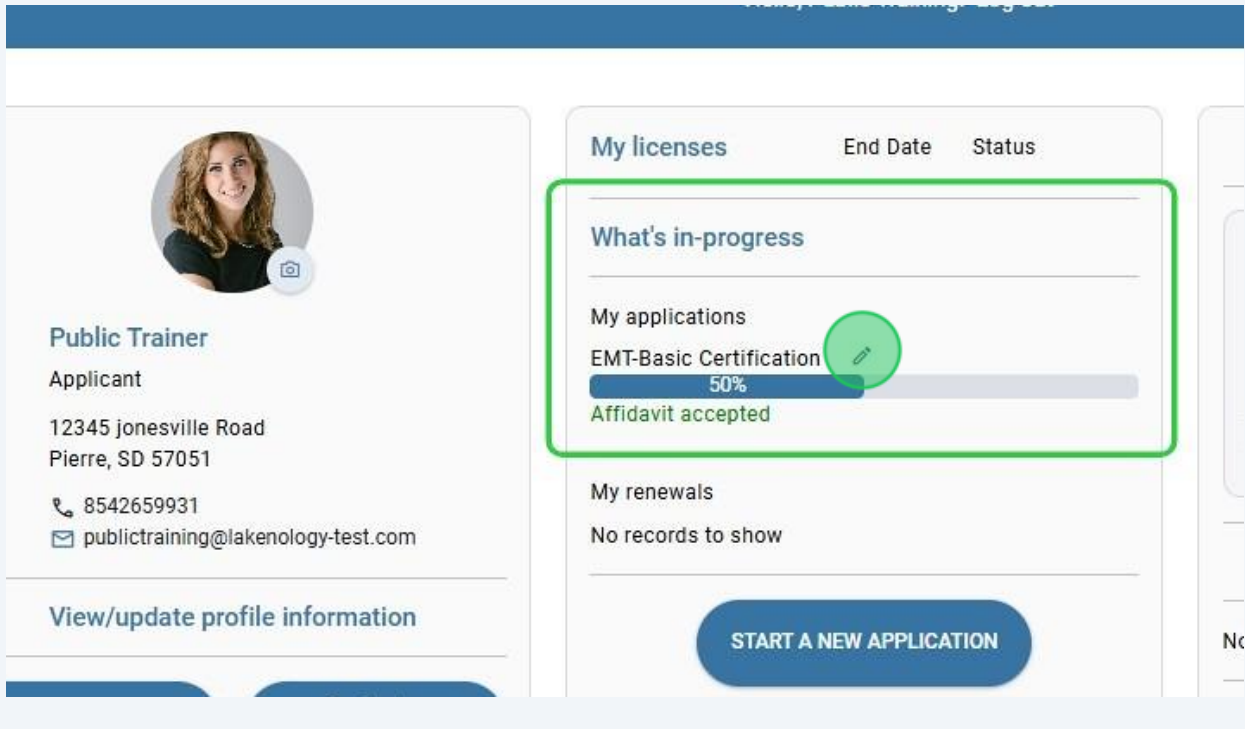


Application for Licensure: Part 2

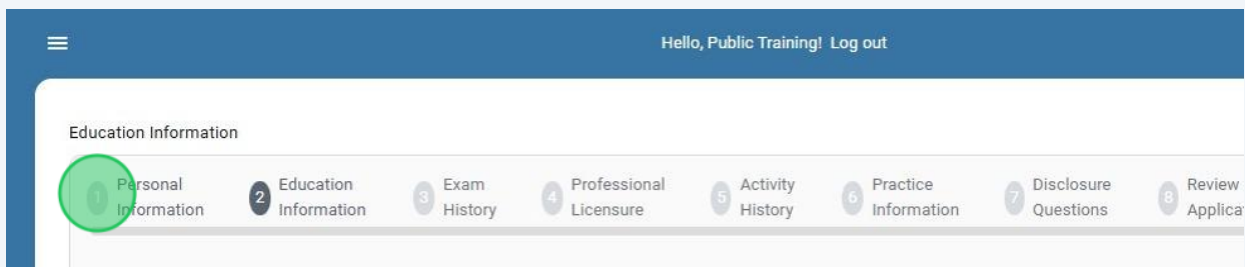
1

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 **Part 2** of the application process. If your **Affidavit** is still under review and pending approval, the **pencil icon** will not appear.



2

In **Part 2** of the application, there are seven Tabs to complete before you review and submit your application. "**TAB 1 Personal Information**" is displayed. You can complete these tabs in any order by simply clicking any number or title of the Tab.



3

Begin with the Name Information section. Click "**Add a New Entry**" to add your current name. From the **name type** dropdown list, Click on "**Current**". Enter all required fields. Click "**Save**"

(Note: If you have already updated your personal information prior to starting this application, Use the **Edit button** to revise, remove or add additional names.)

The screenshot shows a web interface for managing personal information. The main section is titled "Name Information" and contains a button labeled "Add a New Entry" with a plus icon, which is circled in green. Below this, there are sections for "Names:", "Address Information", and "Addresses:". The "Names:" section shows a table with one row for "Name" and the text "No records to display." A modal window is open over the "Names:" section, titled "All other names used:". It contains a dropdown menu with "Current" selected, which is circled in green. Below the dropdown are input fields for "First Name", "Middle Name", "Last Name", "Name Prefix (Dr., Mr., Mrs., Ms.)", and "Generation Suffix (Jr. Sr. III)". At the bottom of the modal is a blue "Save" button, which is also circled in green. The background shows the "Address Information" section with a "Mailing" address and "No records to display." and a disclaimer: "Only business addresses are made public on our website. No other address information is disclosed."

4

Scroll down and continue 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. | | |

5

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

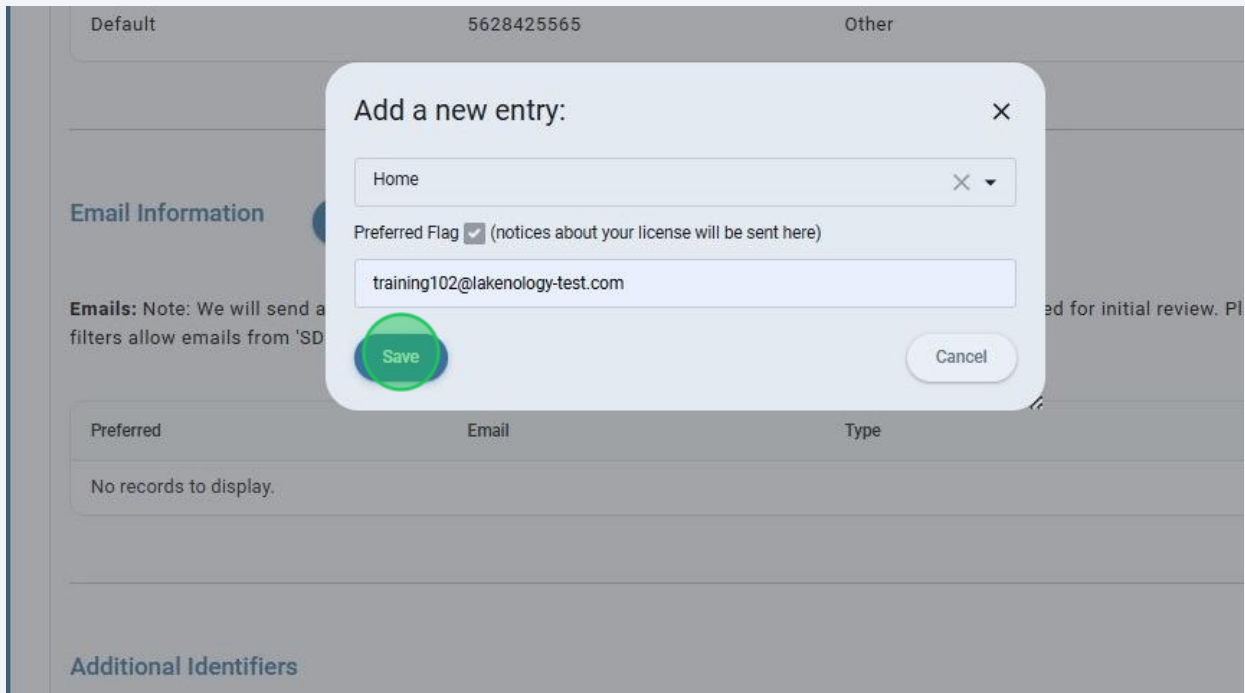
Select a County (if in South Dakota)

Postal Code

[Save](#) [Cancel](#)

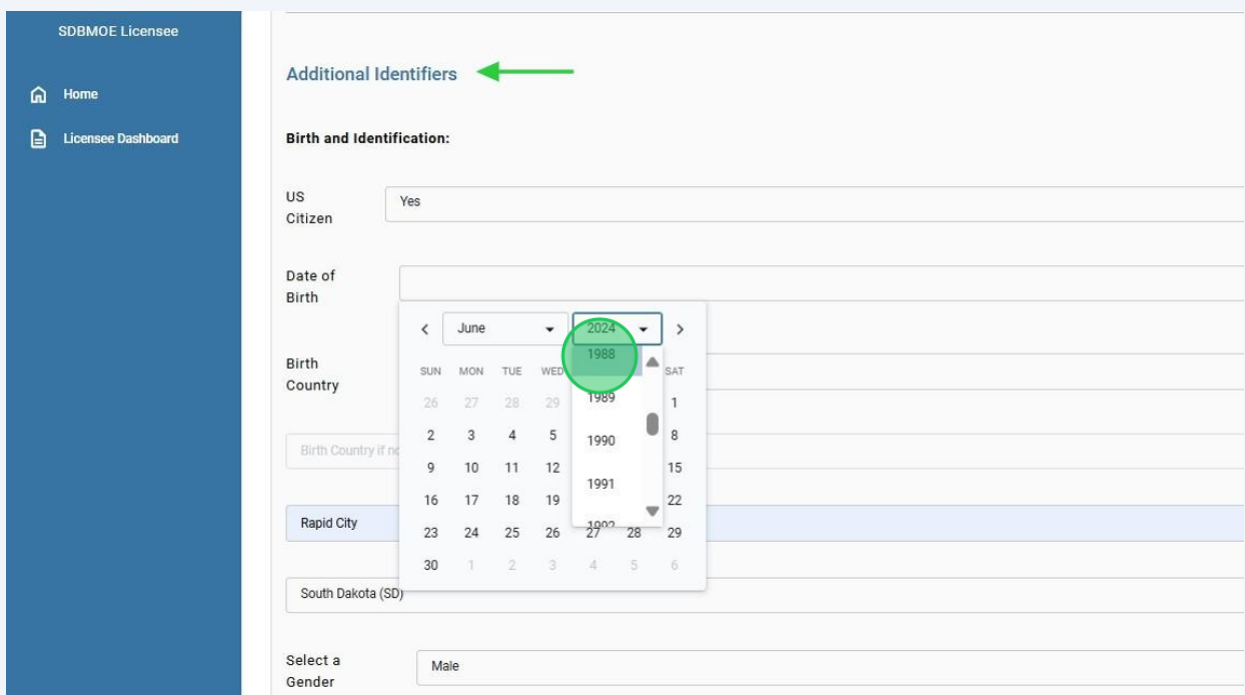
6

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 and Click "**Save**"



7


Continue entering "**Additional Identifiers**" in the personal information tab of the application. Use the "**Calendar Icon (Date Picker)**" to select your date of birth or type it in directly. Enter ALL other required fields.



8

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**" at the bottom of the page. You will automatically advance to the next tab of the application.


Gender

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

NPI Number

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/>.



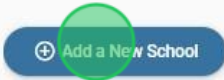
9


You are now on **Tab 2 Education Information**. Click "**Add a New School**" to start entering all medically related academic programs you have attended.

1 Personal Information 2 **Education Information** 3 Exam History 4 Professional Licensure 5 Activity History 6 Practice Information 7 Disclos Questic

List all medically related academic programs you have attended, even those from which you did not graduate, in chronological

| Include | School Name | City | State | Start Date | End Date |
|------------------------|-------------|------|-------|------------|----------|
| No records to display. | | | | | |





10 Enter all required fields. Click "**Save**". Repeat this for each school added.

The screenshot displays a web application interface. In the background, there is a section titled "Education Information" with a sub-section "Personal Information" and "Education Information". Below this, there is a table with columns "Include" and "School Name". The table is currently empty, showing "No records to display." Below the table is a blue button labeled "Add a New School".

In the foreground, a modal window titled "Add a new entry:" is open. It contains the following fields:

- School Name (text input)
- City (text input)
- Select a State or Province (dropdown menu)
- USA (dropdown menu)
- Date Start (dropdown menu)
- Select Month (dropdown menu)
- Select Year (dropdown menu)
- Date End (dropdown menu)
- Select Month (dropdown menu)
- Select Year (dropdown menu)
- Degree or Specialty (text input)
- Graduation Status (dropdown menu)
- Anticipated Graduation Date (dropdown menu)
- Select Month (dropdown menu)
- Select Year (dropdown menu)

At the bottom of the modal, there are two buttons: a green "Save" button and a white "Cancel" button.

11

Click "**Submit Education Information**" when you have successfully added all of your medically related academic programs.

| | City | State | Start Date | End Date |
|----------|-----------|-------|------------|----------|
| Maryland | Baltimore | MD | 01/2018 | 04/2022 |

Submit Education Information

12

You are now on **Tab 3: Exam History**. Click "**Add a New Entry**"

Home
Licensee Dashboard

1 Personal Information 2 Education Information 3 Exam History 4 Professional Licensure 5

You are responsible for having your National Board examination scores sent dire

| Exam | State | Pass/Fail |
|------|-------|-----------|
|------|-------|-----------|

No records to display.

+ Add a New Entry

Submit

13

Use the **drop down arrow** to Choose an Exam. Enter all required fields. Click **Save**.

Exam

No records to display.

+ Add a New Entry

Add a new entry: ×

List each professional examination, U.S. or international, you have taken for this profession.

Choose an Exam ▼

NREMT

Exam Date 📅

Pass/Fail ▼

Save Cancel

14

Click "**Submit Exam History**" to advance to the next Tab of the application. Continue to complete Tabs 4, 5 and 6 of the application by entering all required fields and clicking **Submit** at the bottom of each page.

Education Information 3 Exam History 4 Professional Licensure 5 Activity History 6 Practice Information 7 Disclosure Questions 8 Review Applications

having your National Board examination scores sent directly to this Board.

| State | Pass/Fail | Date |
|-------|-----------|--------------|
| SD | N/A | Aug 16, 2024 |

Submit Exam History

15

When you get to **Tab 7: Disclosure Questions**, it is important that you read and understand the definitions before answering the questions. Scroll down to begin answering the disclosure questions.

Disclosure Questions

1 Personal Information 2 Education Information 3 Exam History 4 Professional Licensure 5 Activity History 6 Practice Information 7 Disclosure Questions 8 Review my Application 9

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, 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 settlement.

C. **Complaint** shall refer to any communications which express concerns, warnings, or dissatisfaction about personal or professional conduct and rising to the level where 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 not 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.

16

Click the appropriate circle to 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 |

17

When ALL questions have been fully answered, Click "**Submit Disclosure Questions**" at the bottom of the page

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

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

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

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

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

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

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

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

[Submit Disclosure Questions](#)

18

After completing and submitting the disclosure questions, **Tab 8: Review My Application** will display all of the information you have entered for this application. It is highly recommended that you Click "**Print this page**" to save a copy of the application for your records. Please note the Application ID for future reference as it will not display anywhere on your dashboard.

Hello, Public Training! Log out

Review my Application

1 Personal Information 2 Education Information 3 Exam History 4 Professional Licensure 5 Activity History 6 Practice Information 7 Disclosure Questions 8 Review my Application 9 Final Agree

Application Id - 294

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

[Print this page](#)

License Application - EMT - EMT-Basic Certification

PERSONAL INFORMATION

| Name | Type |
|----------------|---------|
| Public Trainer | Current |

| Mailing | Address | Type |
|---------|---|------|
| Default | 12345 jonesville Road Pierre, SD 57051 | Home |

| Phone Number | Type |
|--------------|------|
| | .. |

19

You can go back and edit previous information that was entered from within the Application Review Tab. **Click** on any **Section Header** and it will take you to that specific tab to make revisions. Click **Tab 8: Review My Application** to return to the review page after making your revisions.

The screenshot displays the SDBMOE Licensee application review interface. On the left is a blue sidebar with the SDBMOE logo and navigation links for 'Home' and 'Licensee Dashboard'. The main content area shows the application ID (294) and a note to print and save records. The license application is for 'EMT - EMT-Basic Certification'. A section header 'PERSONAL INFORMATION' is highlighted in green, with a green arrow pointing to it and the text 'Section Header' next to it. Below this are input fields for 'Name' and 'Public Trainer'. A table shows mailing information for a 'Default' address: '12345 jonesville Road, Pierre, SD 57051'.

| Mailing | Address |
|---------|---|
| Default | 12345 jonesville Road Pierre, SD 57051 |

20

Scroll down and review ALL information on the page before attesting to the accuracy of what you are submitting. If any required tabs were not completed, you will receive a message to complete those parts in order to submit the application. When you are ready to confirm that all information is accurate, **Click "All the Information is correct"** at the bottom of the page

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

adverse action with your membership or privileges with any entity regarding your ability to participate in any health related program or proceeding other than minor traffic offenses? **No**

complaint, investigation or proceeding in any manner concerning sexual impropriety? **No**

adverse action against you? "I have not been reported to NPDB (National Practitioners Data Bank)." **Yes**

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

unpaid claims paid by you or paid on your behalf for any reason? **No**

liability insurance company, including malpractice carriers, change, deny or cancel your coverage? **No**

working or practicing for any period of time greater than or equal to 30 consecutive calendar days? **No**

suffering from any condition for which you are not being treated that impairs your ability to practice your profession in a competent manner? **No**

alcohol or drugs affect your ability to provide appropriate care to patients? **No**

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

All the information is correct

21

You are now on **Tab 9: Final Agreement** of the application. Please read the terms and conditions of this application. To ensure you have carefully read and agree to the terms of the application, you are required to **Check the box** and attest that you have done so.

This application for licensure, which includes all the information I have provided in this application for licensure, that I and I have answered all of them completely and truthfully. I understand and agree that my submission of this application and actions subsequent to licensure, and I fully understand that the SDBMOE may consider all such actions unprofessional or harassing behavior on my part, or on the part of any agent of the SDBMOE, and I will understand and agree that cessation of processing of this application and disqualification for licensure in South Dakota shall be the sole determination of the SDBMOE, and I will understand and agree that cessation of processing of this application by the use of force, threat, or harassment shall not require the SDBMOE, to offer me a hearing or any other due process right, or to a hearing.

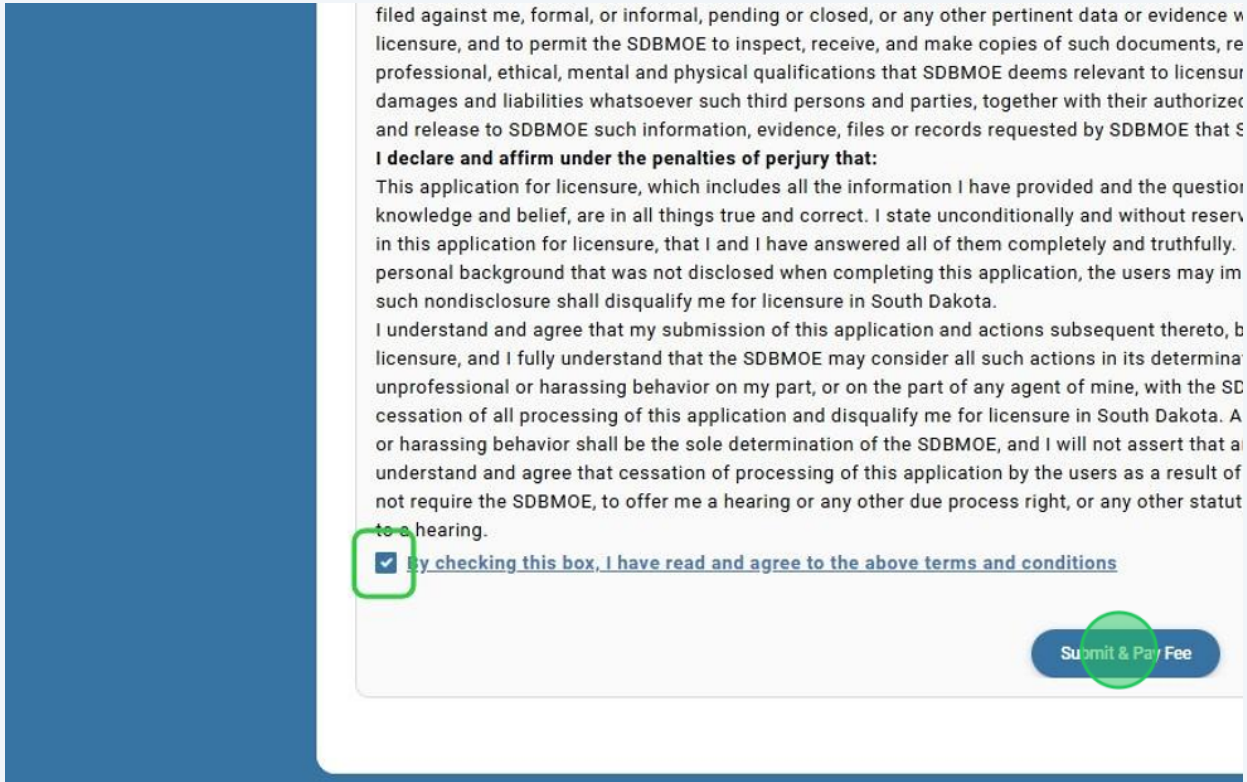
I understand and agree that my submission of this application and actions subsequent to licensure, and I fully understand that the SDBMOE may consider all such actions unprofessional or harassing behavior on my part, or on the part of any agent of the SDBMOE, and I will understand and agree that cessation of processing of this application and disqualification for licensure in South Dakota shall be the sole determination of the SDBMOE, and I will understand and agree that cessation of processing of this application by the use of force, threat, or harassment shall not require the SDBMOE, to offer me a hearing or any other due process right, or to a hearing.

By checking this box, I have read and agree to the above terms and conditions of this application.

Submit

22

After marking the checkbox, Click "Submit and Pay Fee". If there are fees associated with your application, you will be prompted to enter payment details using an on-line secure payment portal.



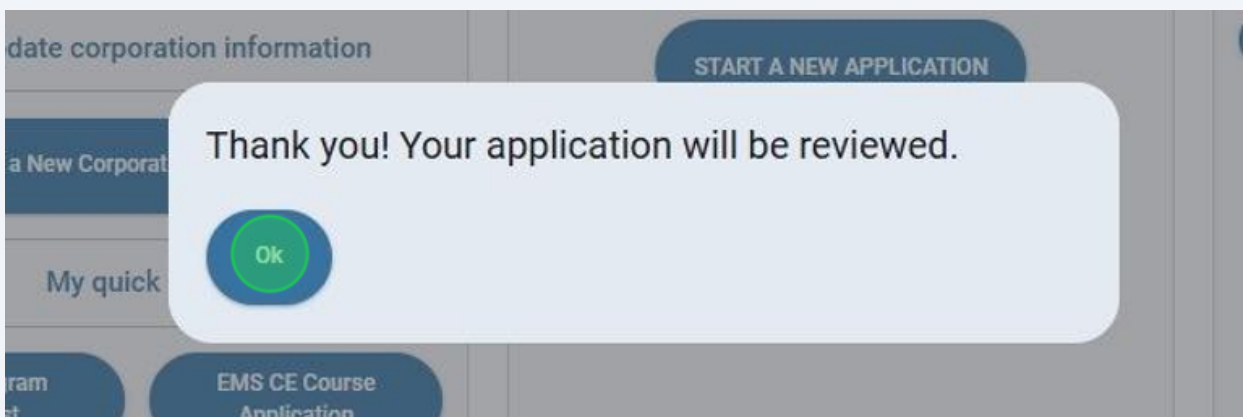
filed against me, formal, or informal, pending or closed, or any other pertinent data or evidence w
licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, re
professional, ethical, mental and physical qualifications that SDBMOE deems relevant to licensur
damages and liabilities whatsoever such third persons and parties, together with their authorize
and release to SDBMOE such information, evidence, files or records requested by SDBMOE that S
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 S
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

23

Congratulations! Part 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. Click "**OK**" to close the message.



date corporation information

START A NEW APPLICATION

Thank you! Your application will be reviewed.

Ok

My quick

EMS CE Course Application

24

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

The screenshot displays a dashboard with two main columns. The left column is titled "What's in-progress" and contains a section for "My applications" with a progress bar for "EMT-Basic Certification" at 75% and a red status message "Application pending review". Below this is a "My renewals" section with "No records to show" and a large blue button labeled "START A NEW APPLICATION". The right column features a profile card for "Calvin Agent" with a refresh icon. Below the profile is a "My supervisors" section with "No records to show". The "Important Notifications" section includes a blue button with a bell icon and the text "View all notifications", which is highlighted with a green circle. Below the notifications are two entries: "Thursday, August 8, 2024" with a bell icon and the text "Affidavit is accepted", and another entry for the same date with a bell icon and the text "Fast track is sent back".

25

When your application has been approved, the progress status changes from pending review to "**Checklist**". All important updates can be viewed directly from your dashboard. Locate the **Important Notifications** section of your dashboard. Click on the message "**Application status is approved**" to view the specific details.

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

The screenshot displays a user dashboard with three main columns. The left column contains user profile information for a 'Public Trainer' and navigation buttons for 'Personal Info' and 'Continuing Education'. The middle column, titled 'My licenses', shows 'What's in-progress' with a progress bar for 'EMT-Basic Certification' at 75% and a 'Checklist' link. Below this is a 'START A NEW APPLICATION' button. The right column, titled 'My authorized agent', shows 'Calvin Agent' with contact information. Below that is 'My supervisors' with an 'Add Supervisor' button. The bottom section is 'Important Notifications', featuring a 'View all notifications' button and a list of notifications. The most recent notification, dated Sunday, August 11, 2024, is 'Application status is Approved', which is highlighted with a green arrow.

| My licenses | End Date | Status |
|---------------------------|----------|--------|
| What's in-progress | | |
| My applications | | |
| EMT-Basic Certification | | 75% |
| Checklist | | |
| My renewals | | |
| No records to show | | |

START A NEW APPLICATION

My authorized agent

Calvin Agent
calvinagent@lakenology-test.com

My supervisors

Add Supervisor

Important Notifications

View all notifications

Sunday, August 11, 2024
Application status is Approved

Thursday, August 8, 2024
Affidavit is accepted