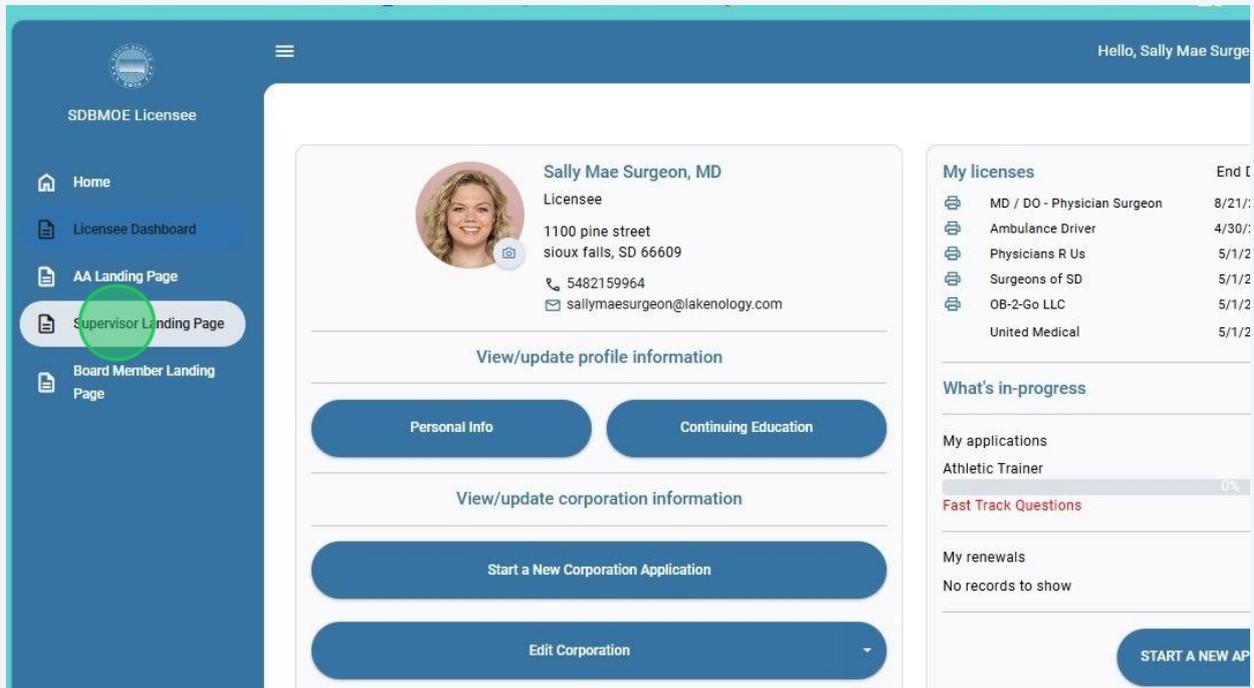


Supervision: Approve, Remove and Request a Licensee as the Supervisor

This How-To-Guide is intended for licensees who are eligible to supervise other licensed professionals and are required to maintain active supervision relationship agreements.

1

Login to your **Licensee dashboard**. Click "**Supervisor Landing Page**" from the left navigation menu. This link will only display if you have an active license and are eligible to supervise



2

Your **Supervisor Landing Page** displays all of your supervised licensees with approved and pending requests. Click "**Approve**" to review and accept a pending request.

Supervisor Landing Page

 <p>Robert Michael Barney barneymjb@gmail.com 1 / 85</p> <p>Approved</p> <hr/> <p> Delete</p>	 <p>Barbara Pamela Public barbarapublic@lakenology-test.com</p> <p>Paramedic</p> <p>Approved</p> <hr/> <p> Delete</p>	 <p>Patti Lynn LakeNology patti.barney@lakenology.com Athletic Trainer</p> <p>Approved</p> <hr/> <p> Delete</p>	 <p>Odette OTTA Otaberger Odette-OTAbberger@lakenology-test.com Athletic Trainer</p> <p>Pending</p> <hr/> <p> Approve  Delete</p>
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3

Review the information submitted by the requesting licensee. Click "**Accept**" to approve the request. Click "**Reject**" to remove the request.

AT Supervision Form

- SDCL 36-29-1.1 provides that an athletic trainer shall perform under the direction of and under guidelines established by a physician licensed pursuant to chapter 36-4.
- Both the athletic trainer (AT) and the supervising physician must be licensed in South Dakota and have a board approved practice agreement on file with the board office before seeing patients.

APPLICABLE LAWS

In accordance with [SDCL 36-29-1.1](#) The practice of athletic training is the care, treatment, and prevention, under the direction of and under guidelines established by a physician licensed pursuant to chapter 36-4, of athletic injuries, illnesses, or conditions.

NAME AT: Odette OTTA Otaberger
EMAIL: Odette-OTAbەرger@lakenology.com

NAME SUPERVISING PHYSICIAN: Sally Mae Surgeon, MD
EMAIL: sallymaesurgeon@lakenology.com

Date: 09/04/2024

Reject Accept

4

The licensee status changes from "**Pending**" to "**Approved**" after acceptance. When rejected, the licensee no longer appears on the display and the request is no longer valid. Click "**Delete**" to remove an existing supervision relationship

SDBMOE Licensee

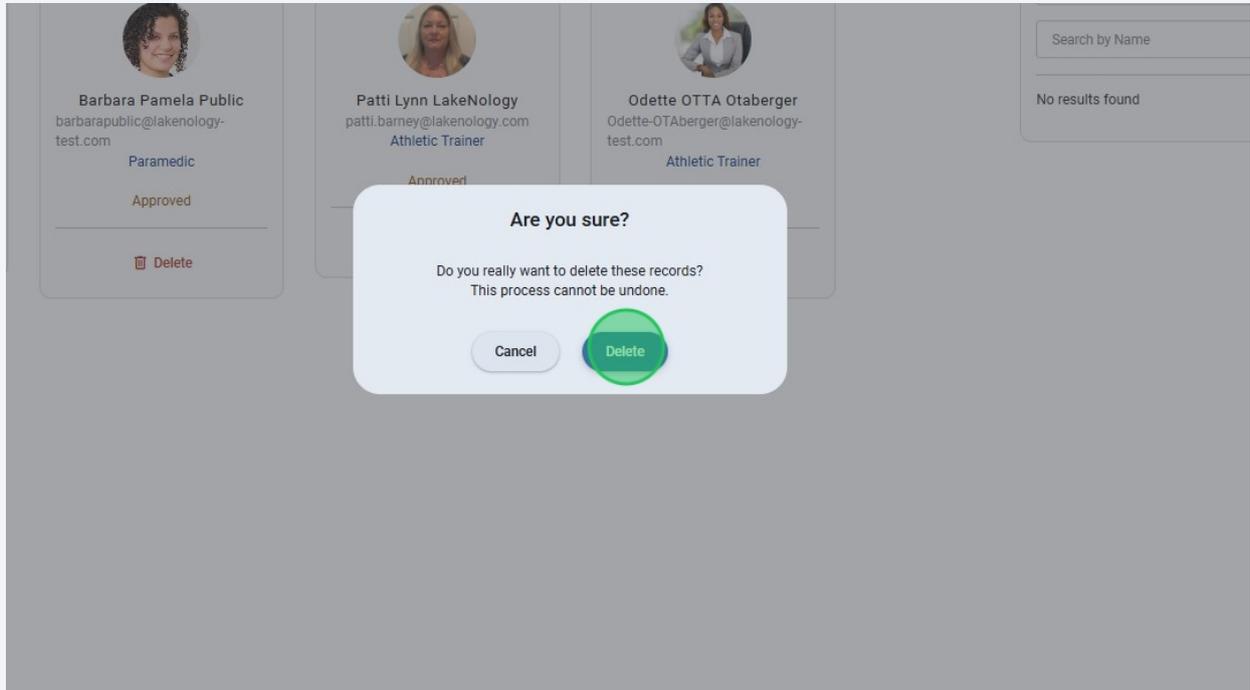
- Home
- Licensee Dashboard
- AA Landing Page
- Supervisor Landing Page
- Board Member Landing Page

Supervisor Landing Page

 Robert Michael Barney barneymjb@gmail.com 1 / 85 Approved Delete	 Barbara Pamela Public barbarapublic@lakenology-test.com Paramedic Approved Delete	 Patti Lynn LakeNology patti.barney@lakenology.com Athletic Trainer Approved Delete	 Odette OTTA Otaberger Odette-OTAbەرger@lakenology-test.com Athletic Trainer Approved Delete
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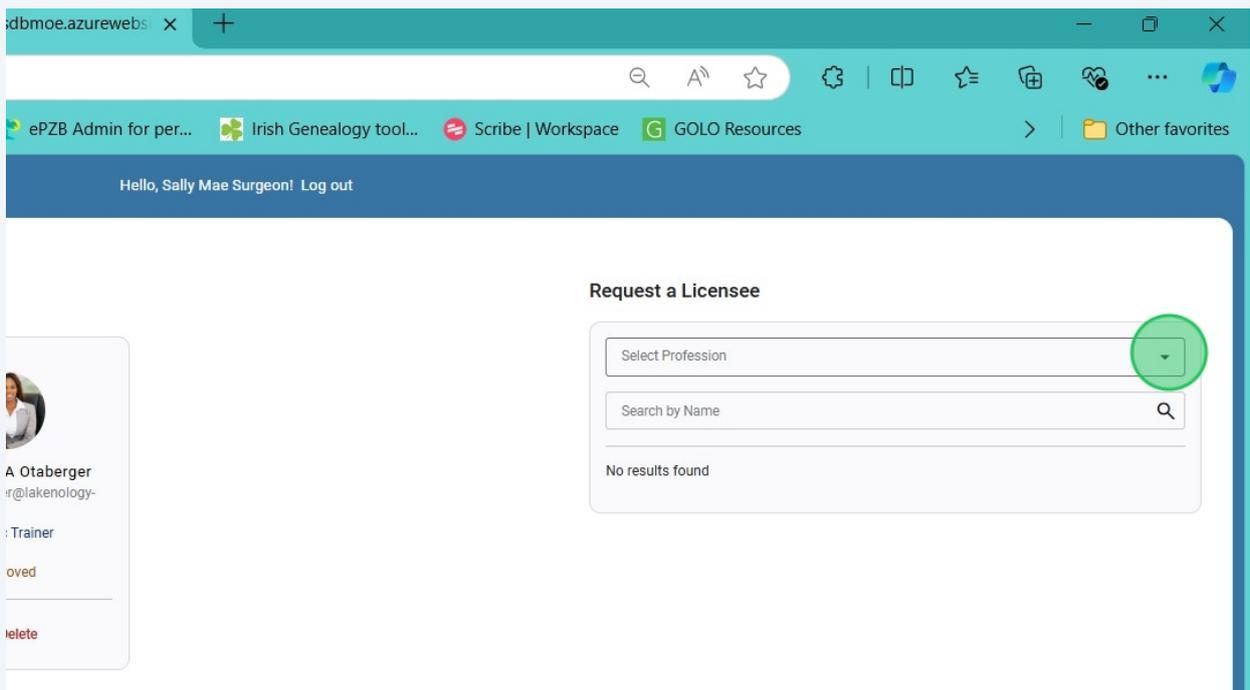
5

You are prompted "**Are you sure?**" prior to permanent deletion. Click "**Delete**" to proceed with ending the relationship



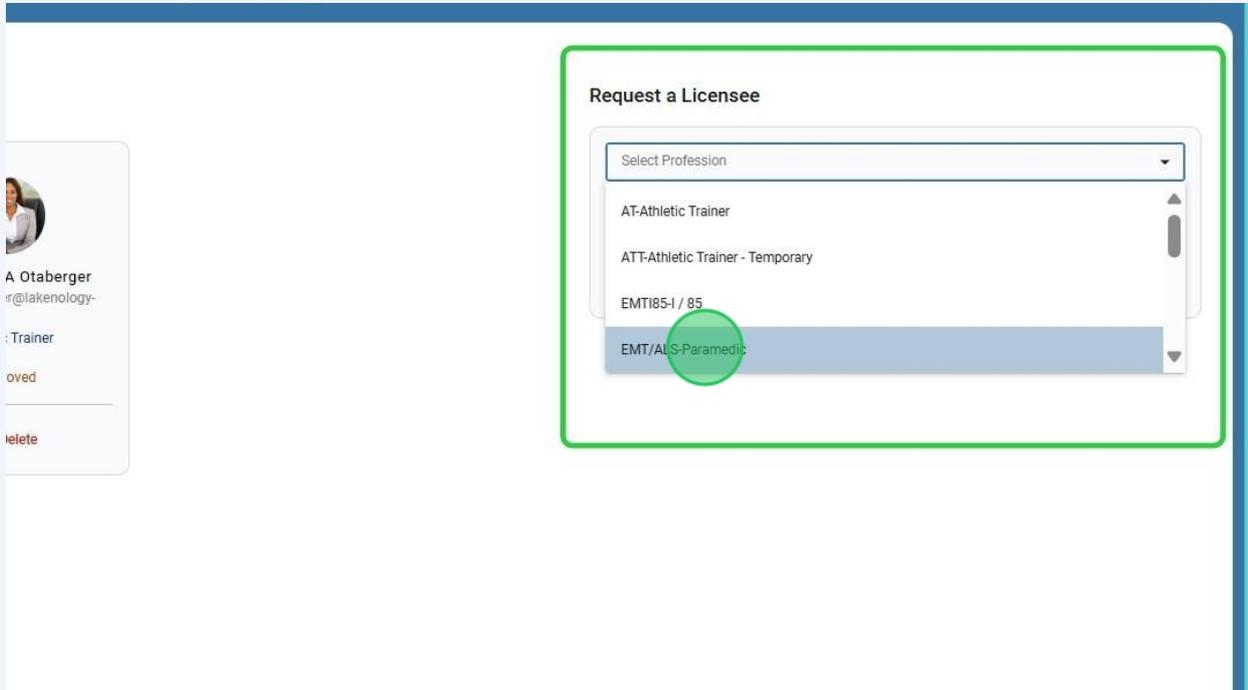
6

A supervisor can also **initiate the request** to a licensee. Use the **Request a Licensee** section of the page on the right. Click the **dropdown arrow** to select the profession



7

A supervisor can also **initiate the request** to a licensee. Use the **Request a Licensee** section of the page on the right. Use the "**Dropdown Select**" feature to choose the profession



8

A list of licensees is displayed. Click the "+ icon" to select and request to supervise that licensee. If you want to limit the search results, enter a **partial or full name** in the "**Search by Name**" box. Click the "**Search**" icon.

Request a Licensee

EMT/ALS-Paramedic

Search by Name

Patti Lynn LakeNology
Paramedic

Robert Michael Barney
Paramedic

Barbara Pamela Public
Paramedic

Paramedic

Nancy Newname
Paramedic

9

After selecting a licensee, you are prompted to complete the supervision agreement form. Review the terms and conditions and **Enter ALL required information**. Click to "**check the box**". Click "**Accept**" to send your request to the licensee for approval.

board office before practicing in South Dakota.

PRACTICE LOCATION INFORMATION

Employer Name: west shore medical center

Employer Address: 8827 West Leone Drive

Employer Phone: 8605551212

Employer Email: surgeonsallymae@lakenology-test.com

EMS LICENSEE: **Nancy Newname**

SUPERVISING PROVIDER: **Sally Mae Surgeon, MD**

Date: 09/18/2024

I agree to supervise, observe, direct, and review the EMS licensee's work

Reject Accept

Approved

Delete

Robert Michael Barney
Paramedic

Barbara Pamela Public
Paramedic

Kassie Jo Campbell
Paramedic

Nancy Newname
Paramedic

10

The requested licensee now appears on your page as "**Pending**". The status will change to "**Approved**" once the licensee logs in and accepts your request.

Nancy Newname
newnamenancy@lakenology-test.com
Paramedic
Pending
Delete