



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/>

Medication Administration Training Program Renewal Application

For use only by programs who missed the renewal date of April 30, 2024.

To request renewal, complete and submit this application to the Board of Nursing via mail or email to sdup@state.sd.us. **Allow 5 – 7 business days for review; notice of approval status will be emailed to the primary instructor.**

Name of Facility/Institution: _____

Facility Type: ___ Skilled Nursing Facility; ___ Assisted Living Center; ___ Hospital; ___ Other (specify) _____

Address: _____

Phone Number: _____ General Facility/Institution E-mail: _____

1. Primary RN instructor Name: _____
2. E-mail Address: _____
3. Phone number: _____
4. List all RN instructors who teach a portion of the training program.
All instructors must have a minimum of 2 years clinical RN nursing experience.

List Names of RN Instructor(s) for the sixteen-hour Theoretical Portion and/or four-hour Clinical/Lab Portion of Program	RN License Information		I verify that this RN has a minimum of two years of clinical RN experience:		License Verification <i>Completed by SDBON</i>
	State	Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. List all LPN instructors who teach the four-hour clinical/lab portion of the training program.
All instructors must have a minimum of 2 years clinical LPN nursing experience.

List Names of LPN Instructor(s) for the four-hour Clinical/Lab Portion of Program	LPN License Information		I verify that this LPN has a minimum of two years clinical LPN experience:		License Verification <i>Completed by SDBON</i>
	State	Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Complete evaluation of the curriculum / program: *(Explain 'No' responses on a separate sheet of paper.)*

In the preceding 2 years:	Yes	No
1. Did all RN and LPN faculty have a minimum of 2 years of nursing experience?		
2. Was an <i>Approved Curriculum</i> used to teach all required content found in the <i>Curriculum Content Guide</i> ?		
3. Were tests administered for each unit of the curriculum, including a Final Exam?		



South Dakota Board of Nursing

South Dakota Department of Health
 4305 S. Louise Ave., Ste. 201, Sioux Falls, SD 57106
 (605) 362-2760; FAX: 362-2768; WWW.STATE.SD.US/DOH/NURSING

	Yes	No
4. Were students employed in Skilled Nursing Facilities, Assisted Living Centers, and Hospitals required to take the SDBON Final Exam, and if successful, placed on the registry as a Registered Medication Aide? (If not applicable, leave blank.)		
5. Did each student enrolled in your program have a high school diploma or equivalent?		
6. Did your program include no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours?		
7. Did your program's faculty to student ratio not exceed 1:8 in the clinical/laboratory setting?		
8. Did your program's faculty to student ratio not exceed 1:1 in skill performance evaluation/competency validation?		
9. Was each student's performance documented using the SDBON <i>Clinical Skills Checklist</i> or an agency specific checklist?		
10. Did your program maintain records using the <i>Student Log Form</i> ?		

Affidavit: I, the undersigned, declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree, as the primary RN instructor, to teach the medication aide training program using one of the SDBON's approved curriculums, the Clinical Skills Checklist, the Enrolled Student Log form, and will issue successful students a Certificate of Completion.

Primary RN Instructor Applicant's Signature: _____ **Date:** _____

Completed by the SDBON

Date Approved:	Expiration Date:	Board Representative:
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