



## Application for Re-Approval of Dialysis Technician Training Program

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 / Dialysis Training Program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Registered Nurse Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_

Teaching Location(s) (cities): \_\_\_\_\_

### 1. Curriculum Information

- Request re-approval using the same curriculum
  - Provide name of curriculum: \_\_\_\_\_
- Request re-approval using same curriculum but with significant modifications or changes
  - Provide name of curriculum: \_\_\_\_\_
  - Attach curriculum materials to support changes requested (see below)
- Request approval using new or different curriculum
  - Provide name of curriculum: \_\_\_\_\_
  - Attach curriculum materials to support changes requested (see below)

Attach curriculum materials, as directed above. See also, *Requirements for Approval of Dialysis Technician Training Programs*, on the SD BON website for more information.

- 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.
- Course Syllabus to include: course overview, objectives, content outline, skills training; provide examples of methods of performance evaluation, teaching methodologies, a reference list of required textbooks or other resources.
- Description of Record Keeping
- Documentation of Student to Faculty ratio

### 2. Faculty Information:

For new instructors/faculty: attach a resume/work history with evidence of a minimum of 2 years clinical RN/LPN experience and a minimum of one year experience in hemodialysis.

All faculty must hold active SD RN and/or LPN licenses (or a multi-state compact RN or LPN license).

- LPNs may assist RN with classroom instruction and may serve as a preceptor in clinical portion of the training program.

Faculty Member Name	RN / LPN License			
	State	Number	Expiration Date	BON Verification

**3. Complete evaluation of the curriculum/program:** (explain “no” responses on a separate sheet of paper)

<b>You provided the following content in your program:</b>	<b>Yes</b>	<b>No</b>
1. General information relevant to the performance of selected hemodialysis tasks including:		
a) Governmental regulations related to end stage renal disease, practice of nursing, delegation		
b) The role of the dialysis technician in hemodialysis;		
c) Ethical issues;		
d) Client rights and responsibilities;		
e) Terminology, abbreviations, and symbols;		
f) Basic client care skills including the collection of vital signs, weight, intake, and output;		
g) Universal precautions and aseptic technique;		
h) Quality assurance and continuous quality improvement; and		
i) Documentation;		
2. Renal anatomy and physiology;		
3. End stage renal disease and treatments;		
4. Principles of hemodialysis;		
5. Hemodialysis procedures;		
6. Access procedures;		
7. Laboratory procedures;		
8. Administration of lidocaine, heparin, and saline;		
9. Identification of and response to hemodialysis-related emergencies;		
10. Discontinuing hemodialysis;		
11. Reprocessing and reuse; and		
12. Clinical or laboratory instruction for the purpose of demonstration of selected tasks of hemodialysis and evaluation of individual competence.		
<b>You ensured the following program standards were met:</b>	<b>Yes</b>	<b>No</b>
1. Each person teaching in the program was approved by the SD BON.		
2. Your program was no less than 80 hours of classroom instruction with no less than 200 hours of clinical or laboratory instruction.		
3. Your program’s faculty to student ratio did not exceed 1:2 in the clinical setting.		
4. A skills performance evaluation was conducted and your program’s faculty to student ratio did not exceed 1:1 in the student’s skills performance evaluation.		
5. Written tests were used for each unit in the curriculum and a final test; and a score of 85 percent or greater was required on each test. You provided an opportunity to retake each unit test one time without additional instruction. If the student failed a second time additional instruction was provided before further testing was performed.		
6. A completion certificate was awarded to students; and included: name, location, length of program, date of completion, full name of student, signature of RN coordinator, and date certificate was awarded.		
7. Records were maintained and included the following:		
a. Name of each student enrolled and documentation of the students’ performance including date person was awarded certificate of completion or date person withdrew from program, or the date a person failed the program		
b. Names of faculty teaching the program, including qualifications and nursing experience		
c. Curriculum plan and revisions		
d. Tests administered		

**Signature of RN Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>FOR USE BY SOUTH DAKOTA BOARD OF NURSING</b></p> <p>Date Application <input type="checkbox"/> Approved _____ Approval Expiration Date: _____</p> <p>Date Application <input type="checkbox"/> Denied _____ Reason for Denial: _____</p> <p>Board of Nursing Representative/Signature: _____</p>
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