



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Ave., Ste. 201, Sioux Falls, SD 57106
(605) 362-2760; FAX: 362-2768; WWW.STATE.SD.US/DOH/NURSING

General Instruction for Initial Approval of a Medication Administration Training Program

To obtain approval of a training program complete the following steps:

1. Submit the completed Application, page two of this document.
 - Please also know that the RN faculty teaching the online portion of the AESS, Educare, and We Care curriculums are approved by the Board to teach this content, you do not need to list them as instructors on your application.
2. Complete the top portion of the appropriate *Curriculum Content Application Form(s)* that corresponds to the curriculum you will be using to teach your program. Submit the form with your application. You may choose to use more than one curriculum and if so you need to submit a Content Form for each curriculum selected.
 - Links to the forms are provided on the South Dakota Board of Nursing website for each curriculum:
 - Avera Education & Staffing Solutions (AESS) Online Curriculum
 - EduCare Online Curriculum
 - Mosby's Textbook for Medication Assistants Curriculum
 - Nebraska Health Care Association (2010) (NHCA) Curriculum
 - We Care Online Curriculum
 - *Training programs that were previously approved to use the 2011 South Dakota Community Mental Health Facilities curriculum do not need to submit a Curriculum Content Form.*
 - Also be advised if using the online curriculums: the primary RN or additional RN faculty listed on your renewal application are responsible to teach the lab/clinical portion and to perform competency validations for those curriculums.
3. Email all completed forms and supporting documentation to: Tessa.Stob@state.sd.us; or fax: 605-362-2768; or mail to: South Dakota Board of Nursing
Attn: MATP Re-approval Application
4305 S. Louise Ave., Suite 201
Sioux Falls, SD 57106

Be advised that incomplete applications may cause delays in processing.

4. Following receipt of application materials, notice of approval will be sent via email to the primary RN instructor listed on the application within 5 – 7 business days.
5. The List of Approved Programs on the Board's website will be updated to include your approved program information.

Also remember to use the following documents, which are located on the Board's website:

<http://doh.sd.gov/boards/nursing/MATPApproval.aspx>, when teaching your program and keep completed forms in your employment files.

- *Enrolled Student Log Form*
- *South Dakota Specific Requirements*
- *Clinical Skills Checklist*



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Medication Administration Training Program (MATP) for Unlicensed Assistive Personnel Initial Training Program Application

Medication administration may be delegated only to those individuals who have successfully completed an approved MATP training program and who are registered by the South Dakota Board of Nursing (SDBON) as an Unlicensed Medication Aide (UMA).

To request approval of a MATP, complete and submit this application along with required documentation to the Board of Nursing by mail to the address listed above or email to Tessa.Stob@state.sd.us. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Name of Institution: _____

Name of Primary RN Instructor: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address of **Primary RN Instructor**: _____

1. Identify the approved curriculum(s) your MATP will use:

- Avera Education & Staffing Solutions (AESS) Online Curriculum
- EduCare Online Curriculum
- Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
- Nebraska Health Care Association (2010) (NHCA)
- We Care Online Curriculum
- 2011 South Dakota Community Mental Health Facilities *(only approved for agencies certified through the Department of Social Services)*

2. Submit a Curriculum Content Application Form with this application for the curriculum(s) chosen above. The RN instructors approved on this application are responsible for teaching all content as described on the curriculum content form(s).

3. List all RN faculty and provide licensure information:

RN Faculty/Instructor Name(s)	RN License Information			
	State	Number	Expiration Date	Verification <i>(Completed by SDBON)</i>

4. Provide Qualifications of Faculty/Instructors(s): Submit with this application a resume (or work history) for each faculty/instructor(s) to demonstrate a minimum of two years clinical RN experience.

Upon approval, the SDBON will provide the primary RN instructor a **Certificate of Completion** that must be completed and given to each successful student upon completion of the MATP. Additionally, be advised that each approved MATP is required to retain program records using the Enrolled Student Log form.

Primary RN Instructor Signature: _____ **Date:** _____

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

Date Application Received:	Expiration Date of Approval:	Application Denied.
Date Application Approved:		Reason for Denial:
Board Representative:		