



South Dakota Board of Nursing

South Dakota Department of Health
 722 Main Street, Suite 3; Spearfish, SD 57783
 (605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

ReApproval

Nurse Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
 722 Main Street, Suite 3
 Spearfish, SD 57783

Name of Institution: Good Samaritan Society Lennox
 Address: 404 E 6th Ave
Lennox SD 57039
 Phone Number: (605) 647-2251 Fax Number: (605) 647-2258
 E-mail Addresses of Primary Coordinator and/or Instructor: cboyum@good-sam.com

- 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 while serving as DON. (ARSD 44:04:18:10)
 - Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Christine Boyum</u>	<u>SD</u>	<u>R046311</u>	<u>8/20/17</u>	<u>[Signature]</u>

- Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
 - 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 (Completed by SDBON)
<u>Sarah Dugosh</u>	<u>SD</u>	<u>R043643</u>	<u>1/22/18</u>	<u>[Signature]</u>

- Request New Supplemental Personnel** to 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 44:04:18:12)
 - Attach curriculum vita, resume, or work history.

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

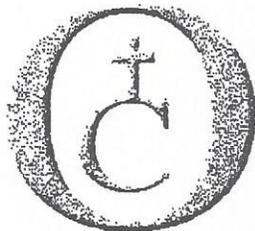
Program Coordinator Signature: [Signature] Date: 4/26/16

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

Date Application Received: <u>4/27/16</u>	Date Application Denied:
Date Approved: <u>5/3/16</u>	Reason for Denial:
Expiration Date of Approval: <u>May 2018</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u>5/3/16</u>	

Using We Care Online Curriculum; 93% pass rate.

4/27/16 [Signature]



We Care Online
*A Learning Institution for
the Healthcare Industry*

Certifies That

Sarah Dlugosh

has completed the required hours of study and testing for
TRAIN THE TRAINER and is therefore awarded this

**CERTIFICATE OF
COMPLETION**

Given this Monday, April 26, 2016

Bonnie Henningson

Bonnie Henningson, MPH, RN
We Care Online Instructor

A small, handwritten mark or signature in the bottom right corner of the certificate, possibly initials or a stylized 'B'.