



## SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115  
605-362-2760 | <https://www.sdbon.org/>

### Nurse Aide Training Program: Renewal Application

Approved Nurse Aide Training Programs (NATP) are required to renew every two years. Submit this application along with required documentation to [sduap@state.sd.us](mailto:sduap@state.sd.us) to request reapproval. Upon receipt of all documents, written notice of approval status will be sent to the Program Director listed on this application; **allow 5-7 business days for review.**

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#### Print or Type

1. **Name of NATP:** \_\_\_\_\_
2. **Identify type of NATP applicant:**
  - ☐ Nursing facility (NF)
  - ☐ Assisted Living (AL)
  - ☐ Hospital
  - ☐ Institution with multiple affiliated SNF/ALF/or hospital locations
  - ☐ Highschool, College, or University
  - ☐ Individual, not an institution
  - ☐ Other: \_\_\_\_\_
3. **NATP Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **Multiple Location(s):** An applicant that provides training in multiple affiliated locations shall submit one application for all locations.
  - ☐ Not applicable
  - ☐ Submit a list of the name(s), address(es), and phone number(s) for each affiliated location
5. **NATPs not affiliated with a nursing facility, or a comparable nursing practice setting,** for example a high school or college, must provide the name and address of the clinical nursing facility you have a signed clinical facility agreement with, the agreement must include a description of how your program will provide supervised practical training in the facility and how the student will be directly supervised by a licensed nurse when performing direct care.
  - ☐ Not Applicable, affiliated with a nursing facility/comparable nursing practice setting
  - ☐ Attach a list of names and addresses of the facilities you have an agreement in place with
6. **Program Director:** Provide the name and contact information of the Program Director who will be responsible for the overall supervision of the NATP. *Qualifications:* must hold an active, unencumbered, SD RN license or privilege to practice, and have a minimum of one year of clinical RN experience.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RN license number: \_\_\_\_\_

- ☐ Submit a resume/CV/nursing employment history for a **new** PD not previously approved by the Board.



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7. **Program Director Responsibilities:** The Program Director provides the overall supervision of the NATP and is responsible to perform the duties listed in [ARSD 20:48:18:06](#), outlined below. A Program Director may choose to delegate duties as needed to other personnel.

**The Program Director must initial each duty below to acknowledge responsibility.**

- \_\_\_\_\_ Select qualified primary nurse instructor(s) who:
- Is licensed as an RN or LPN in SD, or have a privilege to practice in SD,
  - Has two years of clinical licensed nursing experience,
  - Has one year of licensed nursing experience in a nursing facility,
  - Has experience instructing adult students or completed a training course on adult instruction, and
  - Is not employed as the Director of Nursing in the nursing facility.
- \_\_\_\_\_ Prohibit enrollment of students who have findings of and convictions for emotional and psychological abuse, neglect, exploitation, or physical abuse.
- \_\_\_\_\_ Ensure that the training program meets the curriculum requirements in § [20:48:18:09](#).
- \_\_\_\_\_ Ensure the training program is using board-approved teaching resources.
- \_\_\_\_\_ Create and maintain an environment conducive to teaching and learning: use classrooms, skills labs, and equipment in the number and size to provide a safe and effective learning environment for number of students enrolled.
- \_\_\_\_\_ Ensure that licensed nurses are available to directly supervise students in the skills lab.
- \_\_\_\_\_ Ensure that a licensed nurse is in the immediate area and available to supervise the student when the student is providing client care.
- \_\_\_\_\_ Ensure any supplemental personnel who assist with teaching the program:
- Have one year of experience in the content area of expertise, and
  - Are not employed as the Director of Nursing in the nursing facility.
- \_\_\_\_\_ Ensure that a student is competent to perform a nursing task prior to the student performing the task on a client/resident without direct supervision by a nurse.
- \_\_\_\_\_ Select a qualified RN Skills Evaluator(s) to administer the CNA Competency Skills Evaluation, who:
- Is licensed as an RN in SD or have a privilege to practice in SD,
  - Has one year of clinical experience caring for older adults or chronically ill of any age, and
  - Is not employed as the Director of Nursing in the nursing facility.
- \_\_\_\_\_ Verify a student's completion of the NATP and CNA Skills Competency Evaluation to the Board for registration by submitting the student's *NATP Program Completion Form* along with the student's four *Skills Evaluation Checklist Forms* to the board at [SDUAP@state.sd.us](mailto:SDUAP@state.sd.us). *The Program Director may delegate the submission of the forms; however, the Program Director must be cc'd on the email sent to the Board.*
- \_\_\_\_\_ Coordinate the student's completion of the CNA knowledge exam.

8. **Compliance with Curriculum Content:** During the preceding two years, 75-hours of theoretical instruction and supervised practical training was provided to students, under the direct supervision of a licensed nurse:

- ☐ Yes  
☐ No



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9. **Curriculum Content Requirement:** During the preceding two years, all students were evaluated on ability to perform the following basic CNA skills in a skills lab or in a nursing facility, under the direct supervision of a licensed nurse:  
*Handwashing, PPE Use, obstructed airway, moving up in bed, log rolling, positioning on side, use of transfer belt, transferring from bed to wheelchair, assisting with ambulation with cane/crutches, obtaining blood pressure, obtaining pulse and respiration, obtaining weight, completing bed bath, oral care, oral care for unconscious resident, denture care, foot care, dressing and assisting resident with weak side, applying elastic stockings, output measurement and documentation, use of bedpan, emptying urinary drainage bag, urinary (Foley) catheter care, measuring and documenting input, feeding resident, and hydration.*

- ☐ Yes  
☐ No

10. **Board-Approved Teaching Resource(s):** Mark the resource(s) your program is using:

- ☐ Avera Education Staffing Solutions (AESS) Online Course  
☐ American Health Care Association's (AHCA) Online Course & Text: How to be a Nurse Assistant (2022); 8<sup>th</sup> Ed.  
☐ Hartman's Nurse Assistant Care: Long-Term Care (2022); 5<sup>th</sup> Ed.: Text and Workbook  
☐ WeCare Online Course  
☐ Using a previously approved resource

- Identify the date your program will be transitioning to an approved curriculum: \_\_\_\_\_
- Identify the approved curriculum(s) you plan to use: \_\_\_\_\_

**Documentation:** Maintain the following documentation that will be available to the Board upon request, and available for a scheduled renewal visit:

- List of students enrolled in NATP
- Date a student completed the NATP, failed, or withdrew, and reason for withdrawing
- List of individuals teaching the program, including qualifications and experience

Maintain documentation for preceding two years prior to NATP renewal visit by the Board, and the SD Department of Health's survey visit, after which may discard per facility policy.

### Attestation:

I declare and affirm that this application has been examined by me and all information provided is complete, true, and correct.

**RN Program Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### This section completed by SDBON

Date Received:	Date Denied:
Date Approved:	Reason Denied: