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South Dakota
Board of Nursing
SDBON

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/**

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DO NOT SUBMIT

For more information and the link to the Clinical Enrichment Program online application, please e-mail **Glenna Burg**, Nursing Education Consultant.

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Clinical Enrichment Program (CEP) Initial Request for Approval

1. Institution/Agency Information

* 1. Enter the Institution/Agency information below.

Institution/Agency Name	
Mailing Address	
Address 2	
City	
State	
ZIP Code	
Phone Number	

* 2. *The Program Coordinator must be a registered nurse with a current South Dakota license [ARSD 20:48:07.01:02(5)]* Enter the Program Coordinator's information below.

Program Coordinator Name	
Credentials	
RN License Number	
Email Address	
Phone Number	

3. Enter the name and credentials of person completing form, if different from above.

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2. Program Information

* 4. How many student employees does your institution/agency plan to hire each year?

0 — 50

* 5. What is the proposed length of the program?

* 6. Does your institution/agency plan to offer multiple sessions per year?

- Yes
- No

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3. Program Information - Multiple Sessions

* 7. How many sessions will be offered each year?

2 ——— 5 ☐

* 8. List approximate dates of each session. For example: Fall, Spring, Summer OR May-August, September-December, January-April.

Session 1	
Session 2	
Session 3	
Session 4	
Session 5	

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4. Institution/Agency Criteria

* 9. *The institution/agency must be licensed or approved by local or state agencies or governing bodies. [ARSD 20:48:07.01:02(1)]* List the licensing, approving, and/or governing bodies below.

* 10. *The institution/agency must submit a written philosophy - an expression of the institution's/agency's belief about nursing and its role in the education of nurses. [ARSD 20:48:07.01:02(2)]* Enter the philosophy below.

* 11. *The institution/agency must have the facilities available to achieve the objectives. [ARSD 20:48:07.01:02(3)]* Describe briefly the facilities that are available below.

* 12. *The institution/agency must have written admission criteria for student employees. [ARSD 20:48:07.01:02(9)]* Describe the criteria below.

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5. Objectives

The institution/agency must have measurable program objectives. [ARSD 20:48:07.01:02(2)] **AND** ***The institution/agency must have a plan to achieve the objectives. [ARSD 20:48:07.01:02(4)]*** **Enter up to FIVE measurable student-centered objectives and the associated student learning activities below. For example:**

Objective 1 with Learning Activities
The student will perform selected nursing procedures and treatments.
A) Monitor IV sites, dressings, and rates;
B) Change dressings;
C) Document care provided.

13. *Objective 1 with Learning Activities*

14. *Objective 2 with Learning Activities*

15. *Objective 3 with Learning Activities*

16. *Objective 4 with Learning Activities*

17. *Objective 5 with Learning Activities*

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6. Preceptor Criteria

18. *Preceptors must be registered nurses with current South Dakota licenses and have at least one year of successful clinical experience. [ARSD 20:48:07.01:02(6)]* If preceptors have not been selected, describe how qualifications and licensure requirements will be assured below. **If preceptors have already been selected, submit a list of preceptors, RN license numbers, and years of experience to Glenna.Burg@state.sd.us**

* 19. *Responsibilities of instructional staff (preceptors) must be documented. [ARSD 20:48:07.01:02(7)]* List the responsibilities below.

* 20. *There must be a plan for orientation of instructional staff (preceptors). [ARSD 20:48:07.01:02(7)]* Describe the orientation plan below.

* 21. *The preceptor/student employee ratio for the clinical setting must be 1:1. [ARSD 20:48:07.01:02(8)]* Describe how the 1:1 ratio will be assured below.

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7. Evaluation Criteria

The evaluation tool(s) must enable the preceptor and the student employee to determine the extent to which the objectives were met. [ARSD 20:48:07.01:02(10)] **Submit copies of the evaluation tool(s) to Glenna.Burg@state.sd.us**

At a minimum, the evaluation tools should evaluate how each objective was met from both the student and preceptor perspective. For example:

Objective 1 - The student will perform selected nursing procedures and treatments.
5 - Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 - Strongly Disagree

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8. Additional Comments

22. Enter any additional comments or explanations here.

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9. Attestation

* 23. By submitting this CEP approval request, I declare and affirm that my responses are, to the best of my knowledge and belief, true and correct.

Date

Date: MM/DD/YYYY | Time: hh mm | AM/PM