



Dialysis Technician Training Program – Initial Application for Approval

Submit this application along with supporting documentation to the Board of Nursing office. Notice of approval status will be emailed to the RN coordinator. Renewal of the training program is required every two years (by March 31 of odd years).

Name of Institution: _____

Address: _____

Telephone: _____ Fax: _____

Registered Nurse Coordinator: _____ Email: _____

Name of Dialysis Technician Training Course Curriculum that will be used: _____

Attach documents: (see document *Requirements for Approval of Dialysis Technician Training Programs*)

1. Description of program length and distribution of hours. A variety of teaching methods may be used to fulfill classroom instruction requirements, e.g. independent study, video instruction.
2. Course Syllabus to include: course overview, objectives, content outline, skills training, methods of performance evaluation (please provide examples), teaching methodologies, and a reference list of required textbooks or other resources.
3. Description of Record Keeping
4. Documentation of Student to Faculty ratio

Faculty Qualifications:

Attach vitae/resume or work history as evidence of meeting the following requirements:

1. Holds an active SD RN and/or LPN license (or multi-state compact RN or LPN license)
 - LPNs may assist the RN with classroom instruction and may serve as a preceptor in the clinical portion of the training program.
2. Has a minimum of 2 years of clinical nursing experience
3. Has a minimum of one year experience in hemodialysis.

Faculty Member Name	State in which currently licensed as a nurse	License #	Expiration Date

Signature of RN Coordinator: _____ **Date:** _____

FOR USE BY SOUTH DAKOTA BOARD OF NURSING

Date Application Approved _____ Approval Expiration Date: _____

Date Application Denied _____ Reason for Denial: _____

Board of Nursing Representative/Signature: _____