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

Medication Administration Training Program for Unlicensed Assistive Personnel
Faculty Change Application

Medication administration may be delegated only to those individuals who have successfully completed an approved MATP training program and who are registered by the South Dakota Board of Nursing (SDBON) as an Unlicensed Medication Aide (UMA).

To request approval of a MATP, complete and submit this application along with required documentation to the Board of Nursing by mail to the address listed above or email to Tessa.Stob@state.sd.us. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Name of Institution:

Name of Primary RN Instructor:

Address:

Phone Number: _____ Fax Number: _____

E-mail Address of **Primary RN Instructor**:

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1. **Identify the approved curriculum(s) your MATP will use:**
    - ☐ Avera Education & Staffing Solutions (AESS) Online Curriculum
    - ☐ EduCare Online Curriculum
    - ☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
    - ☐ Nebraska Health Care Association (2010) (NHCA)
    - ☐ We Care Online Curriculum
    - ☐ 2011 South Dakota Community Mental Health Facilities *(only approved for agencies certified through the Department of Social Services)*

2. **List NEW and continuing RN faculty and provide licensure information:** Submit qualifications for NEW instructor(s)/faculty, send a resume or work history with this application to demonstrate a minimum of two years clinical RN experience.

RN Faculty/Instructor Name(s)	RN License Information			Verification *(Completed by SDBON)*
	State	Number	Expiration Date	

Primary RN Instructor Signature: _____ **Date:** _____

This section to be completed by the South Dakota Board of Nursing

Date Application Received:	Expiration Date of Approval:	Application Denied.
Date Application Approved:		Reason for Denial:
Board Representative:		

05/27/2016