

Renew My License

This How-To-Guide also applies to those licensees who hold an expired license that is eligible for a late renewal option. A separate How-To Guide is available for the reinstatement of a license that has expired and is no longer within the renewal period.

1 Login and navigate to your **licensee dashboard**.

If your license is within the renewal period window it will display a "**RENEW**" button in the "**My Licenses**" section of your dashboard for the appropriate license. Click "**Renew**".

The screenshot shows a user interface for a licensee dashboard. At the top, a blue header bar contains the text "Hello, Patti Barney! Log out". Below this, the dashboard is divided into several sections. On the left, there is a "My licenses" section with a table listing licenses: Athletic Trainer (End Date: 9/20/2024, Status: Active), Paramedic (End Date: 4/30/2026, Status: Active), Ambulance Driver (End Date: 4/30/2026, Status: Active), and Emergency Medical Responder (End Date: 4/30/2026, Status: Active). A green "Renew" button is overlaid on the table. Below the licenses, there is a "What's in-progress" section with "My applications" listed: MD / DO - Physician Surgeon (0%), Athletic Trainer - Temporary (50%), and Affidavit accepted. On the right side, there are sections for "My authorized agent" (with a "Select Agent" button), "My supervisors" (with two profile pictures), and "Important Notifications" (with a "View all notifications" button). At the bottom right, the date "Thursday, September 5, 2024" and a notification "A new checklist item was added" are visible.

My licenses	End Date	Status
Athletic Trainer	9/20/2024	Active
Paramedic	4/30/2026	Active
Ambulance Driver	4/30/2026	Active
Emergency Medical Responder	4/30/2026	Active

What's in-progress

My applications

- MD / DO - Physician Surgeon 0%
- Application Started
- Athletic Trainer - Temporary 50%
- Affidavit accepted

My authorized agent

My supervisors

Important Notifications

Thursday, September 5, 2024

A new checklist item was added

2

The application will automatically start with **Tab 1: Personal Information**. Please review all of your previously entered information. Click "**Add a new entry**" button to enter additional data. You can drag the scroll bar *(at the top right of the application)* to page up/down through all of your personal information.

Personal Information

1 Personal Information 2 Activity History 3 Practice Information 4 Supervision 5 Continuing education units 6 Disclosure Questions 7 Review my Application 8 Fir Ag

Name Information [Change Legal Name](#)

Names:

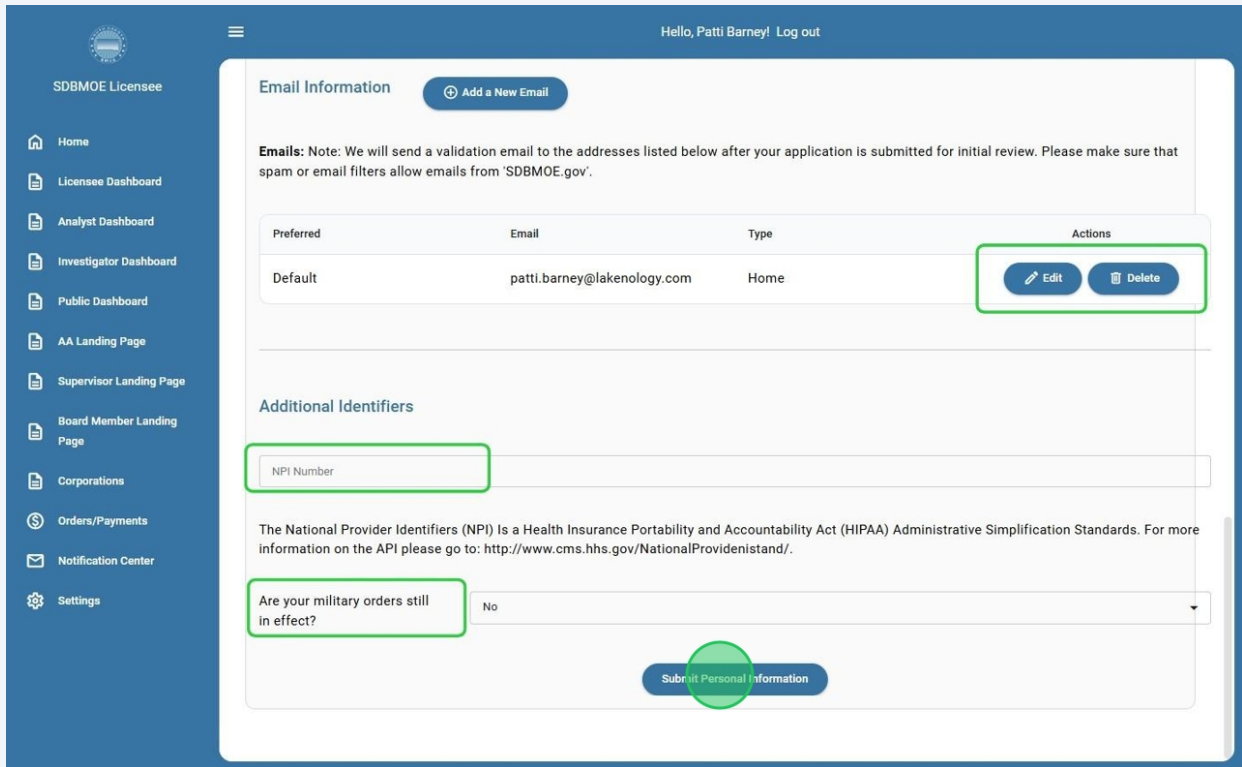
Name	Type
Mrs. Patti Lynn Barney	Former
Patricia Longwood	Maiden
patti latham latham	Former
Patti Lynn Latham	Former
Patti Lynn LakeNology	Current

Use scroll bar to view all information on this page

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To revise or remove information previously entered, Click the "**Edit**" or "**Delete**" buttons for that specific entry. You should enter your **NPI number** and answer the question at the bottom regarding **Military orders**. If you have no military orders, or they have expired, simply select the "**NO**" option.

Click "**Submit Personal Information**" to verify that all information has been reviewed and is accurate to your knowledge.



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Across the top of the page will be a series of Tabs to review and/or complete. You can click on the tab number or title to complete them in any order up through **"Tab7: Review my application"**. Each profession will require a different set of Numbered Tabs depending on statute. For example, You are now on **"Tab 2: Activity History"**. Review the information previously entered and revise if necessary. The add/edit/delete buttons function the same for all tabs.

Click **"Submit Activity History"** at the bottom of the page to confirm all information is correct and automatically advance to your next tab.

Activity History

1 Personal Information 2 Activity History 3 Practice Information 4 Supervision 5 Continuing education units 6 Disclosure Questions 7 Review my Application

List ALL activities (medical, non-medical and postgraduate training) in chronological order beginning with medical/professional school graduation to the PRESENT date, using non-working time, you MUST state on the form exactly what your activities were, such as "vacation" or "seeking employment," as well as your permanent address. If you worked group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. If you are a student, please fill in your program information a

DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM. Be sure to indicate the percentage of working time spent in clinical administrative duties.

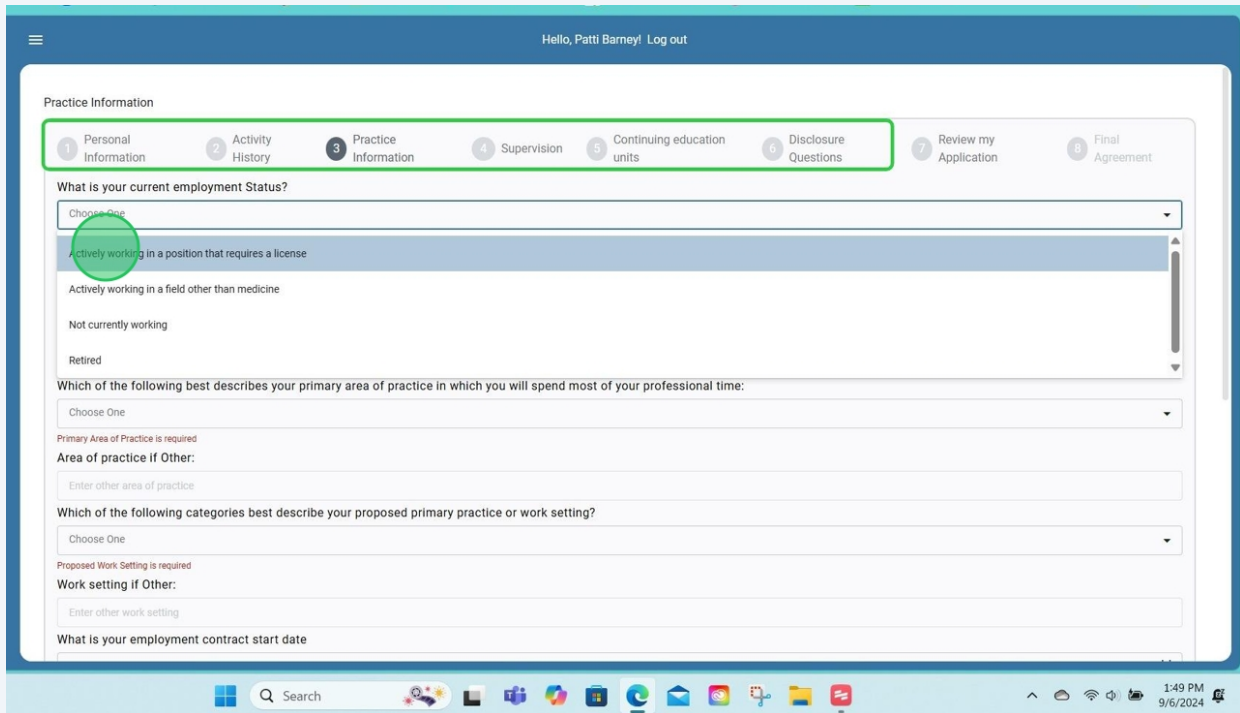
Activity Type	Activity/Employer Name	City	State	End Date
Work	ABCD Mobile clinic	Jupiter	FL	

[+ Add a New Entry](#)

[Submit Activity History](#)

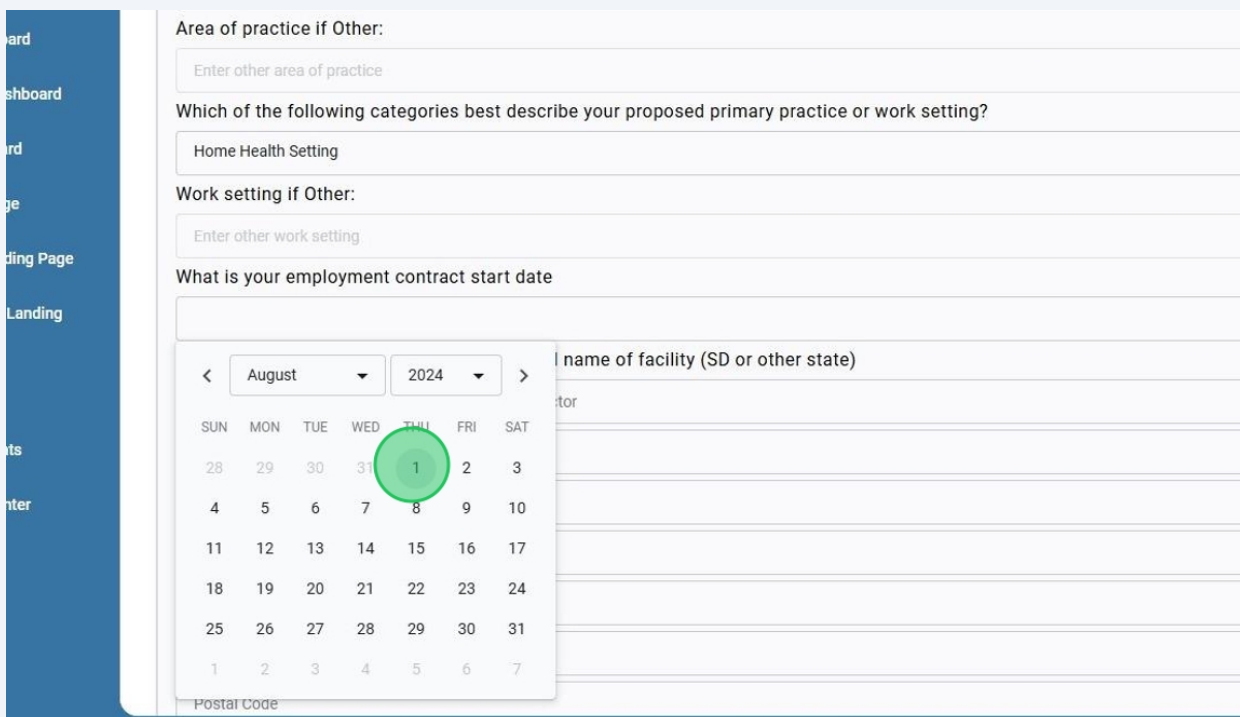
5

Tab 3: Practice Information is now displayed. Use the dropdown select boxes to choose your answers when appropriate. A message will appear in red text that the field is required if you did not enter anything.



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Use the **Calendar icon** (date picker) to select your dates when appropriate. You can also simply enter the date yourself. Click "**Submit Practice Information**" at the bottom of the page when all required information has been properly entered



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Tab 4: Supervision will only appear if your profession requires a supervisor. If you do not see this Tab, **SKIP To Step 8**.

Review the listed supervisors and/or special circumstance forms. If the list is inaccurate and you need to add or replace a supervisor, Click the "**Licensee Dashboard**" link on the **left navigation menu**. This will take you back to your dashboard where you can add or replace a supervisor. (Refer to the *How-To Guide "Supervision: Request, Remove or Replace a Supervisor as a Licensee"*)

Return to this Tab after completing your supervision changes above. Click "**Submit Supervision Information**" when all supervisors listed are accurate.

The screenshot shows the 'Supervision' tab in the SDBMOE Licensee dashboard. The left navigation menu is visible, with 'Licensee Dashboard' highlighted. The main content area shows a progress bar with six steps: 1. Personal Information, 2. Activity History, 3. Practice Information, 4. Supervision (highlighted), 5. Continuing education units, and 6. Disclosure Questions. Below the progress bar, there is a message: 'Please review the list of supervisors you have added to your account.' Underneath, a table lists supervisors. One supervisor, 'Oliver Scott Officeman', is listed with a start date of 'Aug 29, 2024'. A 'Submit Supervision Information' button is located at the bottom right of the table.

Name	Start Date	End Date
Oliver Scott Officeman	Aug 29, 2024	

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If you start the application but have to stop and come back later, you can simply navigate to your licensee dashboard and Click on the **"pencil icon"** to edit the application. It is located under **"My Renewals"** in the **"What's-In-Progress"** section of the dashboard. A progress bar displays beneath the license type with a percentage complete. Click on the **"pencil icon"**, then Click on any Tab at the top. (For this training guide we will click on Tab 5: Continuing Education Units)

Hello, Patti Barney! Log out

Patti Lynn LakeNology
Licensee
16125 N.W. 57th Avenue W
Rapid City, SD 72201
6052017523
patti.barney@lakenology.com

View/update profile information

Personal Info Continuing Education

View/update corporation information

Start a New Corporation Application

My quick links

My licenses	End Date	Status
Athletic Trainer	9/20/2024	Active
Paramedic	4/30/2026	Active
Ambulance Driver	4/30/2026	Active
Emergency Medical Responder	4/30/2026	Active

What's in-progress

My applications

MD / DO - Physician Surgeon 0%

Application Started

Athletic Trainer - Temporary 50%
Affidavit accepted

My renewals

Athletic Trainer 50%

START A NEW APPLICATION

My authorized agent

Select Agent

My supervisors

Important Notifications

View all notifications

Thursday, September 5, 2024
A new checklist item was added

Thursday, September 5, 2024
Checklist item was Approved

Monday, August 19, 2024
Affidavit is accepted

Friday, July 26, 2024
Affidavit is accepted

Friday, July 26, 2024
Application status is Approved

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Tab 5: Continuing Education Units will only appear if your profession requires CEU's. When answering some of the **YES/NO** questions, it may prompt you to enter additional information. Be sure to enter all required data and Click "**Submit**" to save your entries. Complete all of your remaining tabs in the same manner by entering the required information and answering the questions. Every Tab has a "**Submit**" button on the bottom of that page.

Continuing education units

1 Personal Information 2 Activity History 3 Practice Information 4 Supervision 5 Continuing education units 6 Disclosure Questions 7 Review my Application

This application is for renewal of the Athletic Trainer license.

My Board of Certification (BOC) certification is current.

Yes No

I have completed 25 hours of continuing education in the last year in accordance with the administrative rule 20:63:03.

Yes No

Submit CEU information

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"Tab 6: Disclosure Questions" is the final tab required prior to reviewing and submitting your renewal application to the SDBMOE. It is important that you review all of the definitions and terminology first, prior to answering the questions.

The screenshot shows the SDBMOE Licensee portal interface. At the top, the user is identified as 'Hello, Patti Barney!' with a 'Log out' link. A navigation bar contains eight numbered tabs: 1. Personal Information, 2. Activity History, 3. Practice Information, 4. Supervision, 5. Continuing education units, 6. Disclosure Questions (highlighted with a green circle), 7. Review my Application, and 8. Final Agreement. A left-hand sidebar lists various dashboard options: Home, Licensee Dashboard, Analyst Dashboard, Investigator Dashboard, Public Dashboard, AA Landing Page, Supervisor Landing Page, Board Member Landing Page, Corporations, Orders/Payments, Notification Center, and Settings. The main content area displays the 'Disclosure Questions' section, starting with the instruction: 'ANSWER THE FOLLOWING QUESTIONS. For some responses, you will be prompted to provide a complete explanation.' Below this is a 'Definitions:' section with the following text: 'All questions use the following definitions whether actions were formally, informally, voluntarily, or involuntarily committed: Questions refer to both you and your licensure.' This is followed by definitions A through K: A. **Adverse Action** shall refer to having been terminated, stipulated, restricted, limited, conditioned, counseled, reprimanded, suspended, revoked, refused, denied, not renewed, withdrawn, or relinquished. B. **Claim(s)** shall refer to any malpractice, administrative, civil, or criminal final judgments including any pending claims, lawsuits, judgments, and/or settlements. C. **Complaint** shall refer to any communications which express concerns, warnings, or dissatisfaction about personal or profession conduct and rising to the level that the meetings or comments are documented in a written or digital format. D. **Entity** shall refer to any licensing or disciplinary board, professional agency or committee, academic program, clinic, hospital, or other health-related entity, or governmental agency or organization. E. **Health related program** shall refer to private or public insurance, Medicare and Medicaid. F. **Illegal use of drugs** shall refer to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. sec.812.22. The term does include the unlawful use of prescription-controlled substances. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law. G. **Investigation** shall refer to any formal or informal inquiry to acquire and examine facts. H. **Licensure** shall refer to type of licensure and using any licensure nomenclature such as any registration, permit, certificate, and license. Examples include the subject of this application, DEA registration, etc. I. **Minor traffic offense** shall refer to any violation which is punishable by a maximum of 30 days in jail, a \$500 fine or both and does not result in a change of driving privileges. J. **Proceeding** shall refer to whether you have appeared or been requested to appear in private or in public, for a meeting, counseling, hearing, administrative, civil, or criminal actions, or been questioned, reviewed, charged, arrested, plead guilty, plead no contest, convicted, received a suspended imposition of sentence or suspended sentence by any entity. K. **Sexual impropriety** shall refer to misconduct including but not limited to discrimination, complaint, assault, the possession of child pornography, sexual contact with patients or other acts, expressions or gestures that disrespect privacy and are demeaning. The text for definition L is partially visible at the bottom: 'L. **You** shall refer to you or any licensee held by you.'

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Mark each answer **"Yes or No"**. Click the bubble in front to select the answer and it will fill in blue. Note that some responses may prompt you for additional information. Be sure to Click **"Submit"** after entering additional information.

Click **"Submit Disclosure Questions"** after all questions and additional information has been completed.

7.	Have you had adverse action taken from your membership or privileges at any entity regarding your ability to participate in any health-related program?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
8.	Have you been subject to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
9.	Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety?	<input type="radio"/> Yes	<input type="radio"/> No
10.	Is this a true statement for you? "I have not been reported to NPDB (National Practitioners Data Bank)."	<input type="radio"/> Yes	<input type="radio"/> 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."	<input type="radio"/> Yes	<input type="radio"/> No
12.	Have you had any claims paid by you or paid on your behalf for any reason?	<input type="radio"/> Yes	<input type="radio"/> No
13.	Have you had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage?	<input type="radio"/> Yes	<input type="radio"/> No
14.	Have you stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days?	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No
16.	Does your use of alcohol or drugs affect your ability to provide appropriate care to patients?	<input type="radio"/> Yes	<input type="radio"/> No
17.	Are you currently using illegal drugs or prescription-controlled medications in an illegal manner?	<input type="radio"/> Yes	<input type="radio"/> No

[Submit Disclosure Questions](#)

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You will automatically advance to "**Tab 7: Review my Application**". It is recommended that you print yourself a copy of the application after you review it. Make a note of the **application-ID** then Click "**Print this page**". Use the **scroll bar** to page up/down through the application and thoroughly review all information entered. You can Click on a **Section Header** to revise data previously entered in that section.

Signature and final agreement

1 Personal Information 2 Activity History 3 Practice Information 4 Supervision 5 Continuing education units 6 Disclosure Questions 7 Review my Application 8 Final Agreement

Application Id - 315

It is strongly advised that you print and save a copy for your records [Print this page](#)

License Application - AT - Athletic Trainer

[PERSONAL INFORMATION](#) ← Section Header

Name	Type
Mrs. Patti Lynn Barney	Former
Patricia Longwood	Maiden
patti latham latham	Former
Patti Lynn Latham	Former
Patti Lynn LakeNology	Current

Mailing	Address	Type
	Innovation & Idea Exchange 1328 East Islander Way Jupiter, FL 33478	Business
Default	16125 N.W. 57th Avenue W Rapid City, SD 72201	Home

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Be sure to verify that all sections have accurate data, including supervision and CEU's if your profession requires it. When the review is completed and you have a printed copy, Click "**All the information is correct**"

Proposed Direct Care: 40 hrs per week
Proposed Start Date: 08/2024
Proposed Work Setting: Home Health Setting
Proposed Work Information: Jonathon Maxim
HomeHealth INC
5200 Matlock Avenue
Pierre, SD 57203
5613682200

You have completed your CEUs.

SUPERVISORS

Name	Start Date	End Date
Oliver Scott Officeman	Aug 29, 2024	

You have indicated that you need NP supervisor form

DISCLOSURE QUESTIONS

All the information is correct

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Tab 8: Final agreement page is displayed. It is imperative that you carefully read all of the terms and conditions listed on this agreement prior to attesting and submitting the application for renewal.

Hello, Patti Barney! Log out

- 1 Personal Information
- 2 Activity History
- 3 Practice Information
- 4 Supervision
- 5 Continuing education units
- 6 Disclosure Questions
- 7 Review my Application
- 8 Final Agreement

Please review the following and sign at the bottom:

I am aware of the Health Insurance Portability and Accountability Act of 1996 (thereinafter called HIPAA) and understand the provisions dealing with the privacy of my medical records. With such knowledge an understanding, I agree to the following:

I do hereby authorize the use or disclosure of my health information by the South Dakota Board of Medical & Osteopathic Examiners (SDBMOE), for purposes of licensure in the state of South Dakota.

I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and hospitals, and treatment for alcohol and drug abuse.

I further release, discharge and exonerate all third parties or person(s) from any and all claims, damages, and liabilities of any nature, who in good faith and without malice, release the HIPAA information to the SDBMOE.

AUTHORIZATION AND RELEASE:

Any references to the terms "Users" or "Users of this Application" in this authorization shall include the following entities:

The South Dakota State Board of Medical and Osteopathic Examiners together with its board members, staff members, legal counsels, investigators, agents, employees, contractees, and authorized representatives hereinafter collectively referred to as SDBMOE;

Any other state or national medical licensing, medical reporting or medical regulatory board;

The Federation of State Medical Boards;

Any other South Dakota or United States agency in furtherance of and in compliance with SDBMOE's duties and responsibilities under my South Dakota Medical Practices Act and its administrative regulations.

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Click to Mark the box in front of "**By checking this box I have read and agree to the above terms and conditions.**" Click "**Submit & Pay Fee**"

☰ Hello, Patti Barney! Log out

I authorize SDBMOE to consult with any third person or party who may have information or evidence concerning my professional, ethical, mental and physical qualifications, or any other matter that SDBMOE deems relevant regarding my continuing qualifications for licensure with SDBMOE. These third persons and parties include hospitals, institutions or organizations, my references, physicians, providers, therapists, previous and present employers, past and present business and professional associates, and local, state, federal or foreign governmental agencies and instrumentalities, courts of any jurisdiction, associations, institutions or law enforcement agencies, together with their representatives thereof, who have custody or control of any documents, records, information or evidence that SDBMOE deems relevant to my Application. **I specifically authorize any state, federal or international law enforcement agency to conduct a background investigation and to report the findings thereof to the SDBMOE.**

I authorize such third persons and parties to unconditionally release to SDBMOE any such information, including documents, records regarding charges or complaints filed against me, formal, or informal, pending or closed, or any other pertinent data or evidence whether favorable or unfavorable that SDBMOE deems relevant to licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, records, evidence, and other information for SDBMOE's evaluation of my professional, ethical, mental and physical qualifications that SDBMOE deems relevant to licensure. I release, discharge and exonerate from any and all claims, damages and liabilities whatsoever such third persons and parties, together with their authorized representatives, who in good faith and without malice, consult with and release to SDBMOE such information, evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licensure.

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 examined by me, and to the best of my knowledge and belief, are in all things true and correct. I state unconditionally and without reservation that I absolutely understand each and every question contained in this application for licensure, that I and I have answered all of them completely and truthfully. If any user discovers any derogatory information regarding my personal background that was not disclosed when completing this application, the users may immediately cease all processing of this application, and I agree that 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 directly upon my qualifications for licensure, and I fully understand that the SDBMOE may consider all such actions in its determination whether to grant licensure. To that end, I agree that any unprofessional or harassing behavior on my part, or on the part of any agent of mine, with the SDBMOE's members or staff shall establish grounds for the immediate cessation of all processing of this application and disqualify me for licensure in South Dakota. A determination regarding derogatory information or of unprofessional or harassing behavior shall be the sole determination of the SDBMOE, and I will not assert that any other entity, judicial, or otherwise, may make such determination. I understand and agree that cessation of processing of this application by the users as a result of the acts of omissions by myself as described in this paragraph shall not require the SDBMOE, to offer me a hearing or any other due process right, or any other statutory or constitutional rights, and that I will not assert that I am entitled to a hearing.

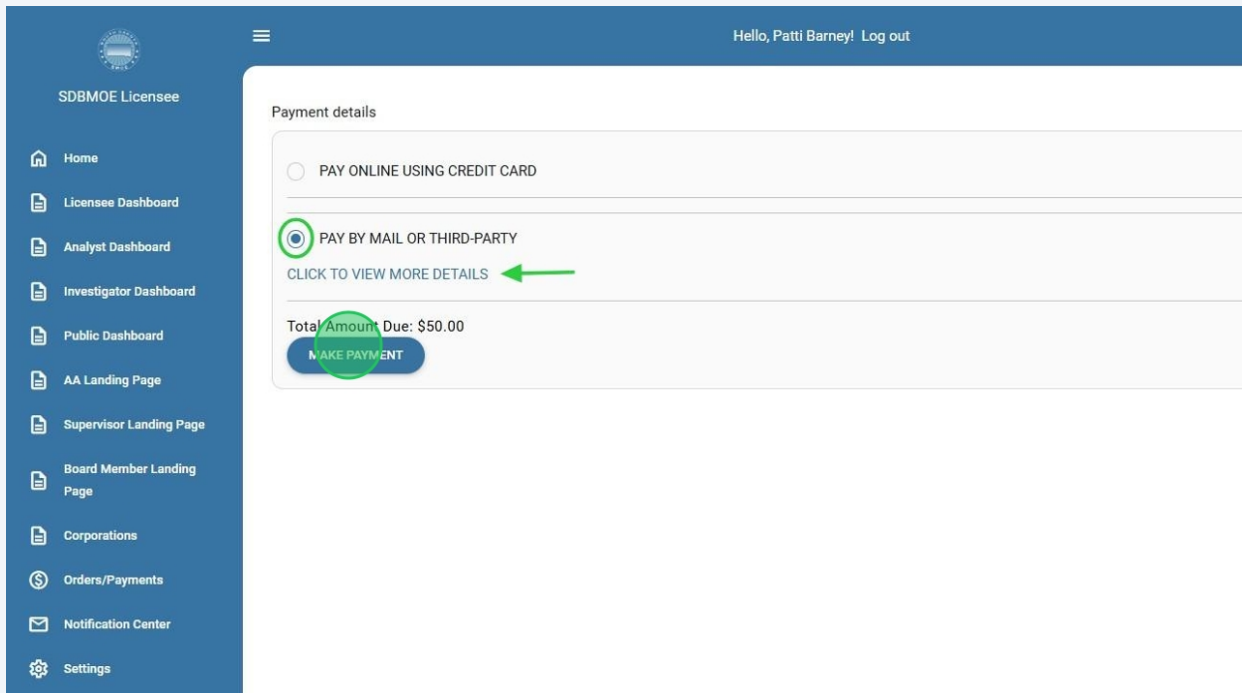
[By checking this box, I have read and agree to the above terms and conditions](#)

Submit & Pay Fee

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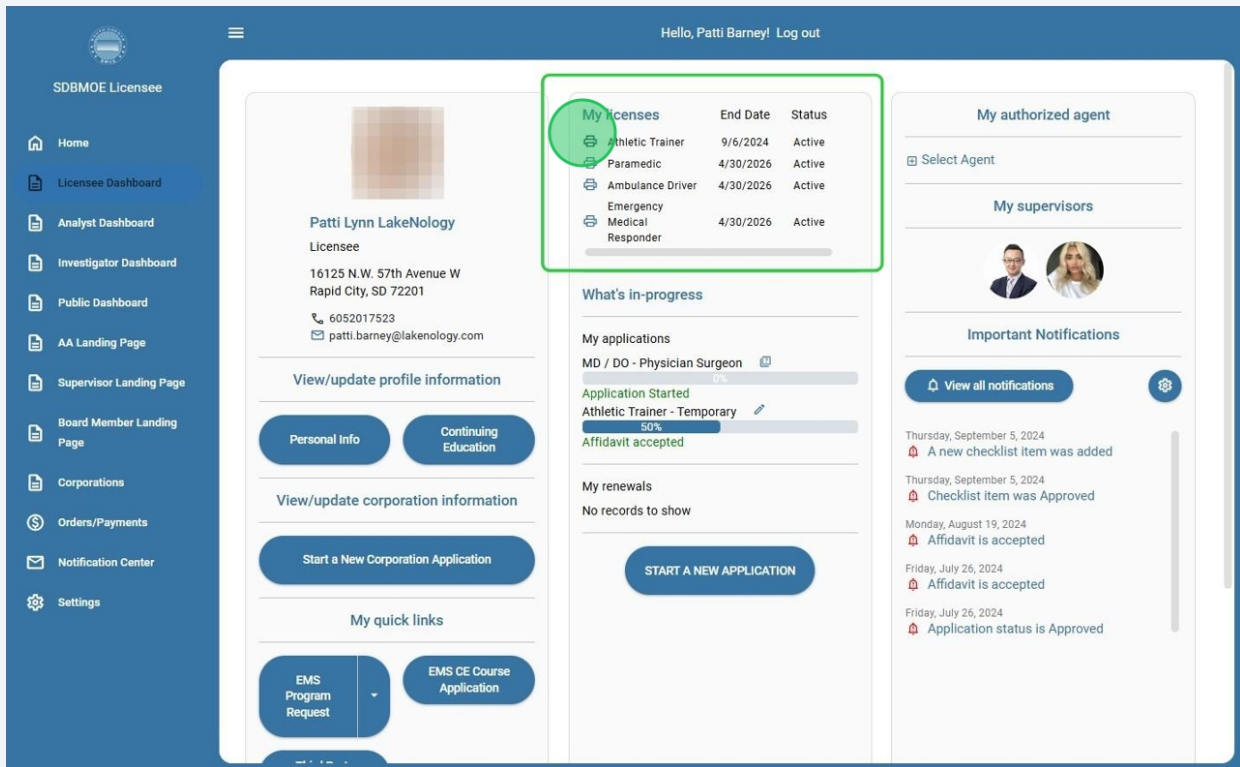
Select a payment option. If you choose "**Pay online using credit card**", you will be prompted to enter payment card details using a **secure payment interface**. If you provided active military orders to the SDBMOE administration and they are not expired, your fee may be waived automatically. Click "**MAKE PAYMENT**" to submit and mark your renewal application paid.

By marking "**Pay by mail or third-party**" you may be delaying the renewal of your license. You can "**Click to view more details**" prior to using that option. It is your responsibility to coordinate the payment details with your provider when choosing this option.



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Congratulations! Once your payment has been accepted and your application has been reviewed, your renewal will be issued. Navigate to your licensee dashboard and locate the **"My Licenses"** section. Click the **"printer icon"** next to the license you just renewed and view your official document.



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In order to view the license you should first verify that your browser's Pop-up blocker is disabled prior to printing. Click **"Print"**.

