

SOUTH DAKOTA BOARD OF NURSING 4305 S. Louise Ave., Suite 201 I Sioux Falls, SD 57106-3115

605-362-2760 | https://doh.sd.gov/boards/nursing/

Application for Renewal of Central Line Dialysis Technician Training Program

Submit this application along with supporting documentation to the Board of Nursing office. Notice of approval status will be emailed to the RN coordinator. *Renewal is required every two years by March 31 of odd years.*

Name of Institution:	
RN Program Coordinator:	
Address:	
Telephone:	
Teaching Location(s) (cities):	
1 Curriculum Information	—

1. <u>Curriculum Information</u>

- $\hfill\square$ Request renewal with no changes to curriculum as previously approved.
- □ Request approval and renewal with significant modifications or changes: Attach the following to demonstrate meeting all requirements in <u>ARSD 20:48:04.02:11</u> for approval of changes:
 - Plan with content outline, teaching methodologies, and objectives that show how the program will distribute the 4 hours of theoretical instruction.
 - A reference list of required textbooks, videos, other resources that will be used.
 - Plan showing time spent in a skills lab for the instruction and demonstration of central line dialysis tasks as allowed in <u>ARSD 20:48:04.02:10</u>.
 - Copy of the test that will be administered (a passing score of 85% is required).

2. <u>Faculty Information</u>:

<u>Request re-approval using the same faculty as previously approved</u>: List names of all faculty:

□ <u>Request adding new faculty</u>: 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 of two years of dialysis experience.

Add new faculty information below:

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

3. <u>Complete evaluation of the curriculum/program:</u> (explain "no" responses on a separate sheet of paper)

You provided the following content in your program:	Yes	No
1. General information relevant to the performance of central line tasks including:		
a) The roles and responsibilities of the dialysis technician and the nurse;		
b) Infection control;		
c) Documentation;		
d) The basic principles of central line catheter placement and functions;		
e) The initiation and discontinuation of dialysis through a central line catheter;		



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f) Monitoring hemodialysis treatment, troubleshooting, and when to report to the registered		
nurse;		
g) The locking of central catheter devices;		
h) The administration of normal saline, heparin, or low concentration citrate during the routine		
course of dialysis treatment and discontinuation of treatment;		
i) Aseptic central line dressing changes; and		
j) Identifying and responding to complications;		
2. Skills lab for the purpose of demonstrating central line dialysis tasks		
You ensured the following program standards were met:	Yes	No
1. Each person teaching in the program was approved by the SD BON.		
2. Your program was no less than 4 hours of classroom instruction.		
3. A skills performance evaluation was conducted using a board-approved competency checklist to		
evaluate individual competence.		
4. Your program's faculty to student ratio did not exceed 1:1 in the student's skills performance		
evaluation.		
5. A written test was used and a score of 85 percent or greater was required. You provided an		
opportunity to retake the test one time without additional instruction. If the student failed a second		
time additional instruction was provided before further testing was performed.		
6. The dialysis technician was required to observe a registered nurse perform each central line dialysis		
task a minimum of three times in the clinical setting.		
7. Following observation, the dialysis technician performed each delegated task successfully a		
minimum of ten times under the direct observation of a registered nurse before performing the		
central line task without direct observation.		
8. A registered nurse conducted an annual review of the dialysis technician's competence to perform		
the central line task using a board-approved checklist.		

Signature of RN Coordinator: _____

Date:

03/31/25