



## SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115  
 P: 605-362-2760 | F: 605-362-2768 | <https://doh.sd.gov/boards/nursing/>

### Nurse Aide Application for *Initial* Training Program

**\*Allow up to 5-7 business days for the SDBON to process your application\***

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to [ARSD 44:74:02:07](#). Approval status is granted for a two-year period.

To request approval of a NATP, complete and submit this application along with required documentation to the Board of Nursing by faxing to the number listed above or email to [Tessa.Stob@state.sd.us](mailto: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: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address of **Program Coordinator**: \_\_\_\_\_

Email Address of **Primary Instructor**: \_\_\_\_\_

**1. List Personnel and Licensure Information:**

**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 ([ARSD 44:74:02:10](#)).

- Attach curriculum vita, resume, or work history.

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification <i>(Completed by SDBON)</i>

**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 44:74:02:11](#)). The Director of Nursing (DON) may not perform training ([ARSD 44:74:02:10](#)).

- Attach curriculum vita, resume, or work history.  
 Attach documentation supporting previous experience in teaching adults within the past 5 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 <i>(Completed by SDBON)</i>



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**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 44:74:02:12](#)).

Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification <i>(Completed by SDBON)</i>

**2. Identify the approved curriculum(s) your NATP will use:**

- How To Be a Nurse Assistant Blended/Online Training Program
- Avera Education & Staffing Solutions (AESS) Online Curriculum
- We Care Online
- American Health Care Association - How to be a Nurse Assistant 5<sup>th</sup> Edition, 6<sup>th</sup> Edition, 7<sup>th</sup> Edition
- Hartman's Nursing Assistant Care - Long Term Care and Home Care, 3rd Edition
- Hartman's Nursing Assistant Care - The Basics, 4<sup>th</sup> Edition, 5<sup>th</sup> Edition
- Hartman's Nursing Assistant Care - Long Term Care, 3<sup>rd</sup> Edition, 4<sup>th</sup> Edition
- Medcom, Inc - The New Nursing Assistant, 8<sup>th</sup> Edition
- Mosby's Essentials for Nursing Assistants, 4<sup>th</sup> Edition, 5<sup>th</sup> Edition, 6<sup>th</sup> Edition
- The Nursing Assistant: Essentials of Holistic Care 1<sup>st</sup>Ed, Brief Ed
- Mosby's Textbook for Long-Term Care Nursing Assistants
- The Nursing Assistant: Acute, Subacute, and Long-Term Care, 6<sup>th</sup> Edition
- Hartman's Nursing Assisting: A Foundation in Caregiving, 5<sup>th</sup> Edition
- Mosby's Textbook for Nursing Assistants

**Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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