



CNA INITIAL APPLICATION INSTRUCTIONS

***The application **must** be completed before enrolling an individual in a CNA training and testing program.

Instructions for the nurse aide applicant:

To access the CNA Online Application and the CNA Training Enrollment Verification form, go to the South Dakota Board of Nursing website. Type <https://doh.sd.gov/boards/nursing/NurseAid.aspx> in your browser. Scroll down the page until you find the below screen.

Click on the [Link to the CNA Training Enrollment Verification Form](#).

Complete Section A-2 and then give form to employer, organization or school to complete Section A-3. The completed form can be uploaded with the application or sent to South Dakota Department of Health by email DOHOLCComplaint@state.sd.us or fax to 1-866-539-3886.

To access the online CNA Initial Application, click on the blue button **Submit & Continue**. Complete all the mandatory fields which are typed in red and marked with an asterisk.

Initial CNA Online Application Process:

Complete the Initial CNA Application and submit the necessary documents before enrolling in a CNA Training Program.

Allow up to 5-7 business days for the South Dakota Department of Health Office of Licensure and Certification to process your application.

There is no fee to process this application.

Your application will not be processed if all applicable questions are not answered.

[Link to the CNA Training Enrollment Verification Form](#)

Application Questions: [Jolene Hanson](#) or [Shelly Walstead](#)

A blue rectangular button with rounded corners, containing a white right-pointing arrow and the text 'Submit & Continue' in white. A blue arrow points from the text 'Submit & Continue' in the paragraph above to this button.

The following is an example of a completed CNA Training Enrollment Verification Form and CNA Initial Application.

If you have problems completing and/or submitting the verification and/or application form, please use the email link above or call Jolene Hanson at 605-367-7499 or Shelly Walstead at 605-367-4640.



South Dakota Department of Health
Office of Licensure & Certification

615 E 4th Street
Pierre, SD 57501-1700
(605)773-3356 Fax: 1-866-539-3886

CNA Training Enrollment Verification

Nurse Aide Instructions:

1. Complete section A-2.
2. Print this CNA Training Enrollment Verification Form.
3. Send this page to your current employer, organization, or school, so they can complete Section A-3 (CNA Training Enrollment Verification)

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

Name (first, middle, last):

Jane C. Doe

Social Security Number:

123-45-6789

Date of Birth (mm/dd/yy):

01/15/01

I authorize my employer/organization/school to provide the SD Department of Health the information they request.

Signature of Nurse Aide:

Jane Doe

Date:

12/19/19

Section A-3 (Employer, Organization or School will complete this section)

Employer/Organization/School Instructions:

1. Complete section A-3 with applicant's employment background information.
2. Once completed, please submit the CNA Training Enrollment Verification Form to the South Dakota Department of Health.

Please note the following rule: 44:74:02:06 Grounds for revocation, denial, or suspension of nurse aide certification.

This nurse aide has no record of abuse, neglect, or misappropriation, nor is there any pending action.

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

Comments: _____

Employer/Organization/School:

Avera CNA Education & Staffing Online Training

Address:

1004 W 4th Street, Suite 9

City, State, Zip:

Yankton, SD 57078

Telephone:

605-668-8475

Employer, Organization or School Representative Signature/Title:

Signature

Date:

12/20/19

Employer, Organization or School Representative: Please send this completed form to DOHOLCComplaint@state.sd.us or fax to 1-833-663-9673



Certified Nurse Aide (CNA) Initial Application

Applicant Information

First Name*	Middle Name	Last Name*	
<input type="text" value="Jane"/>	<input type="text"/>	<input type="text" value="Doe"/>	
Maiden Name	Other Names Used		
<input type="text"/>	<input type="text"/>		
Social Security Number*	Date of Birth*		
<input type="text" value="123-45-6789"/>	<input type="text" value="01-15-2001"/>		
Gender*	Ethnicity*		
<input type="text" value="Female"/>	<input type="text" value="White / Caucasian"/>		

Contact Information

Address Line 1*		Address Line 2	
<input type="text" value="123 Caring Lane"/>		<input type="text"/>	
City*	County*	State*	ZIP Code*
<input type="text" value="Sioux Falls"/>	<input type="text" value="Minnehaha"/>	<input type="text" value="SD"/>	<input type="text" value="57106"/>
<small>Choose Out of State if you live outside SD.</small>			
Telephone Number*	Alternate Phone Number	Email*	
<input type="text" value="605-367-2468"/>	<input type="text" value="(123) 456-7890"/>	<input type="text" value="nurseaide@gmail.com"/>	



Certified Nurse Aide (CNA) Initial Application

Disciplinary Information:

Please be advised that a Yes answer to any of the disciplinary questions below DOES NOT necessarily disqualify an applicant. If Yes is answered to any of the disciplinary 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 jurisdiction, including evidence of completion/compliance with court requirements.

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 that have not previously been reported to the Department of Health?*

Yes* No*

Have you ever had an allegation against you for abuse, neglect, or misappropriation of property?*

Yes* No*

Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?*

Yes* No*

Are you currently being investigated or is disciplinary action pending against any license(s) or certificate(s) held by you?*

Yes* No*

Has any license or certificate 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?*

Yes* No*

Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital, nursing facility, or other healthcare provider entity?*

Yes* No*

Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?*

Yes* No*

Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?*

Yes* No*

Do you currently owe child support arrearages in the sum of \$1,000 or more in the state of South Dakota?

Yes* No*

Have you ever had action taken against you by the Office of Inspector General (OIG)?*

Yes* No*



Certified Nurse Aide (CNA) Initial Application

Education

Name of school or organization where you will receive the CNA training:*

Avera CNA Education & Staffing Online Training

Beginning Date of CNA Training:*

01/27/2020



Certified Nurse Aide (CNA) Initial Application Certification

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

After the CNA applicant has completed the online application, they will need to click inside the for a v to certify the information provided on the application is complete, true, and correct.

To upload a completed Training Enrollment Verification Form with the application, click on the gray button . There are recommendations on uploading the file by clicking on the [here](#) link. If unable to upload the form, please send the form to South Dakota Department of Health (SDDOH) by email or fax. The email and fax information are located on the bottom of the form.

Certified Nurse Aide (CNA) Initial Application

Certification

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

Remember to print the CNA training enrollment verification form. Once the form has been successfully completed by the appropriate personnel, they may be submitted to the South Dakota Department of Health.

You may print the form here:

- [Training Enrollment Verification Form](#)

Or

If you have completed the Training Enrollment Verification Form. You can upload the form below to include it with your application.

Click [here](#) for recommendations on uploading files.

Click on the gray button , select the File, and then click on the blue button . The screen should show the file uploaded. Click on the blue button to successfully complete the application process.

Uploaded File(s)

- [Uploaded File](#)

You have successfully submitted the Certified Nurse Aide (CNA) Initial Application.

To track the progress of your application, you may check our website and click on Application Status under CNA Registration Verification.

- [Application Status website](#)

Instructions for the program coordinators and/or instructors:

To verify the eligibility of the nurse aide to begin a CNA training and testing program, go to the South Dakota Board of Nursing website. Type <https://www.sduap.org/verify/> in your browser. Save this page to your desktop or favorites for easy access. Click on the [Registration Verification Link](#)

- [Online Renewal](#)
- [Registration Verification](#)
- [Application Status](#)
- [Print Registration Card](#)
- [Change Address](#)

Registration Verification

Registry status implies only that an unlicensed individual has met the minimal training and testing requirements necessary to accept delegated tasks by a licensed nurse while under a nurse's supervision. Registry status does not imply that an individual has met moral, ethical or legal standards. The Registry should not take the place of an employer's hiring screening process or background check.

Complete the verification by entering the nurse aide's first and last name or by entering their social security number. Click on the blue button [Submit & Continue](#).

When the screen shows the nurse aide's status is "Eligible" the individual can be enrolled in an approved CNA training and testing program. If the status reads "Denied" the individual is not approved and is not eligible to be enrolled in a CNA training and testing program.

Registration Verification

The verification of registry information generated from this system is considered **primary source verification** and is real time with the Unlicensed Assistive Personnel registry database.

1/13/2020 2:44:01 PM

Individual Results

Licensee Name	Registry #	Status	Type	Registration Method
Jane Doe		Eligible	CNA	Examination
Discipline	Original Registration Date	Issue Date	Expiration Date	Application Rec Date
No				12/19/2019

Instructions for the nurse aide applicant, program coordinator, and/or instructors:

To check on the nurse aide's application status, go to the South Dakota Board of Nursing website. Type <https://www.sduap.org/verify/> in your browser. Click on the [Application Status Link](#)

- [Online Renewal](#)
- [Registration Verification](#)
- [Application Status](#)
- [Print Registration Card](#)
- [Change Address](#)

Application Status

Application for Registration

This application status checklist is updated upon receipt of each component of your application, and you can trust that it reflects the most up-to-date status of your application. We encourage you to refer to it periodically to make sure the board is receiving all information required to process your application and issue your registration.

Click in the circle in front of the CNA registration - Certified Nurse Aide (CNA)*
Enter the first name, last name, date of birth, and last 4 digits of the SSN of the individual. Click on the blue button [Submit & Continue](#).

The status of both the CNA Training Enrollment Verification and Application needs to read "Completed" before the individual can start the CNA training and testing program.

If the status is blank the CNA applicant has not completed and/or submitted the form to SDDOH.

If the status reads "Denied" the individual is not approved and is not eligible to be enrolled and/or complete a CNA training and testing program

Applicant Name: Jane Doe
SD UAP Type: CNA

Items without Date Received have not been delivered to the Board office. We must obtain these items before we can review your application for approval. Please allow up to 5-7 business days for each component of your application to be processed and reflected on the online application status checklist.

Description	Status	Date Received	Comments
CNA Training Enrollment Verification			
Application	Completed	12/20/2019	

Exit

If you have problems verifying the registration or checking on the application status, please use the email link above or call Jolene Hanson at 605-367-7499 or Shelly Walstead at 605-367-4640.