



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 Faculty Change for an Approved 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: Dells Nursing and Rehab Center Avera Education+Staffing Solutions
Ewen Maag, RN

Name of Primary Instructor: Pamela Moe

Address: 1400 Thresher Drive
Dell Rapids, SD 57022

Phone Number: 605-428-5478 Fax Number: 605-428-5421

E-mail Address of Faculty: pamela.moe@dellsnursingrehab.com /gmaag@avera.org

Samantha Earley @ dells

1. Identify the approved curriculum that your instructors are using:

- 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 Textbook for Medication Assistants, Sorrentino & Remmert (2009) — *Using Avera Didactic on-line*
- Nebraska Health Care Association (2010) (NHCA)
- We Care Online
- EduCare

2. List new and existing faculty requested and licensure information.

** For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.*

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Pamela Moe</u>	<u>SD</u>	<u>R020299</u>	<u>03/06/2017</u>	<u>[Signature]</u>
<u>Samantha Earley</u>	<u>SD</u>	<u>R041237</u>	<u>08/31/2017</u>	<u>[Signature]</u>

RN Faculty Signature: [Signatures] Date: 10/29/2015

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

Date Application Received: <u>11/3/15</u>	Date Notice Sent to Institution: <u>11/9/15</u>
Date Application Approved: <u>1/9/16</u>	Date Application Denied:
Expiration Date of Approval: <u>April 2016</u>	Reason:
Board Representative: <u>[Signature]</u>	

Ensure all material on Curriculum Content form is covered. (80)

11/3/15