South Dakota Board of Nursing

_____'s Medication Administration Training Program Log: *We Care Online*

(Name of your program)

Approved programs are required to retain student information and to provide documentation to students upon request (ARSD 20:48:04.01:14)

Enrolled Student Name	**Unit 1 Test Score**		**Unit 2 Test Score**		**Final test Score**		**Skills Performance Evaluation**		**Date Completed/ Certificate Awarded**	**Date Failed Program**	**Date Withdrew from Program & Reason**
	85% required to pass; may retake each exam one time										
	1st Attempt	2nd Attempt	1st Attempt	2nd Attempt	1st Attempt	2nd Attempt	Pass	Fail			

2/7/2012