

**LICENSEE APPLICATION FOR *POST-APPROVAL*  
OF CONTINUING EDUCATION CREDIT {ARSD 20:49:08:05}**

**SD Board of Examiners for NH Administrators**

IF AN INDIVIDUAL LICENSEE DESIRES POST-APPROVAL OF A NURSING HOME ADMINISTRATOR RELATED CONTINUING EDUCATION PROGRAM, THEY SHALL APPLY TO THE BOARD **WITHIN 30 DAYS OF THE PROGRAM PRESENTATION DATE**

**ARSD20:49:08:05. Attendee request for continuing education approval.** An attendee seeking post approval of a program pertaining to health care or business administration shall submit to the board, within 30 days after completion of the program, its dates, subject matter, and a copy of the certification of attendance. The board shall advise the attendee in writing whether the program is approved and the number of continuing education hours allowed.

THE APPLICANT SHALL BE NOTIFIED IN WRITING WITHIN 30 DAYS AFTER THE BOARD'S CONSIDERATION.

**Include printed program/brochure with complete schedule, speaker name(s) and qualifications, topics offered, and a copy of your certificate of attendance.**

TITLE OF PROGRAM: \_\_\_\_\_

DATE OF PROGRAM: \_\_\_\_\_

STATE THE OBJECTIVES OF THE PROGRAM AND THE NHA KNOWLEDGE YOU GAINED UPON COMPLETION OF THE PROGRAM:

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DESCRIBE THE METHOD USED BY THE PARTICIPANTS TO EVALUATE THE PROGRAM:

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LICENSEE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TO AVOID RETURNED MAIL, YOU **MUST** ATTACH ANY BRIEF DOCUMENTS, PROGRAM /  
BROCHURE, CERTIFICATE OF ATTENDANCE, ETC. PERTAINING TO THIS ACTIVITY TO:

**SD BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS  
PO BOX 632  
SIOUX FALLS, SD 57101-632  
(605/331-5040)**