



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 Aide Training Program (MATP) Requirements

Primary RN instructors are responsible to ensure the requirements are met.

I. The MATP must be approved by the Board before enrolling students and be listed on the Board's *Approved Program List* on the Board's website. Submit the [Initial Program Application](#) to request approval.

II. The MATP's length must be no less than 20 hours, and must:

A. Provide 16 hours of theoretical instruction:

- i. **Must be taught by an approved RN instructor(s)** who has a minimum of two years of RN practice experience and holds an unencumbered SD license or a compact multistate license.
- ii. **Must use one or more of the following approved curriculums and teach all content in the [Curriculum Content Guide](#).**

Approved curriculums:

- Anderson, K. (2023). [Mosby's Textbook for Medication Assistants, 2nd Edition](#).
 - Available for purchase at: [Elsevier.com](https://elsevier.com). A complimentary copy may be requested by a program instructor at: <https://evolve.elsevier.com/cs/>.
 - Optional Teaching Resources:
 - [Workbook for Mosby's Textbook for Medication Assistants, 2nd Edition](#)
 - [Delegation Decision-Making Algorithm](#)
- [Avera Education & Staffing Solutions \(AESS\)](#)
 - 16 hours of theoretical instruction is taught by an approved RN instructor.
 - One hour of lab instruction is taught by AESS; the remaining three hours of clinical or lab, and the student's skills validation, must be taught at the practice site by an approved RN or LPN facility based instructor.
- [EduCare](#)
 - 16 hours of theoretical instruction is taught by an approved RN instructor.
 - 4 hours of clinical/lab instruction and the student's skills validation must be taught at the practice site by an approved RN or LPN facility based instructor.
- Hartman Publishing, Inc (2021). [Hartman's Complete Guide for the Medication Aide](#).
- [We Care Online](#)
 - 16 hours of theoretical instruction is taught by an approved RN instructor.
 - 4 hours of clinical/lab instruction and the student's skills validation must be taught at the practice site by an approved RN or LPN facility based instructor.
- [SD Community Mental Health Facilities Curriculum](#) is only for use by approved [SD Department of Social Services](#) agencies. Email sduap@state.sd.us for more information.

B. Provide 4 Hours of clinical or lab instruction:

- i. **Must be taught by an approved RN or LPN instructor(s)** who has a minimum of two years of RN or LPN experience and holds an unencumbered SD license or a compact multistate license.
 - *Instructor to student ratio in the clinical setting must not exceed 1:8.*
- ii. **Must evaluate competency.** The RN or LPN instructor must evaluate a student's competence using the board's [Clinical Skills Checklist](#). Additional agency specific checklists may also be used. *Instructor to student ratio must not exceed 1:1.* Employers are responsible to maintain the completed checklist per facility policy.
 - Re-validation of competency of a Medication Aide should be conducted annually.



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- III. The MATP must issue a Certificate of Completion to successful students.** A certificate template will be emailed to the Primary RN Instructor upon approval of the training program.
- IV. The MATP must use the [Student Log Form](#).** Employers are responsible to maintain the form on file per facility policy.
- V. The MATP must require that students pass a written exam with a passing score of 85%.** If a student fails, the student may retake one time. If the student fails the retake, additional instruction is required before further testing.
 - i. Instructors may use review questions from the Mosby textbook to guide the development of tests.
 - ii. Students who will be administering medications in a skilled nursing facility, assisted living center, or hospital must sit for the Board's Final Exam and be registered by the Board as a Medication Aide. *Registration information is provided on the Board's website.*
 - iii. Students who will be administering medications in other settings, will not be registered by the Board. The Primary RN Instructor is responsible to develop and administer a Final Exam.

Be advised, medication aides, including registered UMAs, are NOT allowed to assist with instruction, competency evaluations, shadowing, or precepting students.



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Medication Administration Training Program Initial Program Application

Complete this application and submit to the Board of Nursing by mail or email, sduap@state.sd.us, to request approval of a new program. **Allow 5 – 7 business days for review; notice of approval status will be emailed to the primary RN Instructor.**

Name of Program: _____

Address: _____

Phone Number: _____

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. *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	

5. List all LPN instructors who teach the four-hour clinical/lab portion of the training program. *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	

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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Medication Aide Training Program Curriculum Content Guide The approved Primary RN Instructor is responsible to ensure all content is taught. See ARSD 20:48:04.01:15	Approximate Timeframe
Provide course instruction on general information relevant to the administration of medications, including: <ul style="list-style-type: none"> (a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration, and recording of controlled substances; (b) Ethical issues; (c) Terminology, abbreviations, and symbols; (d) Medication administration systems; (e) Forms of medication; (f) Procedures and routes of medication administration; (g) Medication references available; (h) The role of nursing assistive personnel in administering medications; (i) The rights of medication administration: including the right patient, right medication, right dose, right time, right route, and right documentation; (j) Infection control policies and procedures; (k) Documentation; (l) Medication errors; (m) Safe medication storage and disposal; and (n) Circumstances to consult with or report to the delegating nurse, including the administration of an as-needed medication, a deviation from the delegated instruction of the nurse, or a concerning observation. 	7 hours
Administer Unit Test(s) – Use the Student Log Form to record scores.	1 hour
Provide instruction on an overview of the major categories of medications related to the body systems: Cardiovascular; Endocrine; Gastrointestinal; Integumentary and mucous membranes; Musculoskeletal; Nervous; Reproductive; Respiratory; Sensory; Urinary and Renal; and Immune.	5 hours
Provide additional course instruction on categories of medications relevant to the healthcare setting where the unlicensed person will be employed.	2 hours
Provide clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence. <ul style="list-style-type: none"> • An approved RN or LPN instructor is responsible to provide clinical/lab instruction. • An approved RN instructor is responsible to verify competency using the Board’s <i>Clinical Skills Checklist</i>. • Faculty-to-student ratio cannot exceed 1:8 in clinical setting. • A 1:1 ratio is required for skills performance evaluation. 	4 hours
Administer Final Exam – OR – Assist student to apply to take the SDBON Final Exam. <i>See page 2, Section V.</i>	1 hour
Minimum Total Number of Hours:	20 hours



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Medication Administration Clinical Skills Checklist

An RN must complete this checklist for each student during the 4-hour clinical or skills lab portion of a medication administration training program. This checklist may be used by the RN/LPN to evaluate annual competency of the medication aide. *Instructor to student/medication aide ratio must be 1:1.*

PRIOR TO MEDICATION ADMINISTRATION, THE STUDENT OR MEDICATION AIDE:

<input type="checkbox"/>	Checked the medication administration record (MAR) and reviewed for completeness, accuracy, known allergies
<input type="checkbox"/>	Checked medication resources and references as needed
<input type="checkbox"/>	Clarified questions with the nurse
<input type="checkbox"/>	Washed hands
<input type="checkbox"/>	Collected needed items (e.g. med cup, water, straw)

DURING MEDICATION ADMINISTRATION, THE STUDENT OR MEDICATION AIDE:

<input type="checkbox"/>	Selected the right medication (e.g. from patient's med drawer)
<input type="checkbox"/>	Completed the "Rights" of medication administration including right drug, dose, route, time, and patient
<input type="checkbox"/>	Checked the expiration date of medication
<input type="checkbox"/>	Prepared medication correctly (e.g. poured correct amount)
<input type="checkbox"/>	Identified patient according to agency policy (e.g. checked patient ID bracelet against MAR, called resident by name, or used bar code scanner)
<input type="checkbox"/>	Provided privacy as appropriate
<input type="checkbox"/>	Explained medication procedure to patient
<input type="checkbox"/>	Obtained & documented required measurements (e.g. blood pressure, pulse)
<input type="checkbox"/>	Positioned patient appropriately to administer drug
<i>Verify competency for each route a nurse will be delegating to the Medication Aide. If a route was not demonstrated and is later required, an instructor may provide education and validate competency at a later time for that route.</i>	
<input type="checkbox"/>	Administered medication appropriately and safely for the following routes:
<input type="checkbox"/>	Ear
<input type="checkbox"/>	Eye
<input type="checkbox"/>	Inhaled
<input type="checkbox"/>	Nose
<input type="checkbox"/>	Oral
<input type="checkbox"/>	Rectal
<input type="checkbox"/>	Sublingual
<input type="checkbox"/>	Topical
<input type="checkbox"/>	Vaginal

FOLLOWING MEDICATION ADMINISTRATION, THE STUDENT OR MEDICATION AIDE:

<input type="checkbox"/>	Used appropriate infection control procedures according to agency policy (e.g. discarded med cup appropriately, washed hands)
<input type="checkbox"/>	Handled patient carefully and respectfully
<input type="checkbox"/>	Recorded the right documentation on the MAR according to agency policy
<input type="checkbox"/>	Reported and recorded patient observations/concerns

Nurse Instructor Name: _____ Date: _____

Student or Medication Aide Name: _____ Date: _____

Training Program Name or Employer Name: _____



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Medication Administration Training Program Student Log Form

Facility/Institution Name: _____

Enrolled Student Name	Unit 1 Test Score		Unit 2 Test Score		Final Exam Score		Skills Evaluation		Date Completed & Certificate Awarded	Date Failed & / Or Withdrew From Program & Reason
	1 st Attempt	2 nd Attempt	1 st Attempt	2 nd Attempt	1 st Attempt	2 nd Attempt	Pass	Fail		