

Application for Licensure: Step 2 - Complete Personal Information, Competencies, Disclosure Questions and Submit Application for Review

This How-To-Guide is intended for Ambulance Driver applicants only

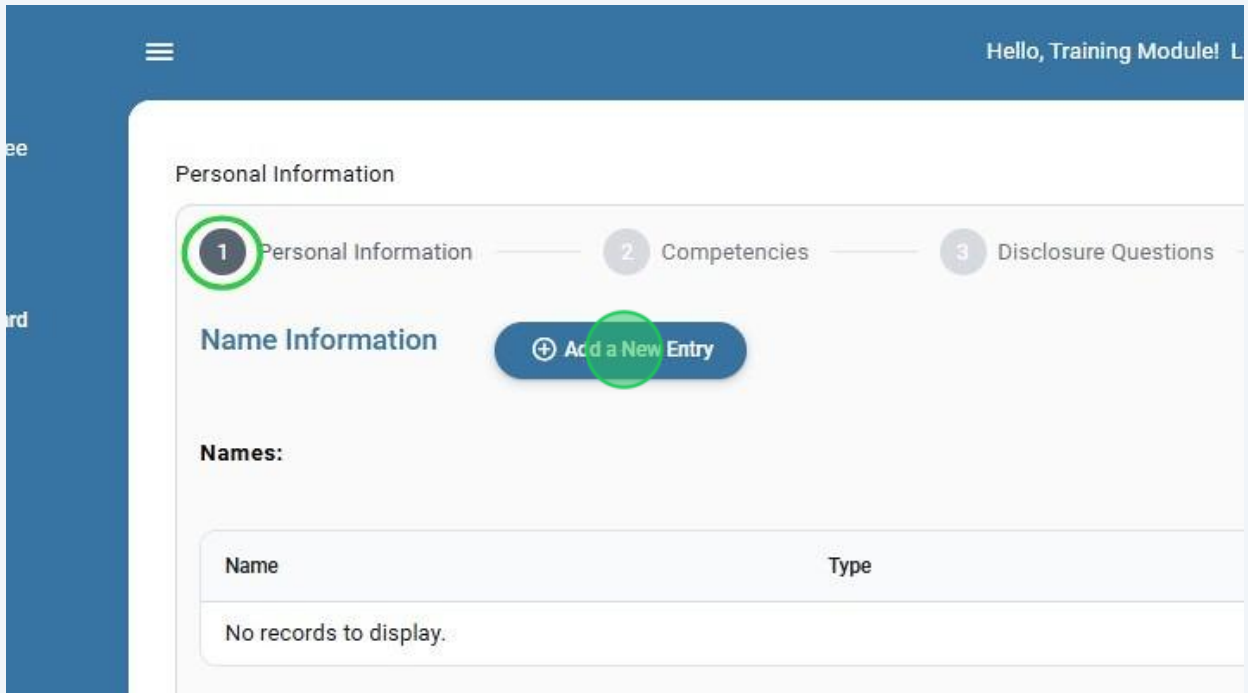
1

Navigate to <https://my.sdbmoe.gov> From the "What's in-progress" section of your licensee dashboard, Click on the "pencil icon" to edit your application and continue on with **Step 2** of the application process.

The screenshot displays a user dashboard with three main columns. The left column contains user profile information, including a 'Continuing Education' button. The middle column, titled 'My licenses', features a table with columns for 'My licenses', 'End Date', and 'Status'. A row for 'What's in-progress' is highlighted with a green arrow. Below this, the 'My applications' section shows an 'Ambulance Driver' application at 50% completion, with a green pencil icon for editing and a status of 'Affidavit accepted'. A 'START A NEW APPLICATION' button is at the bottom. The right column shows a 'Select Agent' dropdown, a 'View all notifications' button, and a notification for 'Affidavit is accepted' dated Friday, June 21, 2024.

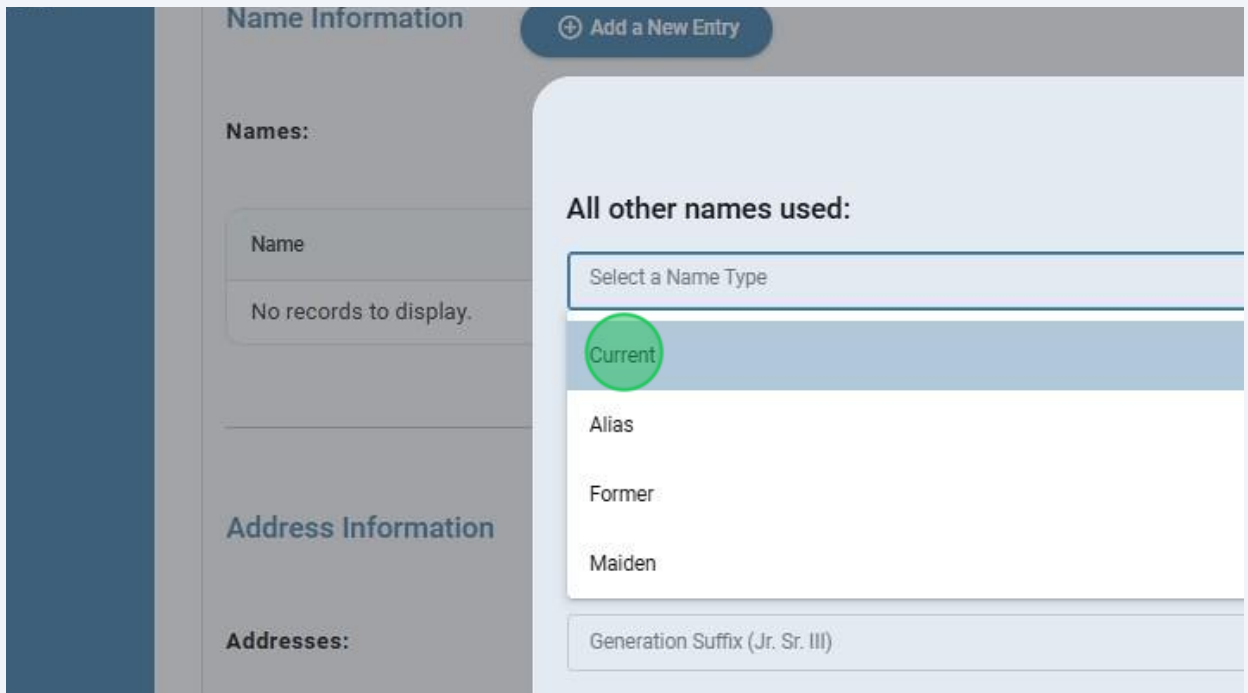
2

In **Step 2** of the application, there are three Tabs to complete before you review and submit the application. Start with the **Personal Information** tab of the application. Click "**Add a New Entry**" to add your current name.



3

From the **name type** dropdown list, Click on "**Current**"



4 Enter all required fields. Click "Save"

The screenshot shows a user profile management interface. The main form is titled "Name Information" and includes a section for "Names" with a table that currently shows "No records to display." Below this is the "Address Information" section, which includes a "Mailing" address table, also showing "No records to display." A modal dialog box is open in the foreground, titled "All other names used:". It contains a dropdown menu currently set to "Current", followed by input fields for "First Name", "Middle Name", "Last Name", "Name Prefix (Dr., Mr., Mrs., Ms.)", and "Generation Suffix (Jr. Sr. III)". A "Save" button is located at the bottom of the modal.

5 Continue by adding address information. Click "**Add a New Address**"

Name	Type
Training Guide	Current

Address Information + Add a New Address

Addresses:

Mailing	Address	Type
No records to display.		

6 From the **address type** dropdown list, Click "**Home**" to add a home address. This will automatically make it the **Preferred** address by default. (*This flag can be changed if you enter more than one address type*) Continue entering all other required fields. Click "**Save**"

Select One Address Type

- Home
- Business
- Other

Address 1

Address 2

USA

City

Select a State or Province

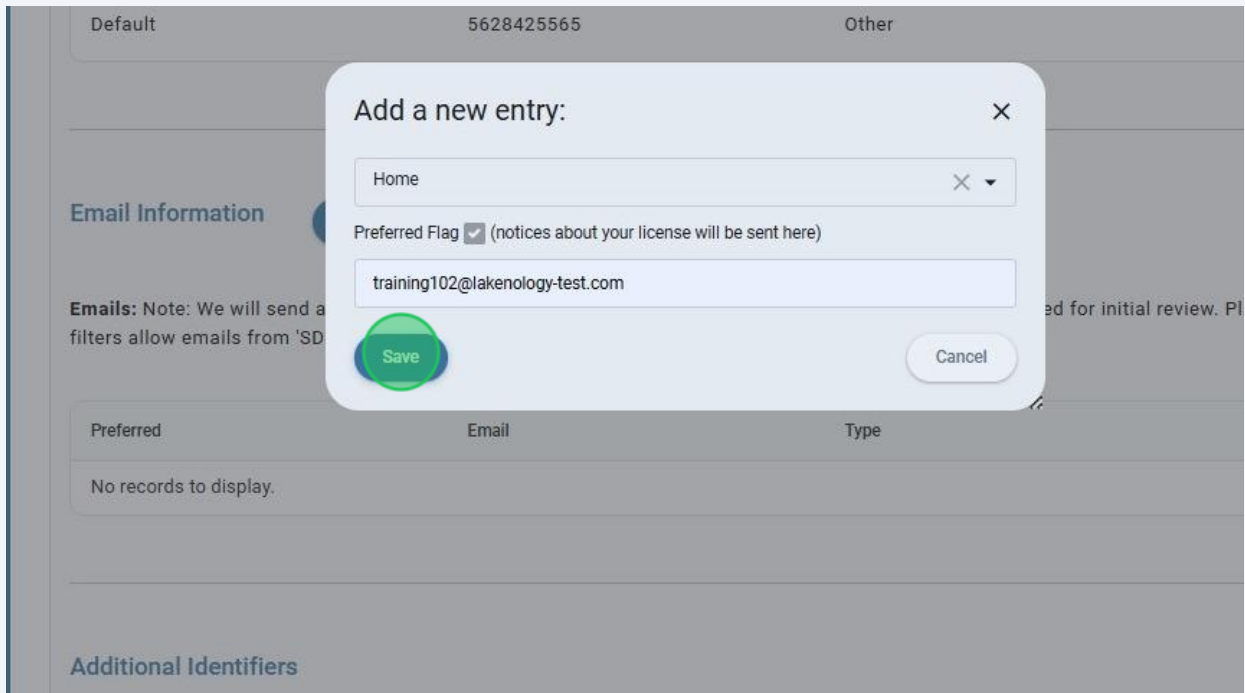
Select a County (if in South Dakota)

Postal Code

Save Cancel

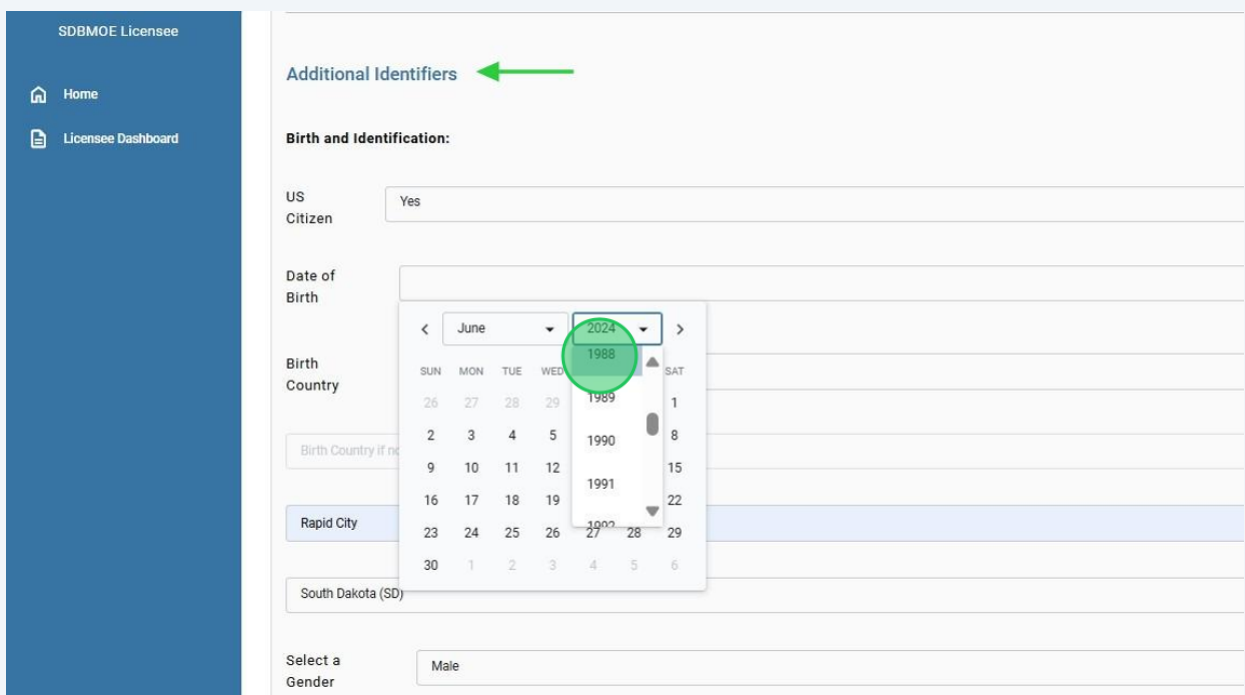
7

Continue adding your personal information. Click "**Add a New Email**" and select "**Home**" from the dropdown list. The **Preferred** Flag will be set automatically. *(This can be changed if you enter more than one email address).* Enter your email address. Click "**Save**" type



8


Continue entering "**Additional Identifiers**" in the personal information tab of the application. Use the "**Date Picker**" to select your date of birth or enter it yourself. Enter ALL other required fields.



9

If you do not provide a **social security number**, you are required to enter a brief explanation. Once all personal information has been entered, Click "**Submit Personal Information**". You will automatically advance to the next tab of the application.

Gender

If you do not currently have an SSN, please explain why 

Your Social Security Number is required to facilitate reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sect Section 52a, and 45 C.F.R. pt 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. Sect law). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 1101 and 45 C.F.R. pt.60) and for other inv purposes in compliance with State laws governing physician discipline or as otherwise required by State or Federal law.

The National Provider Identifiers (NPI) Is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Stand on the API please go to: <http://www.cms.hhs.gov/NationalProvidenistand/>.

10 You are now on **Tab 2: Competencies** of your application

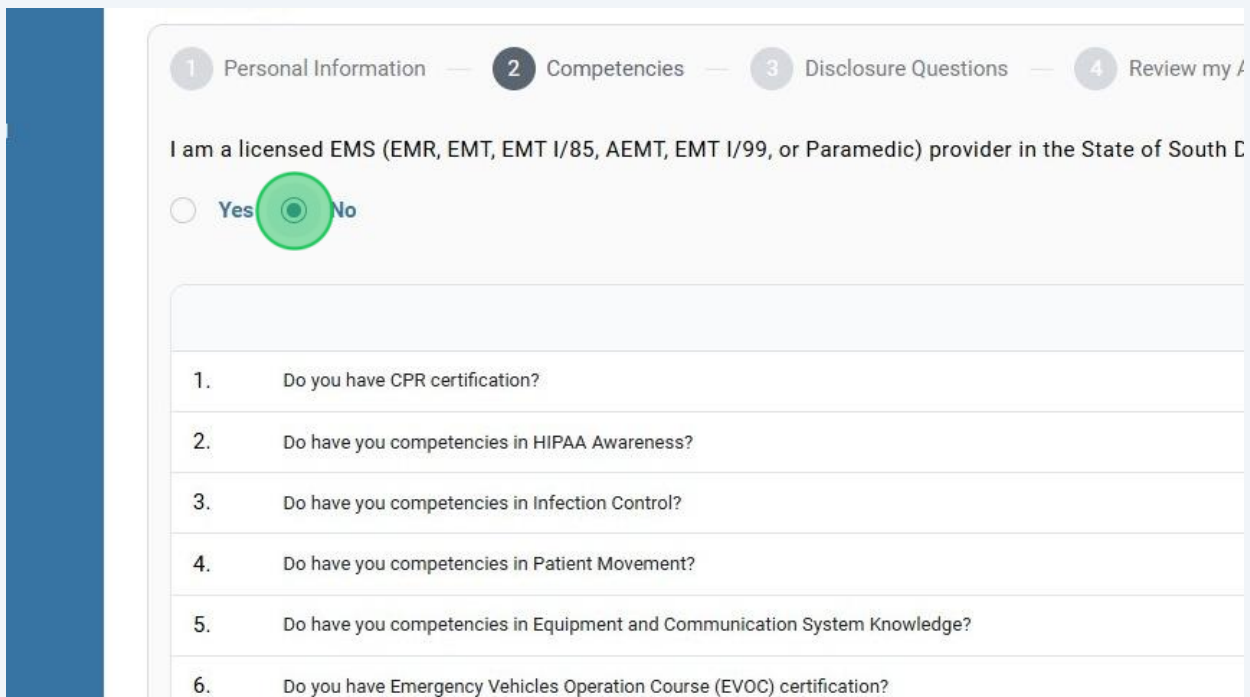
Answer "**YES**" to the question "**I am a licensed EMS (EMR, EMT, EMT I85, AEMT, EMT I99 or Paramedic) provider in the state of South Dakota?**" ONLY if you currently have an active EMS license in South Dakota. Click "**Submit Competencies**" to advance to the next Tab of the application. You can now SKIP TO STEP 17 in this Guide.

If you are NOT a licensed EMS provider, continue with the next step in this Guide.

The screenshot shows a web application interface with a blue sidebar on the left containing the text 'licensee' and 'ashboard'. The main content area is titled 'Competencies' and features a progress bar with four steps: 1 Personal Information, 2 Competencies (highlighted), 3 Disclosure Questions, and 4 Review my Application. Below the progress bar is a question: 'I am a licensed EMS (EMR, EMT, EMT I/85, AEMT, EMT I/99, or Paramedic) provider in the State of South Dakota?'. There are two radio button options: 'Yes' (selected) and 'No'. At the bottom right of the form is a blue button labeled 'Submit Competencies' with a green circle highlighting the text.

11

Answer "**NO**" to the question "**I am a licensed EMS (EMR, EMT, EMT I85, AEMT, EMT I99 or Paramedic) provider in the state of South Dakota?**" If you are NOT currently an active EMS provider in South Dakota. Six competency questions will now appear on your screen.



1 Personal Information — 2 Competencies — 3 Disclosure Questions — 4 Review my /

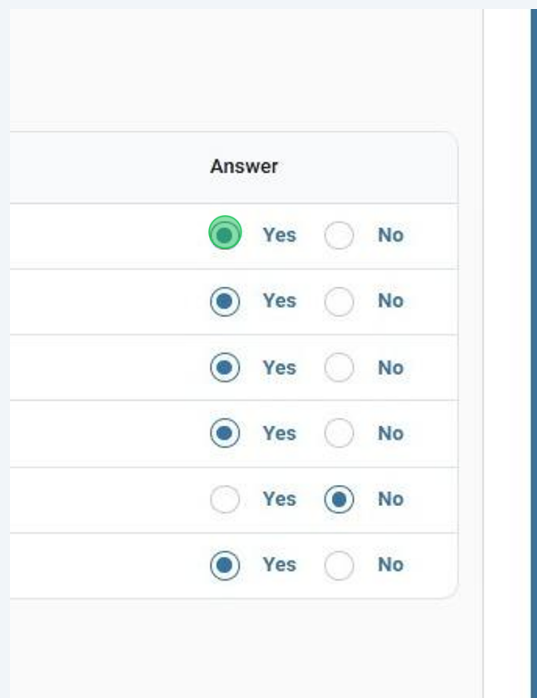
I am a licensed EMS (EMR, EMT, EMT I/85, AEMT, EMT I/99, or Paramedic) provider in the State of South D

Yes No

1. Do you have CPR certification?
2. Do have you competencies in HIPAA Awareness?
3. Do have you competencies in Infection Control?
4. Do have you competencies in Patient Movement?
5. Do have you competencies in Equipment and Communication System Knowledge?
6. Do you have Emergency Vehicles Operation Course (EVOC) certification?

12

Click "**YES**" if you have that competency. A pop-up Box will appear. You must provide the location and date of the course taken.



Answer

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

13

Enter the required data. Use the "**Calendar icon**" (Date picker) or simply type the date in yourself. Click "**Submit**"

The screenshot shows a web form with a pop-up dialog box. The background form has a question: "I am a licensed EMS (EMR, EMT, EMT I/85, AEMT, EMT I/99, or Paramedic) provider in the State of South Dakota?" with radio buttons for "Yes" and "No". The "No" button is selected. Below this are six numbered items, each with a "Do you" label. The pop-up dialog box is titled "Please provide date and place of the course:" and contains two input fields: "Place of the course" with the text "Pierre SD" and "Date of the course" with the text "03/13/2024". A green arrow points to a calendar icon next to the date field. A green "Submit" button is at the bottom of the dialog box.

14

Click "**NO**" if you do not have that competency. A pop-up Box will appear. You must provide a brief explanation.

The screenshot shows a table with the heading "Answer". The table has seven rows, each with two radio buttons labeled "Yes" and "No". The "No" button in the sixth row is selected and highlighted with a green circle. A vertical blue bar is on the right side of the table.

Answer	
<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No

15 Enter an explanation. Click "**Submit**"

The screenshot shows a competency assessment form with a modal box. The modal box is titled "Please explain:" and contains a text input field and a green "Submit" button. The background form is partially visible, showing a list of competency questions with radio buttons for "Yes" and "No".

Question	Response
1. Do you have competencies in HIPAA Awareness?	Yes
2. Do you have competencies in Infection Control?	Yes
3. Do you have competencies in Patient Movement?	Yes
4. Do you have competencies in Equipment and Communication System Knowledge?	Yes
5. Do you have competencies in Equipment and Communication System Knowledge?	Yes
6. Do you have Emergency Vehicles Operation Course (EVOC) certification?	No

Submit Competencies

16 After providing responses to all of the competency questions, Click "**Submit Competencies**". This will automatically advance you to the next tab in the application.

The screenshot shows a competency assessment form with a "Submit Competencies" button. The form contains a list of competency questions with radio buttons for "Yes" and "No".

Question	Response
have you competencies in HIPAA Awareness?	Yes
have you competencies in Infection Control?	Yes
have you competencies in Patient Movement?	Yes
have you competencies in Equipment and Communication System Knowledge?	Yes
you have Emergency Vehicles Operation Course (EVOC) certification?	No

Submit Competencies

17

You are now on **Tab 3: Disclosure Questions** of the application. Read the definitions carefully prior to answering the questions

1 Personal Information — 2 Competencies — 3 Disclosure Questions — 4 Review my Application — 5 Final Agreement

ANSWER THE FOLLOWING QUESTIONS. For some responses, you will be prompted to provide a complete explanation.

Definitions:

All questions use the following definitions whether actions were formally, informally, voluntarily, or involuntarily committed: Questions refer to both you and your licensure.

- 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.

18

Mark each question with a "Yes" or "No" answer. Some questions may require additional information. Click "**Submit**" after entering any additional information.

Hello, Training Module! Log out

	Answer
not experienced adverse action."	<input checked="" type="radio"/> Yes <input type="radio"/> No
se action."	<input type="radio"/> Yes <input type="radio"/> No
n or proceeding involving any entity?	<input type="radio"/> Yes <input type="radio"/> No
eeding involving any entity?	<input type="radio"/> Yes <input type="radio"/> No
United States military or National Guard?	<input type="radio"/> Yes <input type="radio"/> No
ncy or training program?	<input type="radio"/> Yes <input type="radio"/> No
yes with any entity regarding your ability to participate in any health related program?	<input type="radio"/> Yes <input type="radio"/> No

19 When ALL questions have been answered, Click "**Submit Disclosure Questions**"

ement for you? "I have not been reported to NPDB (National Practitioners Data Bank)."

ement for you? "I have experienced no adverse action in privileges at any hospital, clinic or health related entity."

y claims paid by you or paid on your behalf for any reason?

y liability insurance company, including malpractice carriers, change, deny or cancel your coverage?

d working or practicing for any period of time greater than or equal to 30 consecutive calendar days?

' suffering from any condition for which you are not being treated that impairs your ability to practice your profession in a competent, ssional manner?

' alcohol or drugs affect your ability to provide appropriate care to patients?

' using illegal drugs or prescription-controlled medications in an illegal manner?

Submit Disclosure Questions

20 Congratulations! You have entered all required data for your application and are now on **Tab 4: Review My Application**. Click "**Print this page**" and make note of your application Id prior to submitting this application. Review everything you previously entered to verify accuracy of the application by using the **scroll bar** on the right side of the page.

Hello, Training Module! Log out

1 Personal Information — 2 Competencies — 3 Disclosure Questions — 4 Review my Application — 5 Final Agreement

Application Id - 227

It is strongly advised that you print and save a copy for your records

Print this page

License Application - AD - Ambulance Driver

PERSONAL INFORMATION

Name	Type
Training Guide	Current

Mailing	Address	Type
Default	5200 Matlock Avenue Pierre, SD 57203	Home

Phone Number	Type
5628425565	Other

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You can go back and edit previous information you entered while in the review process. Click any one of the section headers to revise your information.

Click **Tab 4: Review My Application** at the top to return to the review page

Hello, Training Module! Log out

1 Personal Information 2 Competencies 3 Disclosure Questions **4 Review my Application**

Application Id - 227

It is strongly advised that you print and save a copy for your records

License Application - AD - Ambulance Driver

[PERSONAL INFORMATION](#) ←

Name	Type
Training Guide	Current

Mailing	Address	Type
	5200 Metlock Avenue	

22

When you are ready to confirm that all information is accurate, Click "**All the information is correct**" at the bottom of the review page

Did any adverse action during any education, residency or training program? **No**

Did any adverse action with your membership or privileges with any entity regarding your ability to participate in any health related program? **No**

Have you ever been subject to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses? **No**

Have you ever had a complaint, investigation or proceeding in any manner concerning sexual impropriety? **No**

Is the following statement for you? "I have not been reported to NPDB (National Practitioners Data Bank)." **No**

Have you ever had a just testing for derogatory answers

Is the following statement for you? "I have experienced no adverse action in privileges at any hospital, clinic or health related entity." **Yes**

Have you ever had any claims paid by you or paid on your behalf for any reason? **No**

Have you ever had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage? **No**

Have you ever stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days? **Yes**

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 manner? **No**

Does the use of alcohol or drugs affect your ability to provide appropriate care to patients? **No**

Are you currently using illegal drugs or prescription-controlled medications in an illegal manner? **No**

All the information is correct

23

You are now on **Tab 5: Final Agreement** of the application. You will need to carefully review this information and attest that you have read and agree to the terms of the application.

Hello, Training Module! Log out

1 Personal Information — 2 Competencies — 3 Disclosure Questions — 4 Review my Application — 5 Final Agreement

Please review the following and sign at the bottom:

I am aware of the Health Insurance Portability and Accountability Act of 1996 (hereinafter called HIPAA) and understand the provisions dealing with the privacy of my medical records. With such knowledge and 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:

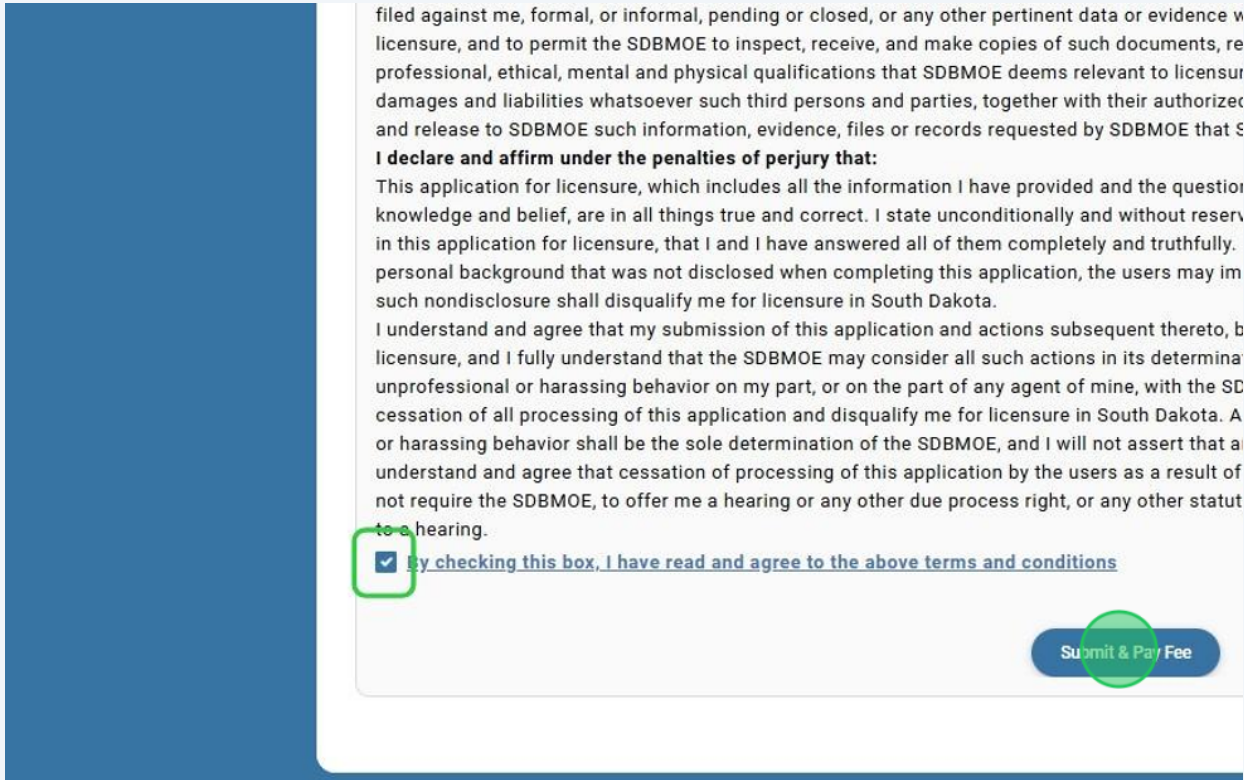
Any references to the terms "Users" or "Users of this Application" in this authorization shall include the following entities:

- 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 compliance with SDBMOE's duties and responsibilities under my South Dakota Medical Practices Act and its administrative regulations.

I am the person described herein. I have not engaged in any acts prohibited by the criminal or medical statutes of the State of South Dakota. I am the person named on any diploma or certificated that I have received, I am the lawful holder of said diploma or certificate, and the diploma or certificate was given to me in the regular course of instruction and examination without fraud or misrepresentation.

24

Mark the checkbox at the bottom to agree. Click "**Submit and Pay Fee**". If there are no fees for your application, you will not be asked to enter any payment details.



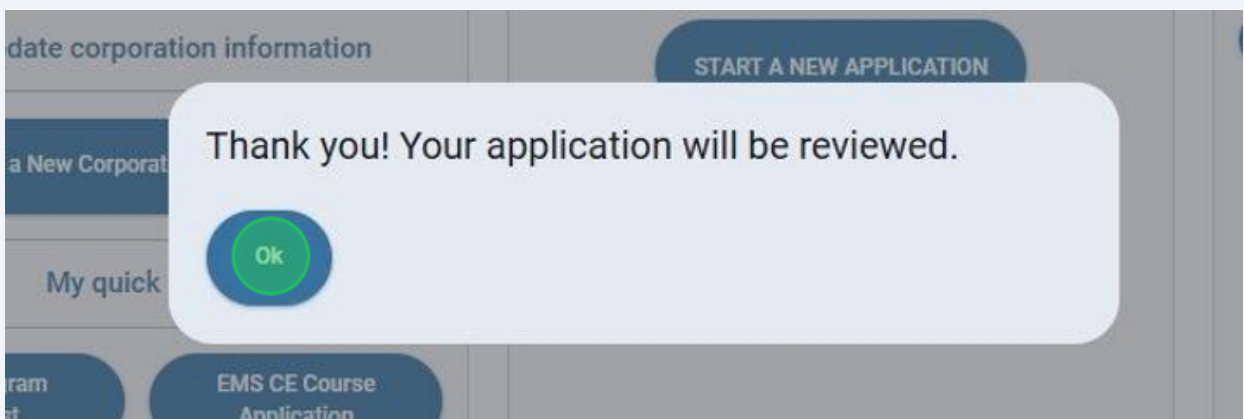
filed against me, formal, or informal, pending or closed, or any other pertinent data or evidence w
licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, re
professional, ethical, mental and physical qualifications that SDBMOE deems relevant to licensur
damages and liabilities whatsoever such third persons and parties, together with their authorizec
and release to SDBMOE such information, evidence, files or records requested by SDBMOE that §
I declare and affirm under the penalties of perjury that:
This application for licensure, which includes all the information I have provided and the questi
knowledge and belief, are in all things true and correct. I state unconditionally and without reserv
in this application for licensure, that I and I have answered all of them completely and truthfully.
personal background that was not disclosed when completing this application, the users may im
such nondisclosure shall disqualify me for licensure in South Dakota.
I understand and agree that my submission of this application and actions subsequent thereto, b
licensure, and I fully understand that the SDBMOE may consider all such actions in its determina
unprofessional or harassing behavior on my part, or on the part of any agent of mine, with the SE
cessation of all processing of this application and disqualify me for licensure in South Dakota. A
or harassing behavior shall be the sole determination of the SDBMOE, and I will not assert that a
understand and agree that cessation of processing of this application by the users as a result of
not require the SDBMOE, to offer me a hearing or any other due process right, or any other statut
to a hearing.

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

Submit & Pay Fee

25

Congratulations! **Step 2** of the application process has been successfully completed and your application has been submitted to an SDBMOE analyst. Applications will be reviewed in the order received and applicants will be notified when the application status changes.



date corporation information

START A NEW APPLICATION

Thank you! Your application will be reviewed.

Ok

My quick

EMS CE Course Application

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The current status of your application is always displayed in the **What's in-progress** section of your licensee dashboard. Click "**View all notifications**" to see important notices and email messages sent to you.

The screenshot displays a dashboard with three main columns. The left column contains personal information and quick links. The middle column, titled 'My licenses', has a sub-section 'What's in-progress' which is highlighted with a green box. It shows an 'Ambulance Driver' application at 75% completion with the status 'Application pending review'. Below this is a 'START A NEW APPLICATION' button. The right column, titled 'My authorized agent', shows 'Select Agent' and 'My supervisors' sections. The 'Important Notifications' section at the bottom right features a 'View all notifications' button, which is circled in green, and a notification for 'Affidavit is accepted' dated Friday, June 21, 2024.

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When your application has been approved, the progress status changes from pending review to "**Checklist**". New messages are sent out to the applicant. **All important updates** can be viewed from your dashboard.

You are now ready to proceed to the final step of the application process. You can refer to "**Application for Licensure: Step 3 - My Checklist Items, Final Review and Issuing the License**" training tutorial on the sdbmoe website or Click the "**Checklist icon**" to get started!

