



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 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 the 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: Avera Education & Staffing Solutions
 Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078
 Phone Number: 605-668-8475 Fax Number: 605-668-8483
 E-mail Addresses of Primary Coordinator and/or Instructor: gmaag@avera.org

United
Living
Community

- 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			Verification (Completed by SDBON)
	State	Number	Expiration Date	

- 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			Verification (Completed by SDBON)
	State	Number	Expiration Date	

- 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			Verification (Completed by SDBON)
	State	Number	Expiration Date	
<u>Holly Sundes</u>	<u>SD</u>	<u>2031063</u>	<u>11/7/16</u>	
<u>Leanna Hedden</u>	<u>SD</u>	<u>2039486</u>	<u>2/24/16</u>	
<u>Angela Miller</u>	<u>SD</u>	<u>2031976</u>	<u>11/6/15</u>	

Program Coordinator Signature: [Signature] Date: 06/09/14

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

Date Application Received: <u>7/29/14</u>	Date Application Denied:
Date Approved:	Reason for Denial:
Expiration/Date of Approval: <u>April 2016</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution:	



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Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Stephanie Vlamincik</u>	<u>SD</u>	<u>2040155</u>	<u>3/12/15</u>	<u>[Signature]</u>
<u>Angel Anderson</u>	<u>SD</u>	<u>2037446</u>	<u>12/29/15</u>	<u>[Signature]</u>

Program Coordinator Signature: Athen Chapp Date: 06/09/14

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

Date Application Received: <u>1/20/14</u>	Date Application Denied: <u> </u>
Date Approved: <u> </u>	Reason for Denial: <u> </u>
Expiration Date of Approval: <u>April 2016</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u> </u>	