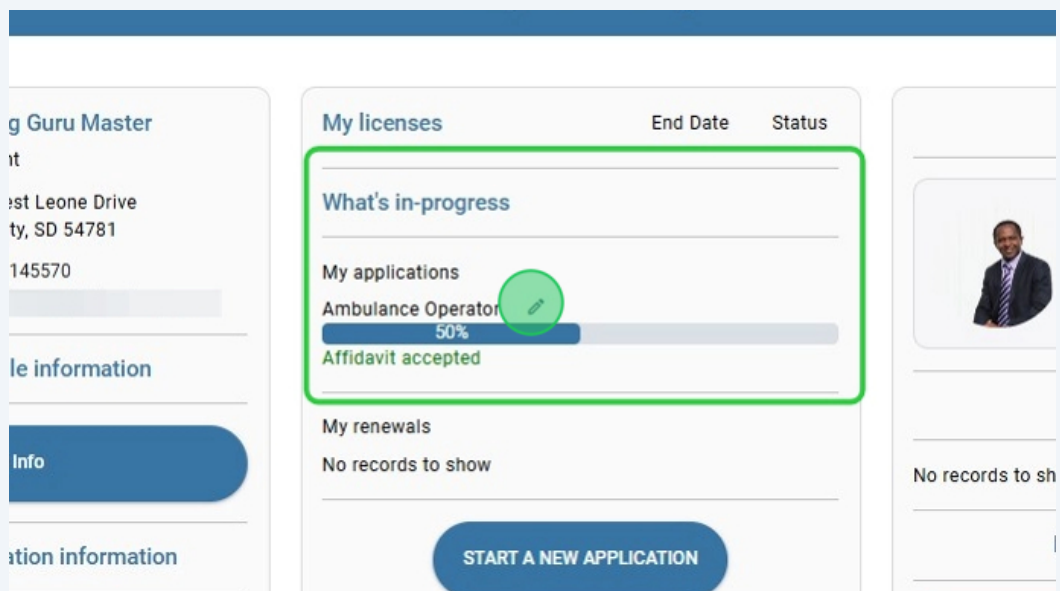


Application for Ambulance Operator Certification : Part 2

This How-To-Guide is intended for Ambulance Operator applicants that have completed Part 1 of the application process and have an approved Affidavit on file with BMOE.

1

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.



2

In **Part 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.

The screenshot shows the 'Personal Information' tab selected in a three-tab interface. The tabs are 'Personal Information', 'Competencies', and 'Disclosure Questions'. The 'Personal Information' tab is active and contains a 'Name Information' section with an 'Add a New Entry' button. Below this is a table with columns 'Name' and 'Type', which currently displays 'No records to display.'.

Name	Type
No records to display.	

3

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

The screenshot shows the 'Name Information' section with the 'Add a New Entry' button. A dropdown menu is open, displaying 'All other names used:' with a list of name types: 'Current', 'Alias', 'Former', and 'Maiden'. The 'Current' option is highlighted. Below the list is a field for 'Generation Suffix (Jr. Sr. III)'.

Name
No records to display.

All other names used:

- Select a Name Type
- Current
- Alias
- Former
- Maiden

Generation Suffix (Jr. Sr. III)

4 Enter all required fields. Click **"Save"**

Name Information ⊕ Add a New Entry

Names:

Name

No records to display.

Address Information

Addresses:

Mailing

No records to display.

All other names used:

Current

First Name

Middle Name

Last Name

Name Prefix (Dr., Mr., Mrs., Ms.)

Generation Suffix (Jr. Sr. III)

Save

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

The screenshot shows a web interface for managing addresses. On the left is a blue sidebar. The main content area has a table with two columns: 'Name' and 'Type'. The first row contains 'Training Guide' and 'Current'. Below the table is a section titled 'Address Information' with a blue button labeled '+ Add a New Address'. Underneath is a heading 'Addresses:' followed by another table with columns 'Mailing', 'Address', and 'Type'. This second table contains the text '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**"

The screenshot shows a modal form for adding a new address. It features a dropdown menu for 'Select One Address Type' with options 'Home', 'Business', and 'Other'. Below this are input fields for 'Address 1', 'Address 2', 'USA' (with a country selector icon), 'City', 'Select a State or Province', 'Select a County (if in South Dakota)', and 'Postal Code'. At the bottom are 'Save' and 'Cancel' buttons. A small disclaimer at the very bottom reads: 'If Made public on our website, no other address information is disclosed.'

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**"

Default 5628425565 Other

Add a new entry:

Home

Preferred Flag ☒ (notices about your license will be sent here)

training123456789@t.com

Save Cancel

Email Information

Emails: Note: We will send a... filters allow emails from 'SD...'

Preferred	Email	Type
No records to display.		

Additional Identifiers

8

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 enter it yourself. Enter ALL other required fields.

SDBMOE Licensee

Home Licensee Dashboard

Additional Identifiers

Birth and Identification:

US Citizen Yes

Date of Birth

Birth Country Rapid City

Birth Country if not... South Dakota (SD)

Select a Gender Male

9

You will need to provide a **social security number** to be issued this Certification. If you do not enter a SSN, you will be 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

299336712

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/NationalProviderIdentifiers/>.

Submit Personal Information

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 'censee' and 'ashboard'. The main content area is titled 'Competencies' and features a progress bar with four steps: 1 Personal Information, 2 Competencies (highlighted with a dark circle), 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' (which is selected) and 'No'. At the bottom right of the form is a blue button labeled 'Submit Competencies'.

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 Dakota

☐ 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 background form shows a progress bar with steps: Personal Information, Competencies, Disclosure Questions, and Review my Application. The current step is Competencies, with the question: "I am a licensed EMS (EMR, EMT, EMT I/85, AEMT, EMT I/99, or Paramedic) provider in the State of South Dakota?". Below this are radio buttons for "Yes" and "No", with "No" selected. A list of six items follows, each with a number and the text "Do ha".

A pop-up dialog box titled "Please provide date and place of the course:" is overlaid. It contains two sections: "Place of the course" with a text input field containing "Pierre SD", and "Date of the course" with a text input field containing "03/13/2024" and a green arrow pointing to a calendar icon. At the bottom of the dialog is a green "Submit" button.

14

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

The form displays a table with a header "Answer". It contains six rows, each with a "Yes" and a "No" radio button. The "No" button for the fifth row is selected, indicated by a green circle.

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 interface. A modal dialog titled "Please explain:" is open, featuring a text input field and a green "Submit" button. In the background, a list of competency questions is visible, with the first four partially obscured by the modal. The questions are:

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

A "Submit Competencies" button is located at the bottom right of the interface.

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 interface with a list of competency questions. Each question has a radio button and a "Yes" label. The questions are:

- 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? ☐ Yes

A green "Submit Competencies" button is located at the bottom center of the interface.

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

Click 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

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, Terrific Trainer! Log out

Review my Application

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

Application Id - 501

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

[Print this page](#)

License Application - AD - Ambulance Operator

PERSONAL INFORMATION

Name	Type
Training Guru Master	Current

Mailing	Address	Type
Default	8827 West Leone Drive Rapid City, SD 54781	Home

Phone Number	Type
8632145570	Work

21

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, or use the numbered tabs across the top to navigate back to that tab.

Click **Tab 4: Review My Application** at the top to return to the review page. Use the scroll bar at the right to page up/down and review all information entered and/or corrected.

Application Id - 227

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

License Application - AD - Ambulance Driver

[PERSONAL INFORMATION](#) ← Section Header Link

Name	Type
Training Guide	Current

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

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

ect to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses? **No**

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

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

ing for derogatory answers

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

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? **Yes**

suffering from any condition for which you are not being treated that impairs your ability to practice your profession in a c
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

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 in 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 authorizer
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 question
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 SD
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 a BMOE administrator. 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

a New Corporat

My quick

ram

st

EMS CE Course Application

Thank you! Your application will be reviewed.

Ok

26

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 dashboard is divided into three main columns. The left column contains navigation links: Master, Drive 781, mation, mation, mation, and cation. The middle column, titled 'My licenses', has sub-sections for 'What's in-progress' (highlighted with a green box), 'My applications' (showing 'Ambulance Operator' at 75% completion with 'Application pending review'), and 'My renewals' (showing 'No records to show'). A 'START A NEW APPLICATION' button is at the bottom. The right column, titled 'My authorized agent', shows 'Calvin Agent, III' with contact info. Below it is 'My supervisors' (showing 'No records to show') and 'Important Notifications' (with a 'View all notifications' button circled in green). A notification history shows 'Affidavit is accepted' on Thursday, July 10, 2025, and Tuesday, July 23, 2024.

27

All Notifications will be displayed and can be **filtered by using the checkbox** at the top left. **Click the document icon** to read the message. You can also manage your inbox by clicking the appropriate icon at the top right after marking it for selection.

The 'Notifications' section has a header bar with a menu icon, 'Hello, Terrific Trainer!', and a 'Log out' link. Below the header is a checkbox labeled 'Show unread notifications only' (highlighted with a green box and an arrow pointing to it with the text 'Click to check the box'). To the right are three icons: a bell, a trash can, and a checkmark. Below is a table of notifications:

	Date	From	Subject	Select Item
	Jul 10, 2025	System	Affidavit is accepted	<input type="checkbox"/>
	Jul 23, 2024	System	Affidavit is accepted	<input type="checkbox"/>
	Jun 26, 2024	System	Application status is Approved.	<input type="checkbox"/>
	Jun 26, 2024	System	Affidavit is accepted	<input type="checkbox"/>

28

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 the **"Application for Ambulance Operator Certification: Part 3"** training guide on the BMOE public website. Click the **"Checklist icon"** to get started now!

