South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street Suite 3, Spearfish, SD 57783
(605) 642-1388; FAX: 642-1389; WWW.STATE.SD.US/DOH/NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for *Re-Approval* of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

Name of Institution: Boxelder Job Corps
Name of Primary Instructor: Aileen T. Williams
Address: PO Box 110
Nemo, SD 57759
Phone Number: 605-348-3636 Fax Number: 605-578-3593
E-mail Address of Faculty: aileenwilliams@

1. Request re-approval using the following approved curriculum(s): *(Each program is expected to retain program records using the Enrolled Student Log form.*
   - ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
   - ☐ Gauwitz Textbook – Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
   - ☒ Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)
   - ☐ Nebraska Health Care Association (2010) (NHCA)
   - ☐ We Care Online
   - ☐ EduCare

Ø changes.

2. List faculty and licensure information: *For new RN faculty: 1) attach resume/work history with evidence of minimum 2 years clinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.*

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification *(Completed by SDBON)*
Aileen T Williams	SD	R027787	03/16/2016	[signature]

3. Complete evaluation of the curriculum / program: *(Explain 'No' responses on a separate sheet of paper.)*

Standard	Yes	No
1. Each person enrolled in your program had a high school diploma or the equivalent.	X	
2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours.	X	
3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting	X	
4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.	X	
5. Each student's performance was documented using the SD clinical skills checklist form.	X	
6. You maintain records using the Enrolled Student Log(s) form.	X	

RN Faculty Signature: Aileen T Williams **Date:** 4-7-14

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

Date Application Received: 4/7/14	Date Notice Sent to Institution: 4/8/14
Date Application Approved: 4/8/14	Application Denied. Reason:
Expiration Date of Approval: April 2016	
Board Representative: [signature]	