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: (605) 362-2768

Approved programs are required to retain student information and to provide documentation to students upon request (ARSD 20:48:04.01:14)

We Care Online Curriculum Medication Administration Training Program Log

for use by approved program: _____

(Insert Name of MATP program)

Enrolled Student Name	Unit 1 Test Score		Unit 2 Test Score		Unit 3 Test Score		Skills Evaluation		Date Completed & Certificate Awarded	Date Failed & / Or Withdrew From Program & Reason
	1st Attempt	2nd Attempt	1st Attempt	2nd Attempt	1st Attempt	2nd Attempt	Pass	Fail		