



**SOUTH DAKOTA BOARD OF NURSING**  
 4305 S LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106-3115  
 (605) 362-2760 ♦ FAX: 362-2768

## Dialysis Technician Training Program – Curriculum, Faculty, Program Changes

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.

FACULTY MEMBER NAME	STATE CURRENTLY LICENSED AS A NURSE	LICENSE #	EXPIRATION DATE

Request to remove instructor(s): \_\_\_\_\_

**Request to add teaching location(s) in South Dakota using same curriculum and approved faculty:**

1. Location Name:	2. Location Name:
City:	City:

Signature of RN Coordination: \_\_\_\_\_ Date: \_\_\_\_\_

Review/Approval by SD Board of Nursing Representative: \_\_\_\_\_ Date: \_\_\_\_\_