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: ROSE MANOR
Name of Primary Instructor: SUSAN SIHRER
Address: 317 MAIN ST

Phone Number: 605 842-1066 Fax Number: 605 842 1101
E-mail Address of Faculty: rosemanor@goldenwest.net

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)
   - ☐ 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)
SUSAN SIHRER Wilcox	SD	R025567	6/15/15	[signature]

RN Faculty Signature: Darla Thomas [signature] **Date:**

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

Date Application Received: 4/8/14	Date Notice Sent to Institution: 4/8/14
Date Application Approved: 4/8/14	Date Application Denied:
Expiration Date of Approval: April 2016	Reason:
Board Representative: [signature]	