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

GREAT FACES. GREAT PLACES.

Nurse Aide
Application for *Initial* Training Program

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval 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: Western Dakota Tech -
Address: 800 Mickelson Dr
Rapid City, SD 57703
Phone Number: (605) 394-4034 Fax Number: (605) 718-2570
E-mail Address of Faculty: jennifer.feliz@wdt.edu

1. **Program Coordinator** must be a registered nurse with two years of 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			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Jennifer L. Feliz, RN	SD	R0312165	7/30/2013	SDBON

2. **Primary Instructor** must be a licensed nurse (RN or LPN) with two years of nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)
   ☑ Attach curriculum vita, resume, or work history
   ☑ Documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Jennifer L. Feliz, RN	SD	R0312165	7/30/2013	SDBON

3. **Supplemental Personnel** may 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			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Jessica Evans, LPN	SD	P0101677	10/17/2013	SDBON
Mary Repp, RN	SD	R014404	09/05/2013	SDBON

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

Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Course Requirements
Name of Course (if applicable): Introduction to Patient Care and Lab/Clinical

A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☑ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
Text Book Submitted 2004

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

☑ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum
☑ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
- ☑ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
  - ☑ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
- ☑ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
- ☑ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
  - ☑ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
  - ☑ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;
  - ☑ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
  - ☑ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
  - ☑ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
  - ☑ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Supervision of Students: Pursuant to ARSD 44:04:18:13, students in a nurse aide training program may not perform any services unless they have been trained and found to be proficient by the primary instructor. Students in a training program may perform services only under the supervision of a licensed nurse (RN and/or LPN).

Program Coordinator Signature: Jennifer L Tely, RN **Date:** 01/08/2013

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

Date Application Received: 1/14/13	Date Application Denied:
Date Approved: 2/6/13	Reason for Denial:
Expiration Date of Approval: end of Feb. 2014	
Board Representative: Southern	
Date Notice Sent to Institution: 2/6/13	