



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/>

Central Line Dialysis Technician Training Program – Initial Application

Submit this application and supporting documentation to the Board of Nursing office. Notice of approval status will be emailed to the RN coordinator.

Name of Institution: _____

Address: _____

Telephone: _____ Fax: _____

Registered Nurse Coordinator: _____

Email: _____

Program Requirements:

1. **Attach** the following to demonstrate meeting the requirements in [ARSD 20:48:04.02:11](#):
 - a. Plan with content outline, teaching methodologies, and objectives that show how the program will distribute the 4 hours of theoretical instruction;
 - b. A reference list of required textbooks, videos, other resources that will be used;
 - c. Plan showing time spent in a skills lab for the instruction and demonstration of central line dialysis tasks as allowed in [ARSD 20:48:04.02:10](#).
 - d. Copy of the test that will be administered (a passing score of 85% is required).

RN Faculty Qualifications: Attach a resume or other evidence that shows the RN faculty hold an active SD RN or multi-state compact RN license and have a minimum of two years of dialysis nursing experience.

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

All programs are required to use the Board’s approved forms:

- *Dialysis Technician: Central Line Skills Lab Checklist & RN Observation Form*; this form is used to document the technician’s performance in the skills lab and the required observation of an RN performing tasks in the clinical setting.
- *Dialysis Technician Direct Observation of Central Line Tasks Form*; this form is used to document the dialysis technician’s performance of each task a minimum of 10 times under the direct observation of a RN before performing the task without direct observation.
- *Dialysis Technician Central Line Annual Skills Performance Direct Observation Checklist Form*; this form is used by an RN to conduct the annual review of the dialysis technician’s competence to perform the central line tasks.

RN Coordinator Signature: _____ **Date:** _____