SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 ▯ Sioux Falls, SD 57106-3115
(605) 362-2760 ▯ FAX: 362-2768 ▯ www.nursing.sd.gov

November 30, 2011

Community Counseling Services, CARE & Impact
Attn: Angela Hebbert, RN
357 Kansas Ave, SE
Hurson, SD 57350

Dear Angela,

This letter acknowledges receipt and approval by the South Dakota Board of Nursing of your application for re-approval of your Medication Administration Training Program for Unlicensed Assistive Personnel. This re-approval is valid through November 2013.

Your program has been re-approved to use the following curriculum: South Dakota Medication Administration Training for Community Mental Health Facilities.

The following personnel have met the requirements pursuant to ARSD 20:48:04.01:14 to teach in your program and have a minimum of two years clinical nursing experience:

- Angela Hebbert, RN

Thank you for renewing your Medication Administration Training Program with the Board. For future reference regarding the re-approval process or program curriculum and faculty changes please access the Board of Nursing's website: www.nursing.sd.gov.

Please contact me at the above number if you have any questions concerning this matter.

Sincerely,

Diane Josephson

Diane Josephson, RN, MA
Nursing Program Specialist

South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for Re-Approval of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Send completed application and supporting documentation to: South Dakota Board of Nursing
4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115

Name of Institution: Community Counseling Services, CARE, + Impact

Name of Primary Instructor: Angela Herbert RN

Address: 357 Kansas Ave SE Huron, SD 57350

Phone Number: 605-352-8596 **Fax Number:** 605-352-7001

E-mail Address of Faculty: anherbert@ccs-sd.org

Select option(s) for Re-Approval:

☒ 1. Request re-approval without changes to program curriculum or faculty/instructors
- List faculty and licensure information below; and
- Complete evaluation of the curriculum.
  Name of curriculum: Medication Training for Community Mental Health Facilities

☐ 2. Request re-approval with faculty changes
- List faculty and licensure information below;
- Attach curriculum vitas, resumes, or work history of registered nurse(s) demonstrating 2 years of clinical nursing experience;
- Complete evaluation of the curriculum.

☐ 3. Request re-approval with curriculum changes or request new curriculum
- List faculty and licensure information below.
- Complete evaluation of the curriculum.
- Submit documentation to provide evidence that the requested changes to the course meet the requirements listed in ARSD 20:48:04.01 13-15. (see Initial MATP Application)
- OR – you are requesting to use a standard curriculum approved by the Board of Nursing; if so, you are not required to submit additional curriculum information.
  Name of standard curriculum: _____

Angela Herbert	SD	R025494	2/08/2012

11-30-11

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Curriculum Evaluation:

Required biannually to assess program standards for compliance with requirements listed in ARSD 20:48:04.01; indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper.

Standard	Yes	No
1. Program is no less than 16 classroom hours and	X	
no less than 4 hours of clinical/laboratory instruction	X	
2. Faculty to student ratio does not exceed 1:8 in the clinical setting	X	
1:1 in skill performance evaluation	X	
3. Tests are developed for each unit	X	
4. A final test is given	X	
5. A skills performance evaluation is conducted	X	
6. A passing test score of 85% is required	X	
7. Unit exam retakes are allowed no more than one time	X	
8. A completion certificate is awarded stating name and location of the institution	X	
• length of the program	X	
• course completion date	X	
• full name of the person completing the course	X	
• signature of the faculty in charge of the course	X	
• date certificate was awarded	X	
9. Records are maintained documenting	X	
• each person enrolled	X	
• each person's performance	X	
• date and name of persons completing	X	
• date and name of persons withdrawing	X	
• date and name of persons failing	X	
• faculty qualifications and nursing experience	X	
• curriculum plan and revisions	X	
10. Each person enrolled/completing the training has either a high school diploma or the equivalent	X	
11. The training curriculum includes:		
• the "Five Rights" of Medication Administration	X	
• an overview of the major categories of medications related to the immune system	X	
• infection control policies and procedures	X	
• medication administration via the inhalation route	X	

RN Faculty Signature: Angela Herbert **Date:** 11-30-11

This section to be completed by the South Dakota Board of Nursing

Date Application Received: 11-30-11	Date Application Denied:
Date Approved: 11-30-11	Reason for Denial:
Expiration Date of Approval: November 2013	
Board Representative: Diane Josephson	
Date Notice Sent to Institution: 11-30-11	