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

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SD BOARD OF NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for *Curriculum Change* for an Approved 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: Custer Regional Senior Care
Name of Primary Instructor: Christina Krecht RN
Address: 1065 Montgomery
Custer, SD 57730
Phone Number: 605-673-2237 ext. 41 Fax Number: 605-673-3593
E-mail Address of Faculty: cknecht@regionalhealth.com

1. Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*

   ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)

   ☐ Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)

   ☐ Nebraska Health Care Association (2010) (NHCA)

   ☒ We Care Online

2. List faculty and licensure information: *For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.*

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification *(Completed by SDBON)*
Christina Krecht RN	SD	R023638	4/8/14	ok cm

RN Faculty Signature: [signature] **Date:** 6/4/12

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

Date Application Received: 06/11/2012 / 06/20/2012	Date Notice Sent to Institution:
Date Application Approved: 06/21/2012	Date Application Denied:
Expiration Date of Approval: 04/30/2014	Reason:
Board Representative: [signature]	