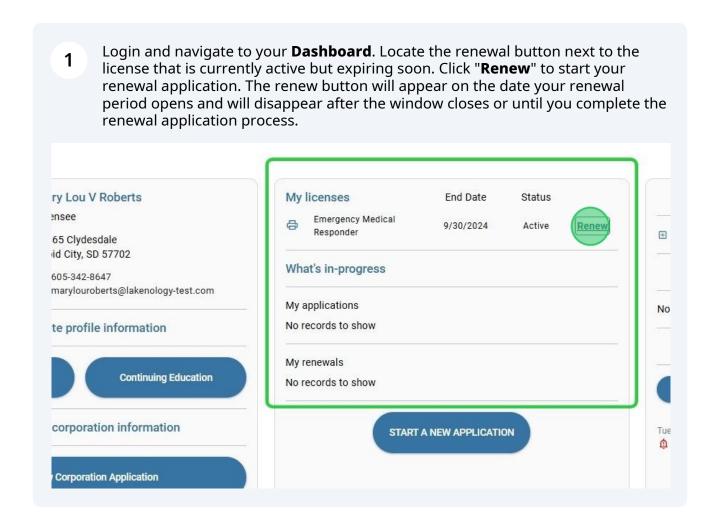
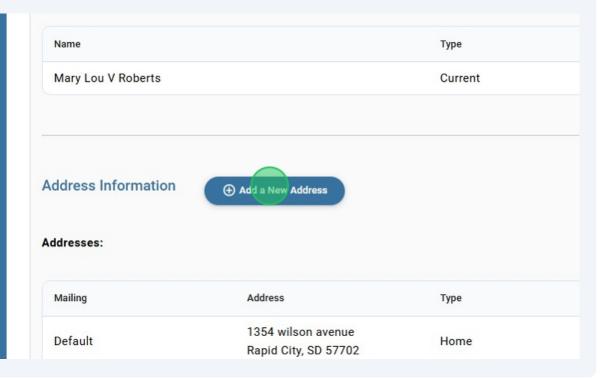
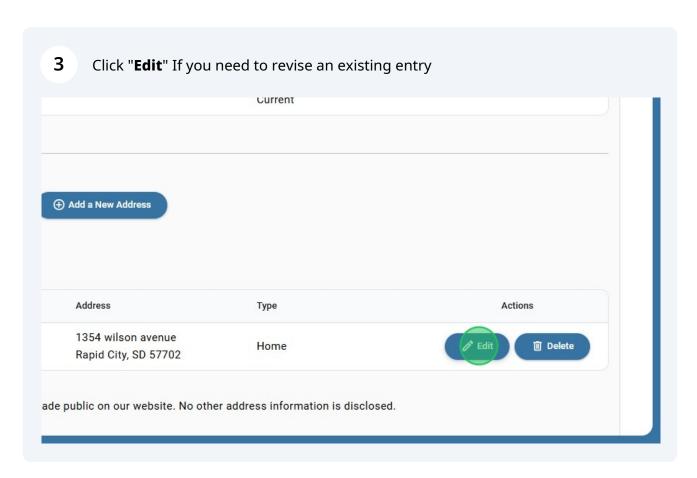
Renewal Application for Emergency Medical Responder

This How-To-Guide is intended for Emergency Medical Responder (EMR) licensees that are within their open renewal period window

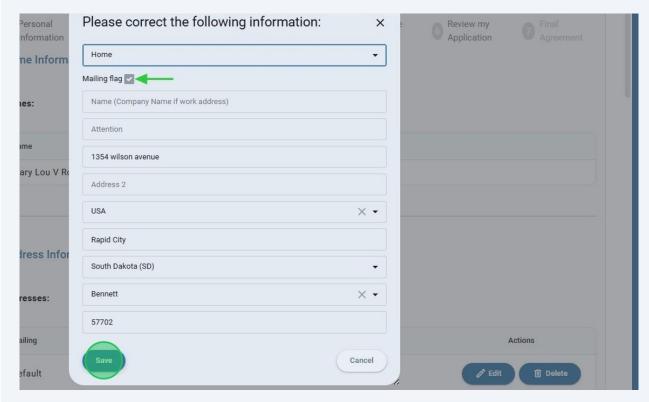


Review your name, address, phone, and email information. Use the scroll bar on the right to page down through the entries. Click "**Add a new Address**" to add another or change the default.

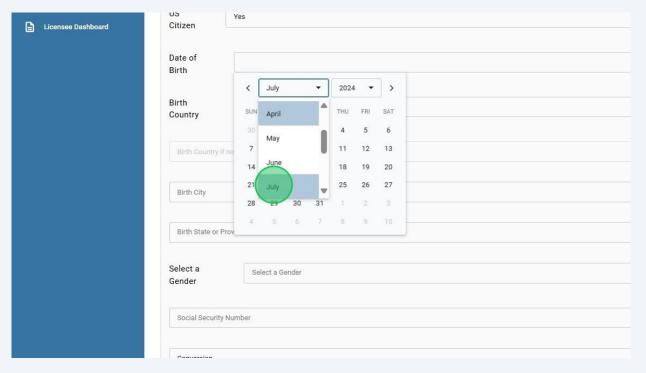




4 Update required fields. You must have at least one address marked as preferred for mailing purposes. If you live in South Dakota, a county is required. Click "**Save**" to update the application with your revisions.



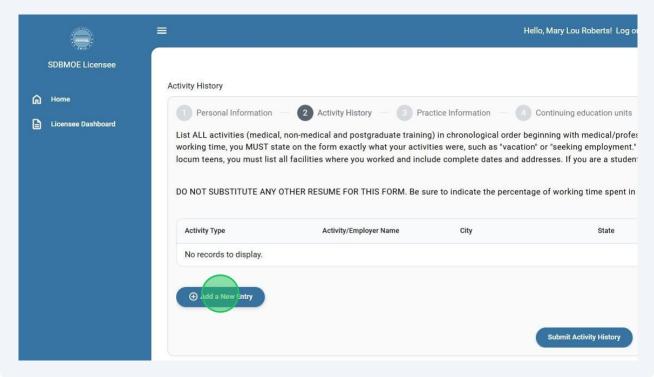
Enter all required fields in the Additional Identifiers section. Use the **Calendar** icon (Date picker) to select a month and year of birth or enter a date yourself. Use the **dropdown select** feature for State and Gender.



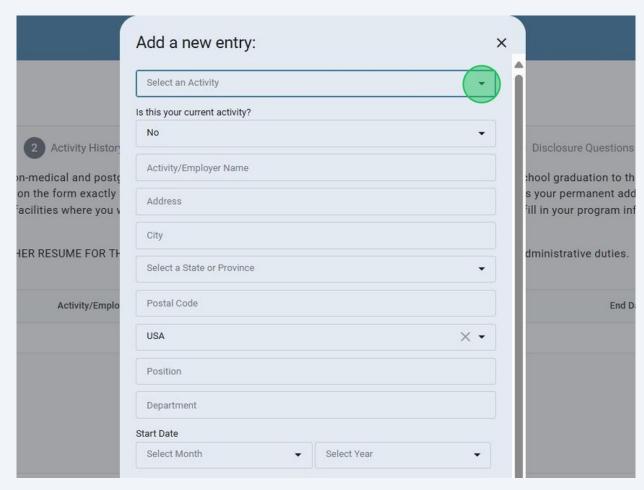
Enter your social security number (SSN). If you do not provide a SSN, you are required to enter an explanation on the next line. The NPI number is optional for some renewals. Enter a **10-digit NPI number** if you have one. Click "**Submit Personal Information**" to advance you to "**Tab 2: Activity History**" of the application.



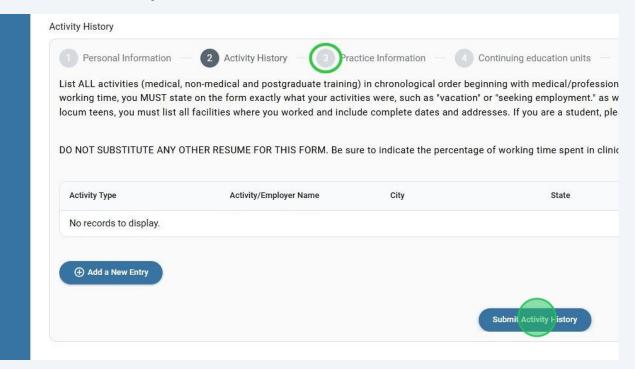
7 Click "**Add a New Entry**" to add a new school or work activity. If you already have activities entered, click the **checkbox** to include them with this application.



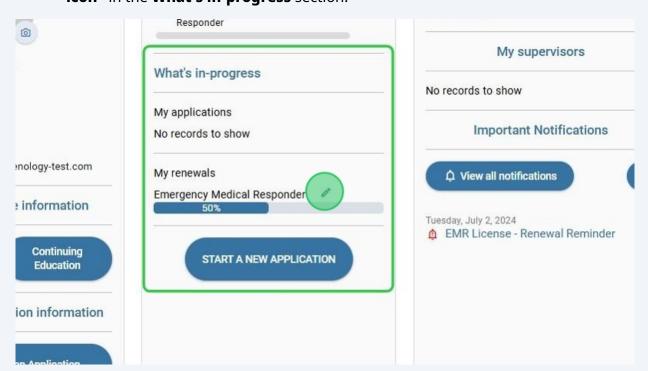
You must select an activity type. Click the "**Dropdown arrow**" to view your choices. Click "**Save**" at the bottom when you have entered all of your appropriate data



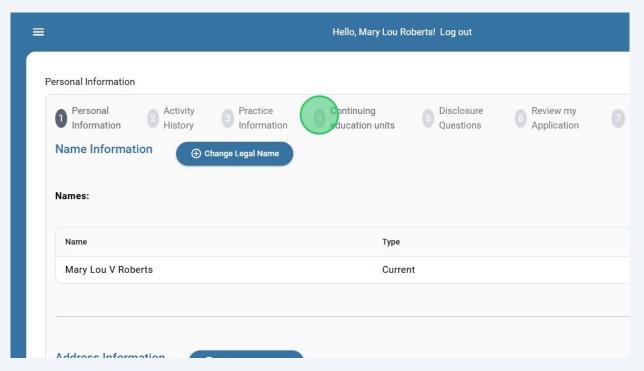
Click "**Submit Activity History**" to advance to the next tab of the application. You can complete these Tabs in any order by clicking on the **Numbered Tab** at the top of the page. You can start/stop and return to the dashboard and come back at any time to continue your application. Complete **Tab 3: practice information** and then return to your dashboard.



If you stop the application renewal process and want to continue at a later date/time, simply navigate back to your licensee dashboard. Click the "pencil icon" in the What's in-progress section.

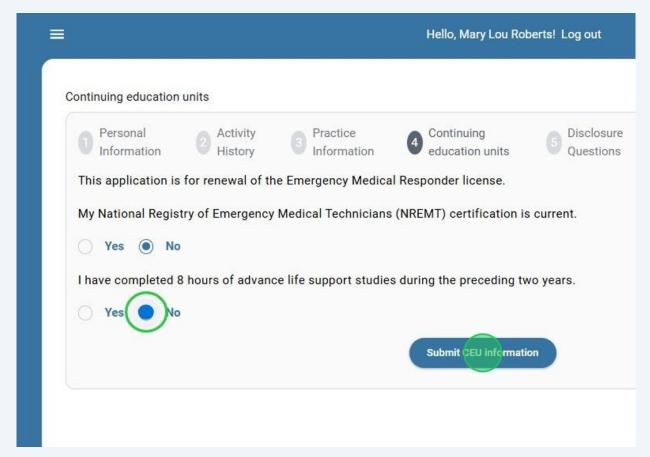


Navigate to any Tab to continue your renewal application by clicking at the top of the page. Click "**Tab 4: Continuing Education Credits**" to continue.



12 Click "YES" if your NREMT certification is current. Click "NO" if it is not. Continuing education units Personal Activity Practice Continuing Disclosi Information History Information education units Questio This application is for renewal of the Emergency Medical Responder license. My National Registry of Emergency Medical Technicians (NREMT) certification is current. No **Submit CEU information**

If you Click "NO" to the NREMT certification question, you are then prompted to answer the completion of CEU credits question. Click to mark **YES** or **NO**. Click "**Submit CEU Information**" to advance to the next Tab in the application process.



You are now on **Tab 5: Disclosure Questions** of the application renewal process. Scroll through and review the definitions before answering the questions

Personal Information	Activity History	Practice Information	Continuing education units	5 Disclosure Questions	Review my Application	7 Final Agreement
ANSWER THE FOLL	OWING QUESTI	ONS. For some resp	oonses, you will be pron	pted to provide a cor	mplete explanation.	
Definitions:						
All questions use th both you and your li		nitions whether ac	tions were formally, info	rmally, voluntarily, or	involuntarily committe	ed: Questions refer to
A. Adverse Action s revoked, refused, de			ed, stipulated, restricted elinquished.	limited, conditioned,	counseled, reprimand	ed, suspended,
B. Claim(s) shall ref and/or settlements.	er to any malpr	actice, administrati	ive, civil, or criminal fina	l judgments including	any pending claims, l	awsuits, judgments,
			express concerns, war are documented in a wi			profession conduct
D. Entity shall refer health-related entity	, ,		ard, professional agency ization.	or committee, acade	mic program, clinic, h	ospital, or other
E. Health related pr	ogram shall ref	er to private or publ	lic insurance, Medicare	and Medicaid.		
sec.812.22. The term	n does include	the unlawful use of	ession or distribution is f prescription-controlled other uses authorized b	substances. It does	not include the use of	a drug taken under

Click to Mark each question "YES" or "NO". Some answers may require additional information. Click "Submit" after entering any additional information.

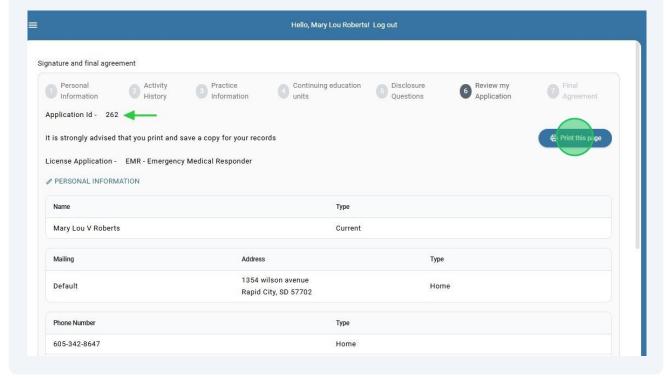
ed adverse action."

Yes

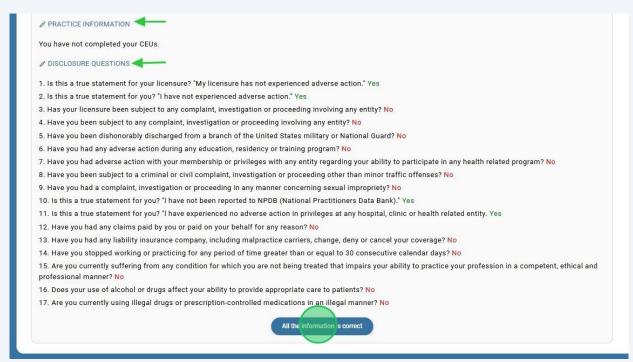
No

9.	Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety?	0	Yes	•	No
10.	Is this a true statement for you? "I have not been reported to NPDB (National Practitioners Data Bank)."	•	Yes		No
11.	Is this a true statement for you? "I have experienced no adverse action in privileges at any hospital, clinic or health related entity.	•	Yes		No
12.	Have you had any claims paid by you or paid on your behalf for any reason?	0	Yes	•	No
13.	Have you had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage?	0	Yes	•	No
14.	Have you stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days?	0	Yes	•	No
15.	Are you currently suffering from any condition for which you are not being treated that impairs your ability to practice your profession in a competent, ethical and professional manner?		Yes	•	No
16.	Does your use of alcohol or drugs affect your ability to provide appropriate care to patients?	0	Yes	•	No
17.	Are you currently using illegal drugs or prescription-controlled medications in an illegal manner?	0	Yes	•	No
	Submit Disclosure Questions				

You have successfully completed all of the tabs of your renewal application and are now on "**Tab:6 Review my application**". Make a note of the **application-Id**. Click "**Print this page**" to print/save a copy of the renewal application.



Scroll through the review page to ensure all answers are accurate. You can click on any section heading to go back to that section and revise your answers. When you have completed the review, Click "All the information is correct" at the bottom of the review page



The final step of the renewal application process is **Tab 7: Final Agreement.**Carefully review the **release and authorization** before attesting to the accuracy of the information submitted. Mark the **checkbox** to agree to the terms and conditions. Click "**Submit & Pay Fee**"

filed against me, formal, or informal, pending or closed, or any other pertinent data or evidence whether favorable or unfavorable t licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, records, evidence, and other inform professional, ethical, mental and physical qualifications that SDBMOE deems relevant to licensure. I release, discharge and exone damages and liabilities whatsoever such third persons and parties, together with their authorized representatives, who in good fai and release to SDBMOE such information, evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licens I declare and affirm under the penalties of perjury that:

This application for licensure, which includes all the information I have provided and the questions I have answered have been exa knowledge and belief, are in all things true and correct. I state unconditionally and without reservation that I absolutely understand in this application for licensure, that I and I have answered all of them completely and truthfully. If any user discovers any derogat personal background that was not disclosed when completing this application, the users may immediately cease all processing of such nondisclosure shall disqualify me for licensure in South Dakota.

I understand and agree that my submission of this application and actions subsequent thereto, but prior to licensure, shall bear di licensure, and I fully understand that the SDBMOE may consider all such actions in its determination whether to grant licensure. To unprofessional or harassing behavior on my part, or on the part of any agent of mine, with the SDBMOE's members or staff shall e cessation of all processing of this application and disqualify me for licensure in South Dakota. A determination regarding derogation harassing behavior shall be the sole determination of the SDBMOE, and I will not assert that any other entity, judicial, or otherwice understand and agree that cessation of processing of this application by the users as a result of the acts of omissions by myself; not require the SDBMOE, to offer me a hearing or any other due process right, or any other statutory or constitutional rights, and the total hearing.

y checking this box, I have read and agree to the above terms and conditions

Sul mit & Pay Fee

Congratulations! you have successfully completed the renewal process and a certificate has been issued. Click the "**printer icon**" to view/print your certificate.

In some cases, the application may have been **flagged for review** and/or **sent back for correction**. You will receive a notification when your license has been issued or if additional documentation is required. Login to your dashboard on a regular basis to receive updates.

