



**South Dakota Board of Nursing**  
 South Dakota Department of Health  
 4305 S. Louise Ave., Ste. 201, Sioux Falls, SD 57106  
 (605) 362-2760; FAX: 362-2768; WWW.STATE.SD.US/DOH/NURSING

**Medication Administration Training Program for Unlicensed Assistive Personnel  
 Curriculum Change Application**

Medication administration may be delegated only to those individuals who have successfully completed an approved MATP training program and who are registered by the South Dakota Board of Nursing (SDBON) as an Unlicensed Medication Aide (UMA). To request approval of a MATP, complete and submit this application along with required documentation to the Board of Nursing by mail to the address listed above or email to [Tessa.Stob@state.sd.us](mailto:Tessa.Stob@state.sd.us). Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Name of Institution: \_\_\_\_\_

Name of Primary RN Instructor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address of **Primary RN Instructor**: \_\_\_\_\_

**1. Identify the approved curriculum(s) your MATP will use:**

- Avera Education & Staffing Solutions (AESS) Online Curriculum
- EduCare Online Curriculum
- Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
- Nebraska Health Care Association (2010) (NHCA)
- We Care Online Curriculum
- 2011 South Dakota Community Mental Health Facilities (*only approved for agencies certified through the Department of Social Services*)

**2. Submit a Curriculum Content Application Form** with this application for the curriculum(s) chosen above. The RN instructors approved on this application are responsible for teaching all content as described on the curriculum content form(s).

**3. List all RN faculty and provide licensure information:** Submit qualifications for NEW instructor(s)/faculty, send a resume or work history with this application to demonstrate a minimum of two years clinical RN experience.

RN Faculty/Instructor Name(s)	RN License Information			Verification (Completed by SDBON)
	State	Number	Expiration Date	

**Primary RN Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Date Application Received:	Expiration Date of Approval:	Application Denied.
Date Application Approved:		Reason for Denial:
Board Representative:		