Complete and submit this form to the South Dakota Board of Nursing to request approval for changes to a previously approved dialysis technician training program (DTTP).

Name of Institution: ________________________________
Address: _______________________________________
DTTP Registered Nurse Coordinator: _____________________________
Email: _____________________________ Telephone: _______________________

☐ Curriculum Request
☐ Request significant modifications or changes to previously approved curriculum
  ☐ Provide name of curriculum used: ________________________________
  ☐ Attach curriculum materials to support changes requested (see BON website document:
    Requirements for Approval of a Training Program)
☐ Request approval of a new/different curriculum
  ☐ Provide name of new curriculum: ________________________________
  ☐ Attach Curriculum materials

☐ Request to add new instructor/faculty
☐ 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.

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<tr>
<th>FACULTY MEMBER NAME</th>
<th>STATE CURRENTLY LICENSED AS A NURSE</th>
<th>LICENSE #</th>
<th>EXPIRATION DATE</th>
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☐ Request to remove instructor(s): ________________________________

☐ Request to add teaching location(s) in South Dakota using same curriculum and approved faculty:
  1. Location Name: _____________________________ City: __________________
  2. Location Name: _____________________________ City: __________________

Signature of RN Coordination: _____________________________ Date: __________________
Review/Approval by SD Board of Nursing Representative: _____________________________ Date: __________________

5/2015