Application for Medical Licensure: Part 1

1

Login to your account and your dashboard will display. Click "**Start a New Application**"

| Training Guide Licensee | My licenses End Date Status Image: Ambulance Driver 4/30/2026 Active |
|---|--|
| 5200 Matlock Avenue Pierre, SD 57203 | What's in-progress |
| training102@lakenology-test.com | My applications |
| View/update profile information | No recorda to show |
| Personal Info Continuing Education | My renewals No records to show |
| Start a New Corporation Application | |
| My quick links | |
| EMS Program Request EMS CE Course Application | |
| Third Party Payment | |
| | |

2 Click the **drop-down arrow** to expand and view the list of available professions for licensure. If needed, drag the **scroll bar** to move through the list. Click the **License Type** you want to apply for.

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| SDBMOE Licensee | |
| n Home | Start a new application - choose a profession |
| Licensee Dashboard | LNT-Licensed Nutritionist/Dietician - Temporary |
| | MDLT-60 Day Locum Tenens Certificate ML-MD / DO - Physician Surgeon |
| | OTA Occupational Therapist |
| | Scroll Bar |
| | |
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3 Read the overview of the 3-Part Application process to familiarize yourself with the new online licensure system. The link at the top of the page will open the public website (in a new window) if you want to explore more details about this profession. Click "**Next Step**" at the bottom of the page to begin **Part 1** of the application process.

| ML-MD / DO - Physician Surgeon 🗙 👻 | Click here for additional licensure information and specific details pertaining to this profession. |
|------------------------------------|--|
| | Part 1 - Pre-Licensure |
| | Complete the online FastTrack questionnaire. This is just a few short questions to assist the Board with determining your Complete and upload a notarized "Affidavit and Release Authorization for Information" form. Specific instructions and an download the document. |
| | Part 2 – Application for Licensure |
| | Complete all sections on the application. There are seven required sections that must be completed online and you may st. Attestation for information accuracy Once all sections are completed, you are required to review all details and attest to th corrections and print for your own records. |
| | Pay your application fee online and submit for review. All payments will be submitted and processed online. If your application payment is handled in a timely manner to expedite licensure. |
| | Part 3 – Required Checklist Documents |
| | Download and complete all required documents on your licensure checklist. A unique checklist is generated for each appl <u>Administrative Rule 20:78:03:03</u> outlines the details regarding incomplete applications. Please complete your information i Print your new license certificate and wallet-size card. Once all checklist requirements have been met and approved by the <u>Licensee portal</u> in the My Licensure section of the dashboard. |
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| | next Ste) → |
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Click the **YES** or **NO** bubble to answer each of the required questions on the FastTrack Questionnaire. (*Note: If you answer YES to question 1 or 2, you will be prompted to upload a copy of your US PCS Military orders from your computer.*)

| Fast-track questionnaire | | | |
|-------------------------------------|--|--|--|
| Please answer, review and | d update all information on this page before mo | oving on to the next step | |
| Full Legal name: | Training Guide | Professional License Selected: | ML - MD / DO - Physician Surgeon |
| Personal Email: | training102@lakenology-test.com | | |
| Phone number: | 5628425565 | | |
| USPS mailing address: | 5200 Matlock Avenue Pierre, SD 57203 | | |
| 1. Do you have US PCS or Ver No | ders for a military transfer to South Dakota and | an active license in another state? | |
| 2 Me you the dependent Yes No | spouse of a US active-duty individual who has U | US PCS orders for a military transfer to South Dakota and have an activ | ve state license in the profession that you are applying for in SD? |
| 3. Are you or have you be Yes No | en subject to drug and/or alcohol monitoring (d | lisciplinary or non-disciplinary) in this state or any other state? | |
| 4. Did you complete medi | cal school outside of the United States or Cana | ida? | |
| 🔿 Yes 🔿 No | | | |
| 5. For a Medical License: | Successful completion of an ACGME, AOA, or R | RCPSC Residency (not a fellowship) Training program is one of the three | shold requirements. Please respond: I meet this threshold requirement |
| 🔿 Yes 🔿 No | | | |
| 6. For a medical license: Yes No | Successful completion of the licensing exam (e. | .g. USMLE) in no more than 7 years and 3 attempts start to finish is a t | threshold requirement. Please respond: I meet this threshold requirement |
| | | Submit | |

Question 5 is specific to Medical license applications. In order to meet the threshold requirements for this license type, a **YES** answer to this question is required. You will then be prompted to enter the details of your completed residency training program. Use the form to enter the details and Click **Submit**.

| | Please enter your ACGME, AOA, or RCPSC | | |
|---------------|--|---|----------------|
| uth Dakota ar | Residency Training program information: | × | |
| | Program Name: | | |
| idual who ha: | Residency Program Example | | license in the |
| l monitoring | Program mailing address: | | |
| | 123 medical license way, Sioux Falls, SD | | |
| States or Car | Residency type/specialty: | | |
| | Cardiology | • | |
| GME, AOA, or | Start month, day, and year: | | equirements, I |
| ensing exam | 08/01/2022 | ٥ | d requiremen |
| | Graduation month, day, and year: | | |
| certified: | 08/01/2024 | Ħ | |
| | Submit | | |
| | | | 8 |

6 If you select Yes for question 6, an additional question will appear.

| Phone number: | 5628425565 |
|---------------------------------------|--|
| USPS mailing address: | 5200 Matlock Avenue Pierre, SD 57203 |
| 1. Do you have US PCS ord | ders for a military transfer to South Dakota and an active license in another state? |
| 2. Are you the dependent of Yes No | spouse of a US active-duty individual who has US PCS orders for a military transfer to South Dakota and have an active state lic |
| 3. Are you or have you bee Ves No | en subject to drug and/or alcohol monitoring (disciplinary or non-disciplinary) in this state or any other state? |
| 4. Did you complete media | cal school outside of the United States or Canada? |
| 5. For a Medical License: Yes No | Successful completion of an ACGME, AOA, or RCPSC Residency (not a fellowship) Training program is one of the threshold requ |
| 6. For a medical license: S | Successful completion of the licensing exam (e.g. USMLE) in no more than 7 years and 3 attempts start to finish is a threshold |
| 7. Are you American Board | d of Medical Specialties (ABMS) certified: |
| | Submit |

7 If you answer **YES** to question 7, you will then be prompted to enter the details of your ABMS Board Information. Use the form to enter the details and Click **Submit**.

| ease enter your ABMS Board Information below: × | |
|--|---|
| me of ABMS certifying board: | |
| ABMS Certifying Board Name | |
| MS Specialty: | |
| Cardiology 👻 | |
| etime Certification? | |
| Yes 🔿 No | 0 |
| Subm t | |
| | x me of ABMS certifying board: ABMS Certifying Board Name MS Specialty: Cardiology fine Certification? Yes O No Submit |

Click **Submit** on the Fast Track Questionnaire form when all questions are answered.

| Fast-track questionnaire | | | |
|-----------------------------|---|---|---|
| Please answer, review and | d update all information on this page before m | loving on to the next step | |
| Full Legal name: | Training Guide | Professional License Selected: | ML - MD / DO - Physician Surgeon |
| Personal Email: | training102@lakenology-test.com | | |
| Phone number: | 5628425565 | | |
| USPS mailing address: | 5200 Matlock Avenue Pierre, SD 57203 | | |
| 1. Do you have US PCS or | ders for a military transfer to South Dakota an | d an active license in another state? | |
| 🔿 Yes 💿 No | | | |
| 2. Are you the dependent | spouse of a US active-duty individual who has | US PCS orders for a military transfer to South Dakota and have an active | e state license in the profession that you are applying for in SD? |
| 🔿 Yes 💿 No | | | |
| 3. Are you or have you bee | en subject to drug and/or alcohol monitoring (| disciplinary or non-disciplinary) in this state or any other state? | |
| 🔿 Yes 💿 No | | | |
| 4. Did you complete medie | cal school outside of the United States or Can | ada? | |
| 🔿 Yes 💿 No | | | |
| 5. For a Medical License: | Successful completion of an ACGME, AOA, or | RCPSC Residency (not a fellowship) Training program is one of the three | hold requirements. Please respond: I meet this threshold requirement |
| Yes No | | | |
| 6. For a medical license: S | Successful completion of the licensing exam (| e.g. USMLE) in no more than 7 years and 3 attempts start to finish is a t | nreshold requirement. Please respond: I meet this threshold requirement |
| Yes No | | | |
| 7. Are you American Board | d of Medical Specialties (ABMS) certified: | | |
| Yes No | | Galerait | |
| | | | |
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9

The "**What's in Progress**" section of your dashboard will always display the status and percentage complete for your application throughout the entire application process. When status is "**pending review**", the applicant cannot continue until it has been reviewed and approved by the SDBMOE analyst.

| Training Guide Licensee | My licenses End Date Status Ambulance Driver 4/30/2026 Active |
|-------------------------------------|--|
| Pierre, SD 57203 | What's in-progress |
| View/update profile information | My applications MD / DO - Physician Surgeon 25% Fast Track pending review |
| Personal Info Continuing Education | My renewals No records to show |
| View/update corporation information | START & NEW APPLICATION |
| Start a New Corporation Application | |
| My quick links | |

The **Affidavit and authorization for release of information** page is automatically displayed when the FastTrack does not require review. Click "**Download Affidavit Form**". Open the document and **print a paper copy** of the affidavit form. Complete this according to instructions. (You must sign, notarize and attach a photo before continuing). Click "**Go back to licensee dashboard**".

Note: You can continue on with **Step 11** once your completed affidavit is ready to upload.

| SDBMOE Licensee | |
|--------------------|---|
| | Affidavit and authorization for release of information |
| 🛱 Home | |
| Licensee Dashboard | This Affidavit is important! (use a computer not a phone or tablet for the fillable part). A correct affidavit is essential to obtaining verifications for your application file. Sign in front of photograph must be in the proper place. The Affidavit must be properly submitted and accepted of the power load Affidivit Form (1) Upload Identity Document) Down and Affidivit Form (1) Upload Identity Document) Upload My Completed Form (1) Upload Identity Document) Dease Note: The form may be rejected for the follow reasons but not limited to: The form is not signed and dated where indicated. You did not put a passport-quality color photograph in the proper place. The date the applicant signed the Affidavit form does not match the date the notary signed. The notary's commission date has expired. Poor quality scan or illegibility Incorrect version of the form or other discrepancy |

11 Login and navigate to your **licensee dashboard**. Click the **pencil icon** next to the License type in the "**What's in progress**" section to return to your Affidavit and authorization for release of information page

| | My licenses | End Date | Status | |
|----------|--|------------------------|--------|--|
| | Ambulance Driver | 4/30/2026 | Active | |
| | What's in-progress | | | |
| m | My applications MD / DO - Physician Surgeon | , | | |
| | Affidavit | | | |
| lucation | My renewals No records to show | | | |
| | - s | TART A NEW APPLICATION | | |

12 Once you have completed the Affidavit, you must scan it and save it to a computer. Click "**Upload My Completed Form**" and choose the document you saved to your computer.



You must upload an identity document to complete this step. **Scan a color copy** of your driver's license or passport showing photo and identification details to a computer. Click "**Upload Identity Document**" and choose the document you just saved.

| randant and addion200 | on for release of information | | |
|---------------------------|---|------------------------------------|---|
| This Affidavit is impor | ant! (use a computer not a phone or tab | et for the fillable part). | |
| A correct affidavit is es | sential to obtaining verifications for your | application file. Sign in front of | f a US notary, you are stating under oath th <mark>a</mark> t you a |
| photograph must be in | the proper place. The Affidavit must be p | roperly submitted and accepted | d prior to online application access. |
| (| | | |
| * Download Affidavit Form | L Upload My Completed Form | 2. Up pad Identity Document | |
| | Uploaded: SDBMOE.Affidavit.pdf 🗙 | | |
| Please Note: | | | |
| The form may be reject | ed for the follow reasons but not limited | to: | |
| 1. The form is not sig | ned and dated where indicated. | 17.14 | |
| 2. You did not put a p | assport-quality color photograph in the p | oper place. | |
| 3. The date the applic | ant signed the Affidavit form does not m | atch the date the notary signed | |
| 4. The notary's comm | ission date has expired. | | |
| 5. Poor quality scan of | or illegibility | | |
| | | | |

14 The file name will display under each button showing the documents that were uploaded. To **remove a document**, simply click on the "**X**" and upload a new document. When finished, Click "**Submit**" at the bottom of the page

| ۲ | E Hello, Training Modulet Log out |
|--------------------|---|
| SDBMOE Licensee | |
| 🙃 Home | Affidavit and authorization for release of information |
| Licensee Dashboard | This Affidavit is important! (use a computer not a phone or tablet for the fillable part). A correct affidavit is essential to obtaining verifications for your application file. Sign in front of a US notary, you are stating under oath that you are being photograph must be in the proper place. The Affidavit must be properly submitted and accepted prior to online application access. |
| | * Download Affidavit Form & Upload My Completed Form & Upload Identity Document |
| | Uploaded: SDBMOE.Affidavit.pdf × Uploaded: SDBMOE.Identity-doc.pdf × |
| | Please Note: |
| | The form may be rejected for the follow reasons but not limited to: |
| | 1. The form is not signed and dated where indicated. |
| | to u do not put a passport-quality color photograph in the proper place. The date the anniciant signed the Affidiavit form does not match the date the notary signed. |
| | 4. The notary's commission date has expired. |
| | 5. Poor quality scan or illegibility |
| | 6. Incorrect version of the form or other discrepancy |
| | Submit Go back to licensee dashboard |
| | |
| | |

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15 A message will appear "**Thank You! Your affidavit will be reviewed.**" Your Affidavit has been successfully submitted to the SDBMOE Analyst. Click "**Ok**" to return to your dashboard.

Thank you! Your affidavit will be reviewed.