



# South Dakota Board of Nursing

South Dakota Department of Health  
 722 Main Street, Suite 3; Spearfish, SD 57783  
 (605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

*Approved*

**Nurse Aide**  
**Application for Faculty Changes to a Currently Approved Training Program**

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:  
 South Dakota Board of Nursing  
 722 Main Street, Suite 3  
 Spearfish, SD 57783

Name of Institution: Jenkins Living Center  
 Address: 215 South Maple Street, Watertown, SD 57201

Phone Number: 605-886-5111 Fax Number: 605-886-0790

E-mail Addresses of Primary Coordinator and/or Instructor: StephanieD@JenkinsLivingCenter.com

- Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
  - Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Stephanie Jo Popowski-Dahl</u>	<u>SD</u>	<u>SD-RN R033890</u>	<u>11/19/2017</u>	<u>SD</u>

- Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
  - Attach curriculum vita, resume, or work history,
  - Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Stephanie Jo Popowski-Dahl</u>	<u>SD</u>	<u>RN R033890</u>	<u>11/18/2017</u>	<u>SD</u>

- Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
  - Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Barbara Olson, RN</u>	<u>SD</u>	<u>R026156</u>	<u>4/10/17</u>	<u>SD</u>
<u>Gloria Ristvedt, RN</u>	<u>SD</u>	<u>R011362</u>	<u>12/13/17</u>	<u>SD</u>
<u>Andy York, RPT</u>	<u>SD</u>	<u>1095</u>	<u>1/1/17</u>	<u>SD</u>

Program Coordinator Signature: Stephanie Jo Popowski-Dahl Date: 2/8/16

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

Date Application Received: <u>2/9/16</u>	Date Application Denied:
Date Approved: <u>2/24/16</u>	Reason for Denial:
Expiration Date of Approval: <u>Feb 2018</u>	
Board Representative: <u>Samuel</u>	
Date Notice Sent to Institution: <u>2/24/16</u>	

October 20, 2011

*Using Hartmanns - LTC Core 3rd ed. 97% 2 yr pass rate - so.*