

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 sduap@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:	er: Fax Number:				
Email Address of Program Coordinator:					
Email Address of Primary Instructor:					
1. List Personnel and Licensure Inform	ation:				
 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. 					
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			RN LICENSE		
Name of Program Coordinator	State	Number	RN LICENSE Expiration Date	Verification (Completed by SDBON)	
			Expiration		
Primary Instructor must be a licensed nurse (RI the provision of long-term care services. The primary Instructor of Nursing (DON) may Attach curriculum vita, resume, or we have a supporting presented attach documentation supporting presented attach documentation supporting presented attach documentation.	State N or LPN) v ary instruct not perfori	Number with two years of nuttor is the actual team training (ARSD 44)	Expiration Date Irsing experience cher of course made: 174:02:10).	(Completed by SDBON) , at least one of which is in laterial (ARSD	
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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.
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	LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)

2. <u>Iden</u>	tify the approved curriculum(s) your NATP w	rill 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 th Edition, 6 th Edition, 7 th Edition				
	Hartman's Nursing Assistant Care - Long Term Care and Home Care, 3rd Edition				
	Hartman's Nursing Assistant Care - The Basics, 4 th Edition, 5 th Edition				
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Program Co	oordinator 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 Repr	esentative:				