

SOUTH DAKOTA BOARD OF NURSING

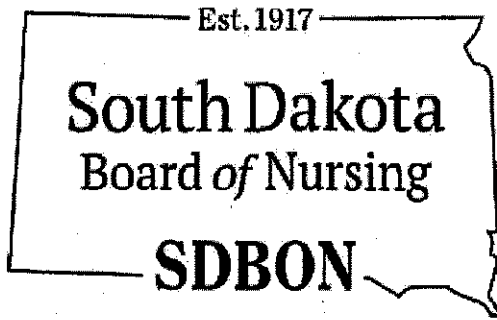
4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
605-362-2760 | <https://doh.sd.gov/boards/nursing/>

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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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4305 S. LOUISE AVENUE
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SIOUX FALLS, SD 57106
605.362.2760

Clinical Enrichment Program (CEP) Initial Request for Approval

1. Institution/Agency Information

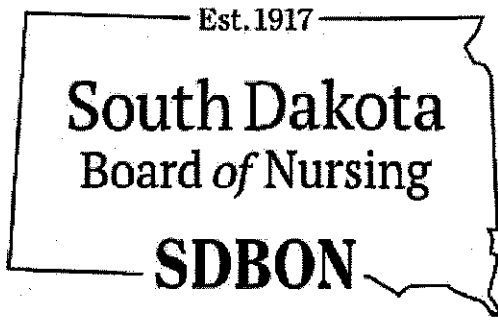
* 1. Enter the Institution/Agency information below.

Institution/Agency Name	<input type="text"/>
Mailing Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>
Phone Number	<input type="text"/>

* 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	<input type="text"/>
Credentials	<input type="text"/>
RN License Number	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

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?

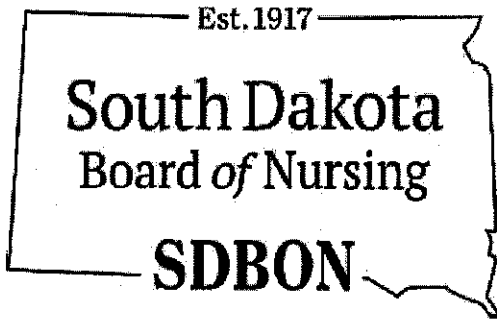
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* 5. What is the proposed length of the program?

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

- Yes
 No

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3. Program Information - Multiple Sessions

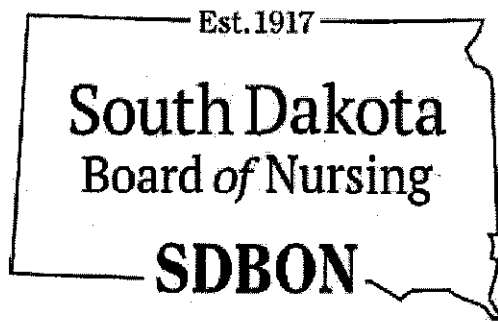
* 7. How many sessions will be offered each year?

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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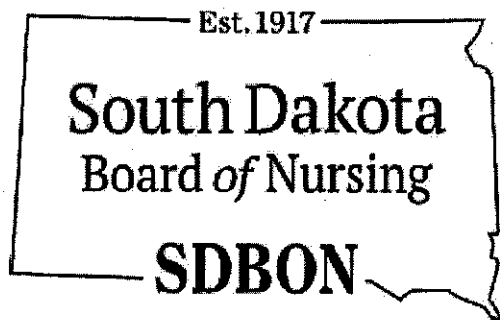
4. Institution/Agency Criteria

* 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

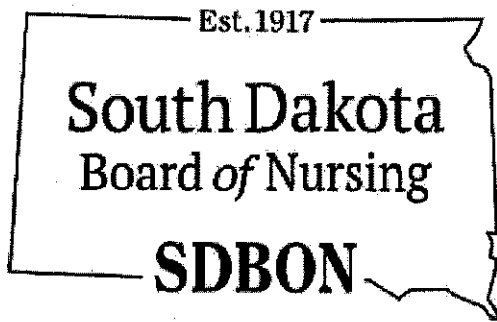
14. Objective 2 with Learning Activities

15. Objective 3 with Learning Activities

16. Objective 4 with Learning Activities

17. Objective 5 with Learning Activities

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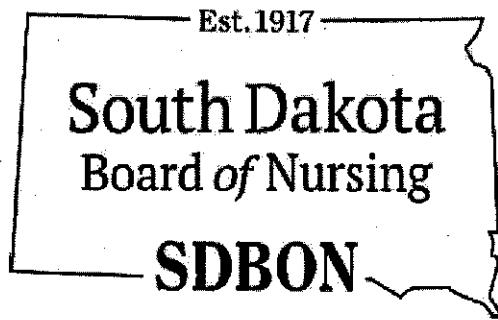
6. Preceptor Criteria

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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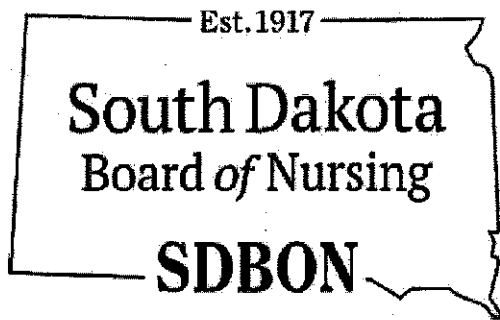
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8. Additional Comments

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	Time		AM/PM
MM/DD/YYYY	hh	mm	-

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