby request and authorize the Nursing Education Program Representative to release the information requested on this form to the South Dakota Board of Nursing for licensure purposes.

Date

Est. 1917-

South Dakota

Board of Nursing

**SDBON** 

## Nursing Education Program Representative Section:

1.	Is the applicant currently enrolled in your RN nursing education program?	🗆 Yes	🗆 No
2.	Is the applicant eligible to re-enroll in your RN nursing education program?	🗆 Yes	🗆 No

## 3. Identify if the applicant **successfully** completed theory and clinical in the following areas:

/	 <u> </u>	, 3		
		Adult health nursing:	🗆 Yes	🗆 No
		Geriatric nursing:	🗆 Yes	🗆 No
		Obstetrics nursing:	🗆 Yes	🗆 No
		Pediatric nursing:	🗆 Yes	🗆 No

## 4. Identify the total number of hours required in the program:

Clinical hours:	
Simulation hours:	
Lab hours:	

Affix School Seal or Stamp Here

5. Identify the total number of hours **successfully** completed by the applicant:

Clinical hours:
Simulation hours:
Lab hours:

Comments (Optional):

Nursing Program Name

Location

(Print) First & Last Name of Nursing Program Representative

Title or Relationship to Student

Signature of Nursing Program Representative

Telephone