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

Medication 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 documenintion to: South Dakota Board of Nursing, 722 Main Street, Suite 3, Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions
Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078
Phone Number: 605-668-8475 Fax Number: 605-668-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org
Verified by: _____ (SD BON)

Facility: Morningside Care Center
Location: Alcester SD 57001
Facility RN Clinical Sponsor/Instructor(s):
Rena Nielsen, RN RN; SD license # RD41098 ; Expires: 8/24/2015
Verified by: _____ (SD BON)
Jeanne Baillie RN; SD license # RN031510 ; Expires: 10/8/14
Verified by: _____ (SD BON)
_____ RN; SD license # _____ ; Expires: __/__/__
Verified by: _____ (SD BON)
_____ RN; SD license # _____ ; Expires: __/__/__
Verified by: _____ (SD BON)

AESS Program Instructor Signature: Gwen Maag Date: 6/25/14
X Administrator/DON/ADON Signature: Rena Nielsen, DON Date: 6/25/14

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

Date Application Received: 6/27/14	Date Application Denied:
Date Approved: 7/16/14	Reason for Denial:
Expiration Date of Approval: April 2016	
Board Representative:	
Date Notice Sent to Institution:	

May 2014