

DEPARTMENT OF HEALTH
State of South Dakota

Board of Examiners for Nursing Facility Administrators

PO Box 632
Sioux Falls, SD 57101-0632
(605) 331-5040
<http://doh.sd.gov/boards/nursingfacility>

TO: Sponsoring Agencies Requesting Credit Hour Approval

FROM: Joyce M. Vos, Executive Secretary

SUBJECT: Continuing Education Program Approval Form

This memo is to inform you of the continuing education approval form for the South Dakota Board of Examiners for Nursing Facility Administrators. This is the form that must be completed in applying for credit hours for nursing home administrators.

Only the sponsor of the program can apply for credit hour approval.

You may duplicate this form as needed for applying for credit hour approval.

This form must be submitted at least **30 days prior or 30 days after the date of your program**. You must submit all the information that is requested on the form in order for your program to be considered for approval. Please keep your supplied information brief. We do not need extensive speaker biographical information!

You will be notified of the approval or disapproval of the program for credit hours within 60 days after receipt of complete information.

Sponsors must take accurate attendance and document **ONLY** the hours attended on certificates for the participants. The certificates must also include this Board's approval number. You **must** also send a list of the attendees with their credit hours to our office.

In the State of South Dakota, the licensed nursing facility administrator needs 40 clock hours biennially by December 31 of even numbered years.

If you have any questions, feel free to contact our office.

SOUTH DAKOTA BOARD OF EXAMINERS FOR NURSING FACILITY ADMINISTRATORS

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CONTINUING EDUCATION PROGRAM APPROVAL FORM

This program approval form must be submitted at least **30 days prior or 30 days after the date of the presentation** for consideration of approval (ARSD 20:49:08:04). To receive board approval, continuing education courses as described in ARSD 20:49:08:03 must pertain to health care or to business administration. You will be notified of approval or denial by SDBENFA within 30 days after receipt of complete information.

Only the sponsor of the program may request approval on this form. **Sponsors are responsible for monitoring the attendance at the program.** The sponsor:

- **must provide each participant with evidence of attendance of completed hours,**
- **must provide the SDBENFA with a master list of attendees' names and credit hours within 60 days following the completion of the program.**

Name of Sponsoring Organization Telephone Number

Mailing Address City State Zip Code

Program Coordinator Name Title

Program Title: _____

Number of Clock Hours (not CEU) Requested: _____

Program Location _____ Program Date _____

Names and Qualifications of Speaker(s): _____

Describe how the program is related to nursing facility administration. _____

Please attach the following information: - **Agenda which must include the time schedule,**
- **Brief biography or vitae of each presenter,**
- **Objectives or outline or overview of each session.**

Date _____ Program Coordinator's Signature _____

SD BOARD OF EXAMINERS FOR NFA ACTION:

Number of Hours Approved: _____ Date of Approval: _____

Program Denied: _____ Reason for Denial: _____