



## 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 – Request for Program Changes

Complete and submit this form to the South Dakota Board of Nursing to request approval for changes to a previously approved central line dialysis technician central line training program.

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

Name of RN Program Coordinator: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Curriculum Changes:** To significantly modify or change a previously approved curriculum, attach the following to demonstrate meeting all requirements in [ARSD 20:48:04.02:11](#) for approval of changes:

- 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).

#### Request to Add Location(s) in South Dakota:

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

#### Remove or Add Faculty:

- Identify faculty to be removed: \_\_\_\_\_
- Identify new faculty to add: 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 two years of dialysis experience.

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

RN Coordination Signature: \_\_\_\_\_ Date: \_\_\_\_\_