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

Nurse Aide

Application for *Re-Approval* of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Spearfish, SD 57783

Name of Institution: National American University - Rapid City Campus
Address: 5301 S. Highway 16
Rapid City, SD 57701
Phone Number: 605-394-4916 Fax Number: 605-394-4871
E-mail Address of Faculty: cbierema@national.edu

Select option(s) for Re-Approval:

☐ Request re-approval *without* changes to program coordinator, primary instructor, supplemental personnel or curriculum
1. List personnel and licensure information
2. Complete evaluation of the curriculum

☒ Request re-approval with faculty changes and/or curriculum changes
1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
2. Complete evaluation of the curriculum
3. Submit documentation to support requested curriculum changes

1. List Personnel and Licensure Information:

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)

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification *(Completed by SDBON)*
Charlene Bierema	SD	R014182	9/11/16	

☐ *If requesting new Program Coordinator*, attach curriculum vita, resume, or work history

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 44:04:18:11)

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification *(Completed by SDBON)*
Same as Program Coordinator				

☐ *If requesting new Primary Instructor*, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

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 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.

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

2. **Complete Evaluation of the Curriculum:** Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
• Program was no less than 75 hours.	X	
• Provided minimum 16 hours of instruction prior to students having direct patient contact.	X	
• Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	X	
• Provided instruction on each content area (see ARSD 44:04:18:15):	X	
◦ Basic nursing skills	X	
◦ Personal care skills	X	
◦ Mental health and social services	X	
◦ Care of cognitively impaired clients	X	
◦ Basic restorative nursing services	X	
◦ Residents' rights	X	
• Students did not perform any patient services until after the primary instructor found the student to be competent	X	
• Students only provided patient services under the supervision of a licensed nurse	X	
• Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	X	

stats Nov '12 - Nov '13 overall 100% (5 students, + repeated skills) 88

3. **Submit Documentation to Support Requested Curriculum Changes:**

Name of Course (if applicable): We Care online

A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☐ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

☐ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum

☐ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:

- ☐ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
  - ☐ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
- ☐ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
- ☐ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
  - ☐ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
  - ☐ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;

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- ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
- ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
- ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
- ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Program Coordinator Signature: Charlene Bieremai **Date:** 2-5-15

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

Date Application Received: 2/10/15	Date Application Denied:
Date Approved: 2/17/15	Reason for Denial:
Expiration Date of Approval: feb 2017	
Board Representative: [signature]	
Date Notice Sent to Institution: 2/17/15	