



# SOUTH DAKOTA BOARD OF NURSING

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

## Application for Renewal of Dialysis Technician Training Program

Submit this application along with supporting documentation to the Board of Nursing office. Notice of approval status will be emailed to the RN coordinator. *Renewal is required every two years by March 31 of odd years.*

Name of Institution: \_\_\_\_\_

RN Program Coordinator: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Teaching Location(s) (cities): \_\_\_\_\_

### 1. Curriculum Information

- Request renewal with no changes to curriculum as previously approved;
- Request approval and renewal with significant modifications or changes: attach the following to demonstrate meeting all requirements in [ARSD 20:48:04.02:08](#):
  - Course syllabus: plan, content outline, teaching methodologies, objectives and materials that show how the program will distribute 80 hours of classroom instruction listed in [ARSD 20:48:04.02:09](#);
  - A reference list of textbooks, videos, other resources that will be used; send a copy of each resource used (returned upon request) or online access codes;
  - A plan showing the distribution of the required 200 hours of clinical or laboratory instruction, including a copy of the skills performance evaluation tool;
  - Describe how the program will meet the required faculty-to-student ratio of 1:2 in the clinical setting and a 1:1 ratio for skills performance evaluation.

### 2. Faculty Information:

Request re-approval using the same faculty as previously approved: List names of all faculty: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Request adding new faculty: Attach a resume or other evidence of meeting the following requirements:

- An RN instructor must:
  - Hold an active SD RN or multi-state compact RN license;
  - Have a minimum of two years of clinical nursing experience;
  - Have a minimum of one year of experience in hemodialysis.
- LPNs may assist the RN with classroom instruction and may serve as a preceptor in the clinical portion of the training program; an LPN instructor must:
  - Hold an active SD LPN or multi-state compact LPN license;
  - Have a minimum of two years of clinical nursing experience;
  - Have a minimum of one year of experience in hemodialysis.

Add new faculty information below:

Nurse Faculty Name:	State Licensed:	License #:	Expiration Date:



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**3. Complete evaluation of the curriculum/program:** (explain “no” responses on a separate sheet of paper)

<b>You provided the following content in your program:</b>	<b>Yes</b>	<b>No</b>
1. General information relevant to the performance of selected hemodialysis tasks including:		
a) Governmental regulations related to end stage renal disease, practice of nursing, delegation		
b) The role of the dialysis technician in hemodialysis;		
c) Ethical issues;		
d) Client rights and responsibilities;		
e) Terminology, abbreviations, and symbols;		
f) Basic client care skills including the collection of vital signs, weight, intake, and output;		
g) Universal precautions and aseptic technique;		
h) Quality assurance and continuous quality improvement; and		
i) Documentation;		
2. Renal anatomy and physiology;		
3. End stage renal disease and treatments;		
4. Principles of hemodialysis;		
5. Hemodialysis procedures;		
6. Access procedures;		
7. Laboratory procedures;		
8. Administration of lidocaine, heparin, and saline;		
9. Identification of and response to hemodialysis-related emergencies;		
10. Discontinuing hemodialysis;		
11. Reprocessing and reuse; and		
12. Clinical or laboratory instruction for the purpose of demonstration of selected tasks of hemodialysis and evaluation of individual competence.		
<b>You ensured the following program standards were met:</b>	<b>Yes</b>	<b>No</b>
1. Each person teaching in the program was approved by the SDBON.		
2. Your program was no less than 80 hours of classroom instruction with no less than 200 hours of clinical or laboratory instruction.		
3. Your program’s faculty to student ratio did not exceed 1:2 in the clinical setting.		
4. A skills performance evaluation was conducted and your program’s faculty to student ratio did not exceed 1:1 in the student’s skills performance evaluation.		
5. Written tests were used for each unit in the curriculum and a final test; and a score of 85 percent or greater was required on each test. You provided an opportunity to retake each unit test one time without additional instruction. If the student failed a second time additional instruction was provided before further testing was performed.		
6. A completion certificate was awarded to students; and included: name, location, length of program, date of completion, full name of student, signature of RN coordinator, and date certificate was awarded.		
7. Records were maintained and included the following:		
a. Name of each student enrolled and documentation of the students’ performance including date person was awarded certificate of completion or date person withdrew from program, or the date a person failed the program		
b. Names of faculty teaching the program, including qualifications and nursing experience		
c. Curriculum plan and revisions		
d. Tests administered		

**Signature of RN Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Approved: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ SDBON Representative: \_\_\_\_\_