

# Renewal Application

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

1

Navigate to <https://my.sdbmoe.gov> and locate the renewal button next to the license that is currently active but expiring soon. Click "**Renew**" to start your renewal application. The renew button will appear on the date your renewal period opens and will disappear after the window closes or until you complete the renewal

The screenshot displays a user profile for Mary Lou V Roberts. On the left, there is a sidebar with sections for 'Personal Information', 'Continue profile information', 'Continuing Education', 'Corporation information', and 'Corporation Application'. The main content area is titled 'My licenses' and contains a table with the following data:

My licenses	End Date	Status
Emergency Medical Responder	9/30/2024	Active

Below the table, there are sections for 'What's in-progress', 'My applications', and 'My renewals', all of which show 'No records to show'. At the bottom of the main content area, there is a blue button labeled 'START A NEW APPLICATION'. A green box highlights the 'Renew' button in the table.

2

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.

Name	Type
Mary Lou V Roberts	Current

**Address Information** [+ Add a New Address](#)

**Addresses:**

Mailing	Address	Type
Default	1354 wilson avenue Rapid City, SD 57702	Home

3

Click "**Edit**" if you need to revise an existing entry

Current

[+ Add a New Address](#)

Address	Type	Actions
1354 wilson avenue Rapid City, SD 57702	Home	<a href="#">Edit</a> <a href="#">Delete</a>

ade public on our website. No other address information is disclosed.

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.

Please correct the following information:

Home

Mailing flag

Name (Company Name if work address)

Attention

1354 wilson avenue

Address 2

USA

Rapid City

South Dakota (SD)

Bennett

57702

Save

Cancel

5

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.

Licensee Dashboard

US Citizen Yes

Date of Birth

Birth Country

Birth City

Birth State or Province

Select a Gender

Social Security Number

6

Enter your social security number (SSN). If you do not provide a SSN, you are required to enter an explanation. 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.

Select a Gender

Select a Gender

Social Security Number

Conversion

NPI Number

Your Social Security Number is required to facilitate reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Section 666 and applicable State U.S.C. Section 1101 and 45 C.F.R. pt.60) and for other investigative / enforcement purposes in compliance with State laws go

The National Provider Identifiers (NPI) Is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification  
<http://www.cms.hhs.gov/NationalProviderIdentifier/>.

Submit Personal Information

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.

The screenshot shows the SDBMOE Licensee dashboard. The top navigation bar includes the SDBMOE logo, a menu icon, and the user's name 'Hello, Mary Lou Roberts!' with a 'Log out' link. The left sidebar contains the user's name 'SDBMOE Licensee' and navigation links for 'Home' and 'Licensee Dashboard'. The main content area is titled 'Activity History' and features a progress indicator with four steps: 1. Personal Information, 2. Activity History (highlighted), 3. Practice Information, and 4. Continuing education units. Below the progress indicator, there is a text block providing instructions: 'List ALL activities (medical, non-medical and postgraduate training) in chronological order beginning with medical/professional working time, you MUST state on the form exactly what your activities were, such as "vacation" or "seeking employment." For locum tenens, you must list all facilities where you worked and include complete dates and addresses. If you are a student DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM. Be sure to indicate the percentage of working time spent in...'. Below this text is a table with columns for 'Activity Type', 'Activity/Employer Name', 'City', and 'State'. The table currently displays 'No records to display.'. At the bottom left of the table area, there is a blue button with a plus icon and the text 'Add a New Entry', which is highlighted with a green circle. At the bottom right, there is a blue button labeled 'Submit Activity History'.

8

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

The image shows a modal window titled "Add a new entry:" with a close button (X) in the top right corner. The form contains the following fields and controls:

- A dropdown menu labeled "Select an Activity" with a green circle highlighting the downward arrow.
- A question "Is this your current activity?" with a dropdown menu currently set to "No".
- Text input fields for "Activity/Employer Name", "Address", "City", "Postal Code", "Position", and "Department".
- A dropdown menu for "Select a State or Province".
- A dropdown menu for "USA" with a close button (X) and a downward arrow.
- A "Start Date" section with two dropdown menus: "Select Month" and "Select Year".

The background shows a blurred interface with a sidebar containing "2 Activity Histor..." and "HER RESUME FOR TH...". The main content area includes "Disclosure Questions", "school graduation to th...", "s your permanent add...", "fill in your program inf...", "administrative duties.", and "End D...".

9

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.

Activity History

1 Personal Information — 2 Activity History — 3 Practice Information — 4 Continuing education units —

List ALL activities (medical, non-medical and postgraduate training) in chronological order beginning with medical/profession working time, you MUST state on the form exactly what your activities were, such as "vacation" or "seeking employment." as w locum teens, you must list all facilities where you worked and include complete dates and addresses. If you are a student, ple

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

Activity Type	Activity/Employer Name	City	State
No records to display.			

+ Add a New Entry

Submit Activity History


10

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.

Responder


**What's in-progress**


My applications  
No records to show

My renewals  
Emergency Medical Responder   
50%

START A NEW APPLICATION

My supervisors  
No records to show

Important Notifications  
 View all notifications

Tuesday, July 2, 2024  
 EMR License - Renewal Reminder

11

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

Personal Information

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

Name Information [Change Legal Name](#)

Names:

Name	Type
Mary Lou V Roberts	Current

Address Information

12

Click "**YES**" if your NREMT certification is current. Click "**NO**" if it is not.

Continuing education units

1 Personal Information 2 Activity History 3 Practice Information 4 Continuing education units 5 Disclosure Questions

This application is for renewal of the Emergency Medical Responder license.

My National Registry of Emergency Medical Technicians (NREMT) certification is current.

Yes  No

[Submit CEU information](#)



13

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

The screenshot shows a web application interface with a dark blue header. On the left is a hamburger menu icon. On the right, it says "Hello, Mary Lou Roberts! Log out". Below the header is a white content area with the title "Continuing education units". At the top of this area are five numbered tabs: "1 Personal Information", "2 Activity History", "3 Practice Information", "4 Continuing education units", and "5 Disclosure Questions". The "4" tab is active. Below the tabs, the text reads: "This application is for renewal of the Emergency Medical Responder license." followed by "My National Registry of Emergency Medical Technicians (NREMT) certification is current." Below this are two radio button options: "Yes" (unselected) and "No" (selected). The next question is "I have completed 8 hours of advance life support studies during the preceding two years." with "Yes" (unselected) and "No" (selected) radio buttons. A blue button labeled "Submit CEU information" is at the bottom right. Green circles highlight the "No" radio button for the second question and the "Submit CEU information" button.

14

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

Please review all sections for accuracy

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

15

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

ed adverse action."	<input type="radio"/> Yes	<input checked="" type="radio"/> No
estigation or proceeding involving any entity?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
or proceeding involving any entity?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
h of the United States military or National Guard?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
n, residency or training program?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
or privileges with any entity regarding your ability to participate in any health	<input checked="" type="radio"/> Yes	<input type="radio"/> No
; investigation or proceeding other than minor traffic offenses?	<input type="radio"/> Yes	<input type="radio"/> No
g in any manner concerning sexual impropriety?	<input type="radio"/> Yes	<input type="radio"/> No
rted to NPDB (National Practitioners Data Bank)."	<input type="radio"/> Yes	<input type="radio"/> No
to adverse action in privileges at any hospital, clinic or health related entity.	<input type="radio"/> Yes	<input type="radio"/> No
behalf for any reason?	<input type="radio"/> Yes	<input type="radio"/> No

16

Once ALL disclosure questions and additional information has been answered and/or entered, Click "**Submit Disclosure Questions**" at the bottom of the page

- 9. Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety?  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?  Yes  No
- 13. Have you had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage?  Yes  No
- 14. Have you stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days?  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?  Yes  No
- 17. Are you currently using illegal drugs or prescription-controlled medications in an illegal manner?  Yes  No

**Submit Disclosure Questions**

17

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

Hello, Mary Lou Roberts! Log out

Signature and final agreement

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

Application Id - 262 ←

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

License Application - EMR - Emergency Medical Responder

PERSONAL INFORMATION

Name	Type
Mary Lou V Roberts	Current

Mailing	Address	Type
Default	1354 wilson avenue Rapid City, SD 57702	Home

Phone Number	Type
605-342-8647	Home

18

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

✎ PRACTICE INFORMATION

You have not completed your CEUs.

✎ DISCLOSURE QUESTIONS

1. Is this a true statement for your licensure? "My licensure has not experienced adverse action." **Yes**
2. Is this a true statement for you? "I have not experienced adverse action." **Yes**
3. Has your licensure been subject to any complaint, investigation or proceeding involving any entity? **No**
4. Have you been subject to any complaint, investigation or proceeding involving any entity? **No**
5. Have you been dishonorably discharged from a branch of the United States military or National Guard? **No**
6. Have you had any adverse action during any education, residency or training program? **No**
7. Have you had adverse action with your membership or privileges with any entity regarding your ability to participate in any health related program? **No**
8. Have you been subject to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses? **No**
9. Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety? **No**
10. Is this a true statement for you? "I have not been reported to NPDB (National Practitioners Data Bank)." **Yes**
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**
12. Have you had any claims paid by you or paid on your behalf for any reason? **No**
13. Have you had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage? **No**
14. Have you stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days? **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? **No**
16. Does your use of alcohol or drugs affect your ability to provide appropriate care to patients? **No**
17. Are you currently using illegal drugs or prescription-controlled medications in an illegal manner? **No**

All the information is correct

19

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 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, consent and release to SDBMOE such information, evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licensure.

**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

20

**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.

Hello, Mary Lou Roberts! [Log out](#)



Mary Lou V Roberts  
Licensee  
1354 wilson avenue  
Rapid City, SD 57702  
605-342-8647  
marylouroberts@lakenology-test.com

[View/update profile information](#)

My licenses	End Date	Status
 Emergency Medical Responder	4/30/2026	Active

What's in-progress

My applications  
No records to show

My renewals  
No records to show

[CREATE A NEW APPLICATION](#)