SOUTH DAKOTA BOARD OF NURSING
4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115
Phone: 605-362-2760

July 13, 2010

FILE COPY

Maris S. Smith, RN, CRRN, MSAS
Fall River Health Services
209 N. 16th St.
Hot Springs, SD 57747

Dear Maris:

Your application for renewal of your Nurse Aide Training Program at Fall River Health Services has been received in the Board Office. It has been determined that the program meets the criteria for approval/reapproval in South Dakota.

Based on the information provided, you meet the qualification requirements to serve as Program Coordinator as set forth in ARSD 44:04:18:10. Your current RN licensure was verified, and you have had a minimum of two years of nursing experience with at least one year long term care experience. As Coordinator you are responsible to provide guidance for the program and maintain ultimate responsibility for the course

You also meet the qualifications of primary instructor as set forth in ARSD44: 04:18:11. The primary instructor is the actual teacher of course material and must have a minimum of two years nursing experience, at least one year of which is in the provision of long term care services.

You are utilizing *We Care Online*, an approved curriculum. Your approval status is valid until **July 2012.** At the time of renewal a re-approval form may be obtained on our website at www.nursing.sd.gov.

Please contact me at the above number if you have any further questions.

Sincerely,

Nancy Bohr RN, MBA, MSN, FRE
Nursing Program Specialist

Cc: Diana Weiland
South Dakota Department of Health

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

GREAT FACES. GREAT PLACES.

APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: ☐ INITIAL APPROVAL ☒ REAPPROVAL
Please select: ☒ NURSING HOME BASED ☐ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

INITIAL APPROVAL REQUIREMENTS

- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours

Course Syllabus:

- ☐ If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus
- ☐ If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:
  - Course overview
  - Course objectives
  - Content outline
  - Skills training
  - Teaching methodologies
  - Methods of evaluation
  - Environment for learning
  - Student:Instructor ratio
  - Names of required textbooks

REAPPROVAL REQUIREMENTS

- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☐ Changes in program length & distribution of hours, if any
- ☐ Changes in Course Syllabus, if any
- ☐ Changes in Faculty, if any

COMMENTS: No changes

Note: Written notification should be submitted to the Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM Fall River Health Services / Castle Manor Nursing Home

ADDRESS: 209 N. 16th Street Hot Springs, SD 57747

TEL: (605) 745- FAX: EMAIL:

NAME OF COURSE: We Care on-line CNA training course

PROGRAM COORDINATOR & CREDENTIALS: Maris S. Smith RN, CRRN, MSAS

- ☐ Attach vitae/professional work history with Initial Application for this Program Coordinator
- ☒ Attach a copy of current RN license card with Initial Application and each Reapproval Application

PRIMARY INSTRUCTOR & CREDENTIALS: Maris S. Smith RN, CRRN, MSAS

- ☐ Attach vitae/professional work history with Initial Application for this Primary Instructor
- ☒ Attach a copy of current RN or LPN license card with Initial Application and each Reapproval Application
- ☐ Attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years

SIGNATURE OF APPLICANT / TITLE Marie S. Smith RN, CRRN/MSA DATE 7/15/2010

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: 7-16-10 DATE APPROVED: 7-16-10

DATE APPLICATION RETURNED: DATE DENIED:

REASON FOR DENIAL:

EXPIRATION DATE OF APPROVAL: July 2012

BOARD REPRESENTATIVE: Nancy Bates RN, MBA, MSN, FRE

South Dakota Board of Nursing

This certifies that the person named herein is licensed to practice as a

SD-RN R030517
Multi-state (Compact)
12/30/2009 thru 12/29/2011

Maris S Smith
875 East Chicago Street
Rapid City, SD 57701

DW
NB