



South Dakota Board of Nursing
 South Dakota Department of Health
 4305 South Louise Avenue Suite 201
 Sioux Falls SD 57106-3115
 (605) 362-2760 Fax: (605) 362-2768

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

***Allow up to 5-7 business days** for the SDBON to process your application*

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period.

To request approval of a NATP, complete and submit this application along with required documentation to the Board of Nursing by faxing to the number listed above or email to 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: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address of **Program Coordinator**: _____

Email Address of **Primary Instructor**: _____

1. List Personnel and Licensure Information:

- 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 ([ARSD 44:74:02:10](#)).

- Attach curriculum vita, resume, or work history.

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification <i>(Completed by SDBON)</i>

- Request New Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material ([ARSD 44:74:02:11](#)). The Director of Nursing (DON) may not perform training ([ARSD 44:74:02:10](#)).

- 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 <i>(Completed by SDBON)</i>



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- List NEW and Continuing Supplemental Personnel** may 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 44:74:02:12](#)).
- Attach curriculum vita, resume, or work history for new Supplemental Personnel.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification <i>(Completed by SDBON)</i>

Program Coordinator Signature: _____ **Date:** _____

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

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