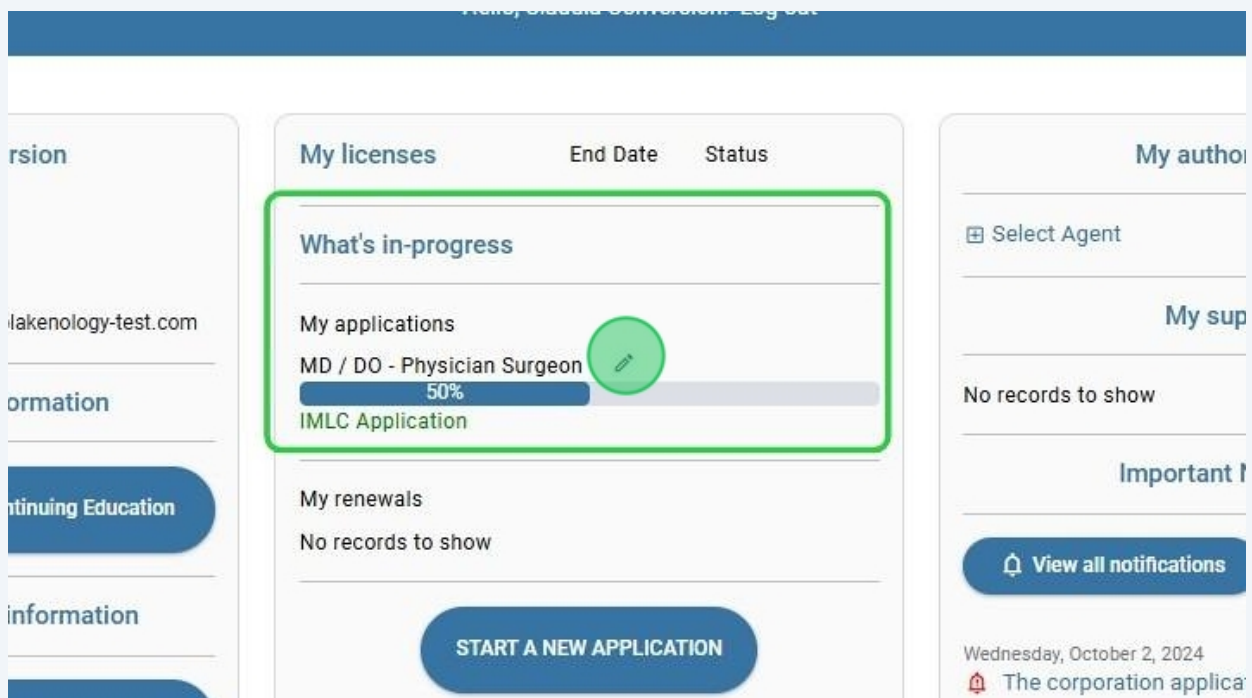


IMLC Application for Medical Licensure

This How-To-Guide is intended for practicing physicians who are seeking medical licensure in South Dakota via the Interstate Medical Licensure Compact. Applicants new to SD licensing must create a new MySD account and cannot begin this process until the BMOE has received and reviewed the physician's formal Letter of Qualification (LOQ) sent by the IMLC.

1

You can begin your application process after you receive an official **email notification** from the BMOE office. Login to your MySD account to display your dashboard. Locate the **What's in-progress** section of the dashboard. Click the **"pencil icon"** to begin the application process.



2

There are six (6) Tabs that need to be completed before reviewing and submitting your application. You can complete Tabs 1-6 in any order by clicking any of the numbered tabs across the top navigation bar.

You are on **Tab 1: Personal Information**. Click "**Add a New Entry**" to enter your name details.

Personal Information

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information 6 Disclosure Questions 7 Review my Application 8 Final Agreement

Name Information [Add a New Entry](#)

Names:

Name	Type	Actions
No records to display.		

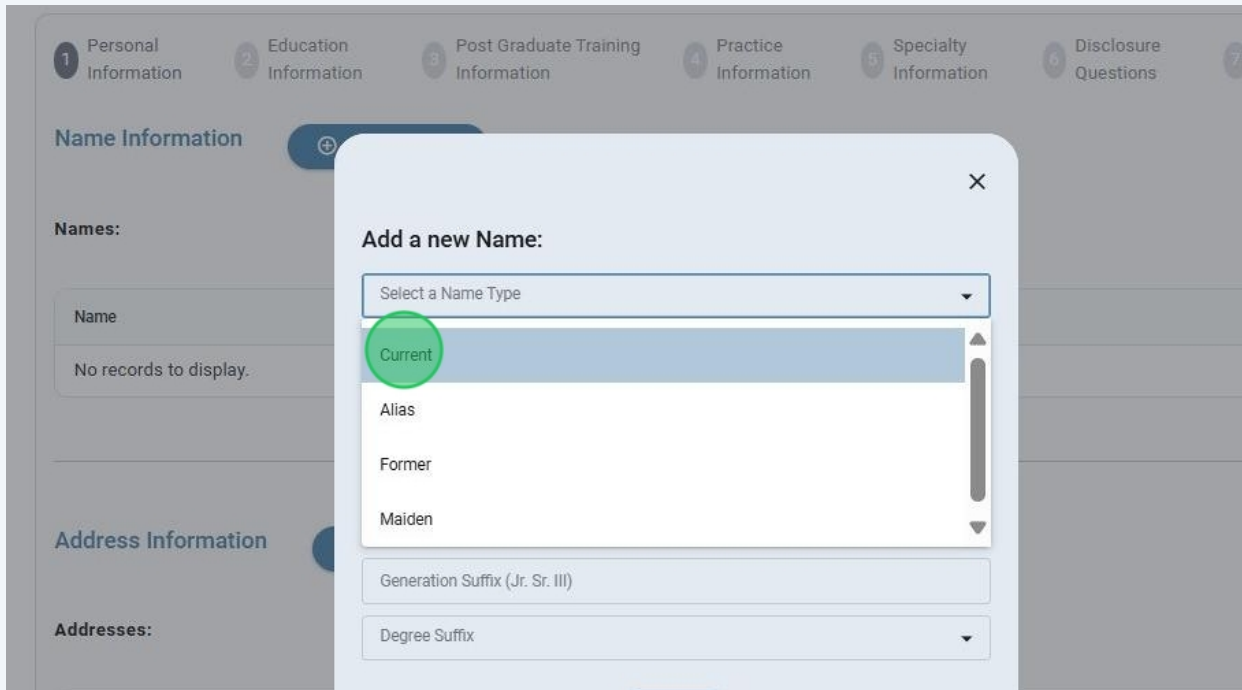
Address Information [Add a New Address](#)

Addresses:

Mailing	Address	Type	Actions
No records to display.			

3

You must first enter your current legal name. Select a **name type** by using the dropdown select feature. Click the "**dropdown arrow**" to display the name type choices. Click "**Current**" and enter your current legal name details.



4


Enter all required information. Click "**Save**". You can repeat this process if you need to enter additional names such as maiden, former or alias.

The screenshot shows a light blue modal window titled "Add a new Name:". It contains several input fields: a dropdown menu with "Current" selected, a text field with "Claudia", a text field with "Jean", a text field with "Conversion", a text field with "Name Prefix (Dr., Mr., Mrs., Ms.)", a text field with "Generation Suffix (Jr. Sr. III)", and a dropdown menu with "MD" selected. At the bottom center of the modal is a blue button with a green circle and the word "Save" in white. The background is a blurred grey interface with some text like "display.", "ormation", and "addresses are made public on our website. No other address information is disclosed."

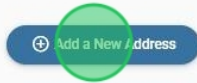
5

The name details you entered are displayed. You can use the "**Edit Button**" to make changes. Continue adding more personal information. Click "**Add a New Address**".

Names:

Name	Type	Actions
Claudia Jean Conversion, MD	Current	 Edit

Address Information



Addresses:

Mailing	Address	Type	Actions
No records to display.			

Only business addresses are made public on our website. No other address information is disclosed.

6

Enter all required information. Use the dropdown select feature when appropriate to select your choices. Click the "**default checkbox**" to mark this entry as your preferred mailing address. Click "**Save**"

The image shows a modal form for entering an address. At the top left, there is a 'Default' label next to a checked checkbox, which is highlighted with a green circle. Below this are several input fields: 'Name (Company Name if work address)', 'Attention', '1237 Midland highway', 'Address 2', 'USA' (with a dropdown arrow and an 'X' icon), 'Rapid City', 'South Dakota (SD)' (with a dropdown arrow), 'Bennett' (with a dropdown arrow and an 'X' icon), and '50571'. At the bottom left, a 'Save' button is highlighted with a green circle, and at the bottom right, there is a 'Cancel' button. The background is a blurred screenshot of a website with some text visible: 'onversion, MD', 'nation', 'splay.', and 'resses are made public on our website. No other address information is disclosed.'

7

Continue by entering your phone and email information. Click "**Add a New Number**". Enter all required information. Click the "**default checkbox**" to mark this entry as your preferred phone number. Click "**Save**". You can repeat the process to add additional phone numbers as needed. Use the **Edit and Delete** Action Buttons to revise an entry.

Repeat these steps to enter your email information. Click "**Add a New Email**".

The screenshot displays a user profile page with two main sections: "Phone Information" and "Email Information".

Phone Information: A blue button labeled "Add a New Number" is highlighted with a green circle. Below it, a table lists phone numbers. The first entry is marked as "Default" and has a "Home" type. The "Actions" column for this entry contains "Edit" and "Delete" buttons, which are highlighted with a green box.

Preferred	Phone Number	Type	Actions
Default	5056621382	Home	Edit Delete

Email Information: A blue button labeled "Add a New Email" is highlighted with a green box. Below it, a table lists email addresses. The first entry is marked as "Default" and has a "Home" type. The "Actions" column for this entry contains "Edit" and "Delete" buttons.

Preferred	Email	Type	Actions
Default	PaulAdams@Lakenology.com	Home	Edit Delete

Emails: Note: We will send a validation email to the addresses listed below after your application is submitted for initial review. Please make sure that spam or email filters allow emails from 'SDBMOE.gov'.

8

After phone numbers and email addresses have been entered, continue with the **Additional Identifiers** section on the personal information tab. Enter all required information. Use the **calendar icon** (date picker) to select date of birth. Use the dropdown select feature where appropriate.

The screenshot shows a form titled "Additional Identifiers" with a sub-section "Birth and Identification:". The form contains several input fields: "US Citizen" with a dropdown menu showing "Yes"; "Date of Birth" with a date picker showing "11/01/1964"; "Birth Country" with a dropdown menu showing "USA"; "Birth Country if not listed above" (empty); and "Phoenix" (empty).

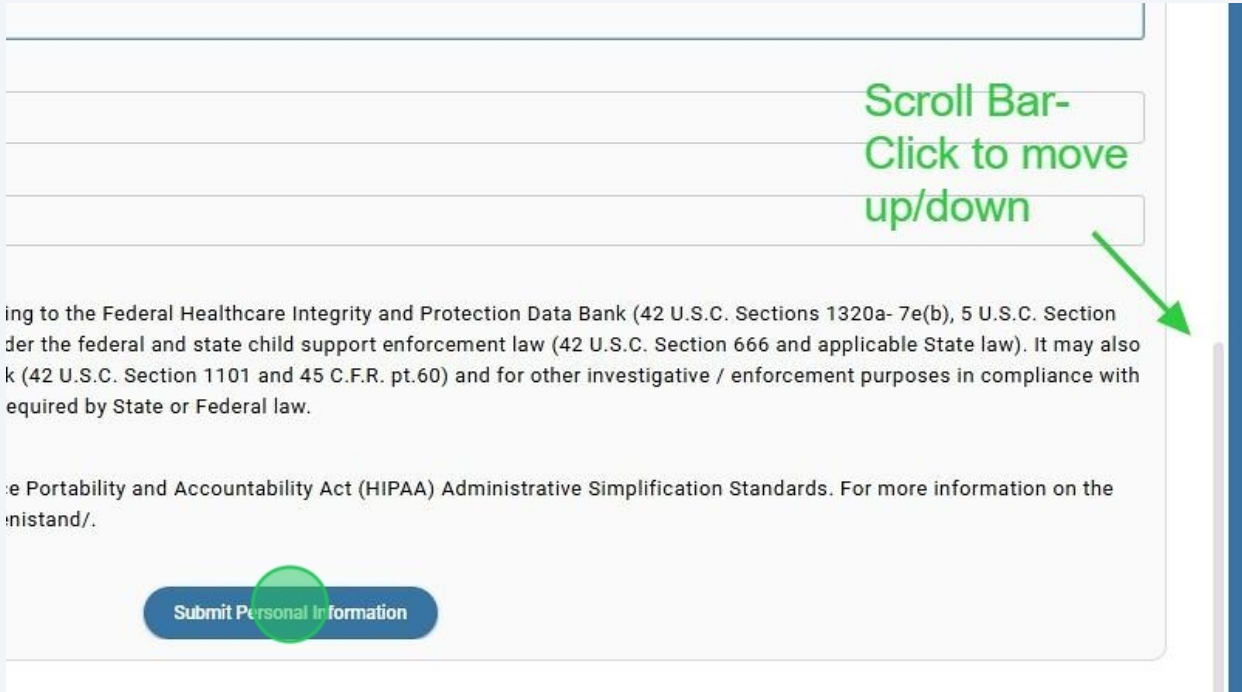
9

You are required to enter your **Social Security Number**. If you do not enter a valid SSN, a brief explanation will be required. If you have an **NPI number**, please enter a valid 10-digit identifier that starts with the digit 1.

The screenshot shows a form section with the following fields: "Birth Country" with a dropdown menu showing "USA"; "Birth Country if not listed above" (empty); "Birth City" (empty); "Birth State or Province" (empty); "Select a Gender" with a dropdown menu showing "Select a Gender"; "Social Security Number" with a green arrow pointing to the input field; "If you do not currently have an SSN, please explain why" (highlighted with a green box); and "NPI Number" (empty).

10

Use the **Scroll bar** on the right side of the page to move up and down the page to review the personal information entered. Once all personal information has been entered and verified, Click "**Submit Personal Information**".



The image shows a screenshot of a web form. On the right side, there is a vertical scroll bar. A green arrow points from the text 'Scroll Bar- Click to move up/down' to the scroll bar. Below the scroll bar, there is a text area containing the following text: 'ing to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a- 7e(b), 5 U.S.C. Section der the federal and state child support enforcement law (42 U.S.C. Section 666 and applicable State law). It may also k (42 U.S.C. Section 1101 and 45 C.F.R. pt.60) and for other investigative / enforcement purposes in compliance with equired by State or Federal law.' Below this text, there is another line of text: 'e Portability and Accountability Act (HIPAA) Administrative Simplification Standards. For more information on the nistand/'. At the bottom of the form, there is a blue button with the text 'Submit Personal Information'.

Scroll Bar-
Click to move
up/down

ing to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a- 7e(b), 5 U.S.C. Section der the federal and state child support enforcement law (42 U.S.C. Section 666 and applicable State law). It may also k (42 U.S.C. Section 1101 and 45 C.F.R. pt.60) and for other investigative / enforcement purposes in compliance with equired by State or Federal law.

e Portability and Accountability Act (HIPAA) Administrative Simplification Standards. For more information on the nistand/.

Submit Personal Information

11

You will automatically advance to the next tab. You are now on **Tab 2: Education**. If you have applied for, or already hold a license with the SDBMOE, you may have education information listed. Click to **mark the checkbox** if you want it included with this application. Click **"Add a New School"** to enter a new academic program.

When you are finished adding all medically related academic programs, Click **"Submit Education Information"**.

Education Information

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information 6

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

Include	School Name	City	State	Start Date
<input type="checkbox"/>	Marquette University	amberville	AL	02/2001

[+ Add a New School](#) [Submit Education Information](#)

12

You will automatically advance to the next tab. You are now on **Tab 3: Post Graduate Training Information**. Click **"Add a New Entry"**.

Post Graduate Training Information

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information 6

Specialty	InstitutionName	State	Successfully Completed	Start Date
No records to display.				

[+ Add a New Entry](#) [Submit Post Graduate Training Information](#)

13

Enter all required information. Click the "**Dropdown arrow**" to use the **select feature** and make your choices. Use the "**Calendar icon (Date picker)**" to choose your start and end dates, or simply type in your dates. Click the "**Successfully Completed**" checkbox if you completed the program. When all required information has been entered, Click "**Save**".

The screenshot shows a mobile application interface with a modal window titled "Add a new entry:". The form contains the following fields and elements:

- Text input: "UF School of Medicine"
- Dropdown menu: "Family Medicine/General Practice" with a downward arrow.
- Text input: "Other specialty: (if not listed above)"
- Dropdown menu: "Fellowship" with a downward arrow.
- Text input: "Gainesville"
- Text input: "Florida (FL)" with a green annotation "Click to expand" and a right-pointing arrow.
- Date field: "Start Date" with value "01/02/2023" and a calendar icon.
- Date field: "End Date" with value "09/06/2024" and a calendar icon.
- Text input: "Cardiology"
- Checkbox: "Successfully Completed" with a checked box.
- Buttons: "Save" (green) and "Cancel" (grey).

14

Click **"Add a New Entry"** to continue adding entries. Each Post Graduate Training entry will display in the order you add them. Review your entries. Use the **Edit and Delete** buttons as needed to revise the information entered.

Click **"Submit Post Graduate Training Information"**

Post Graduate Training Information

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information 6 Disclosure Questions 7 Review my Application 8 Final Agreement

Specialty	InstitutionName	State	Successfully Completed	Start Date	End Date	
Family Medicine/Gen	UF School of Medicine	FL	Y	Jan 02, 2023	Sep 06, 2024	Edit Delete

[+ Add a New Entry](#) ←

[Submit Post Graduate Training Information](#)

15

You will automatically advance to the next tab. You are now on **Tab 4: Practice Information**. Enter all required information. Click **"Submit Practice Information"** at the bottom the page.

What is your employment contract start date

10/11/2024

Provide proposed potential work address and name of facility (SD or other state)

SD Medical Associates - West

8827 West Leone Drive

Street Address 2

Rapid City

South Dakota (SD)

54781

650-227-1924

40

[Submit Practice Information](#)

16

You will automatically advance to the next tab. You are now on **Tab 5: Specialty Information**. Click "**Add a New Entry**".

Specialty Information

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information

Specialty Type	Board Certified	Board	Certification
No records to display.			

[+ Add a New Entry](#)

[Submit Specialty Information](#)

17

Enter all required information. Use the **dropdown arrow** to choose your options. Click **"Save"**. Click **"Add a New Entry"** to enter additional specialties.

If Other, please specify

Certificate Number

Certification Date

February 2024

Recertification Date

Select Month Select Year

Expire Date

February 2026

Or lifetime certification

If not certified, please state your intent for certification and describe the status of your efforts and eligibility, including scheduled date of exam, past failure of written or oral exams, if any.

Enter information here...

Save Cancel

18

The information you added displays on the page. Use the **Edit and Delete** buttons to revise your entries. Click "**Submit Specialty Information**" after all specialties have been added.

Specialty Information

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information 6 Disclosure Questions 7 Review my Application 8 Final Agreement

Specialty Type	Board Certified	Board	Certification Date	
Critical Care Medicine	Y	ABMS	02/2024	Edit Delete

[Add a New Entry](#)

[Submit Specialty Information](#)

19

You will automatically advance to the next tab. You are now on **Tab 6: Disclosure Questions**. Please review the **DEFINITIONS** at the top of the page prior to answering the disclosure questions. Scroll down to begin.

Disclosure Questions

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Practice Information 5 Specialty Information 6 Disclosure Questions 7 R A

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

A. **Adverse Action** shall refer to having been terminated, stipulated, restricted, limited, conditioned, counseled, reprimanded, suspended, revoked, withdrawn, or relinquished.

B. **Claim(s)** shall refer to any malpractice, administrative, civil, or criminal final judgments including any pending claims, lawsuits, judgments,

C. **Complaint** shall refer to any communications which express concerns, warnings, or dissatisfaction about personal or profession conduct a 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 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.81 unlawful use of prescription-controlled substances. It does not include the use of a drug taken under supervision by a licensed health care professional 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.

20

There are seventeen questions that you are required to answer. Click to mark each answer **Yes or No**. Some answers may prompt you for additional information. Be sure to Click "**Save**" when prompted to include that information with your application.

Click "**Submit Disclosure Questions**" at the bottom of the page when all questions have been answered and additional information has been saved.

	Answer
not experienced adverse action."	<input checked="" type="radio"/> Yes <input type="radio"/> No
rse action."	<input type="radio"/> Yes <input checked="" type="radio"/> No
on or proceeding involving any entity?	<input type="radio"/> Yes <input type="radio"/> No
ceeding 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
ency or training program?	<input type="radio"/> Yes <input type="radio"/> No
ges with any entity regarding your ability to participate in any health related program?	<input type="radio"/> Yes <input type="radio"/> No
gation or proceeding other than minor traffic offenses?	<input type="radio"/> Yes <input type="radio"/> No

21

You will automatically advance to the next tab. **Tab 7: Review my Application.** Please note the **Application-ID** and use the **"Print this page"** button at the top right to save or print a copy prior to submitting your application.

The screenshot shows a web application interface for reviewing an application. At the top, there is a navigation bar with a hamburger menu icon, the text "Hello, Paul Adams! Log out", and a "Review my Application" section. Below this is a progress bar with eight steps: 1. Personal Information, 2. Education Information, 3. Post Graduate Training Information, 4. Practice Information, 5. Specialty Information, 6. Disclosure Questions, 7. Review my Application (highlighted with a green circle), and 8. Final Agreement. Below the progress bar, there is a green-bordered box containing the text "Application Id - 338" with a green arrow pointing to the number "338". Below this box, there is a message: "It is strongly advised that you print and save a copy for your records". To the right of this message is a blue button with a printer icon and the text "Print this page". Below the message, there is a section titled "PERSONAL INFORMATION" with a pencil icon. This section contains three tables: 1. Name: Paul Adams, Type: Current. 2. Mailing: Default, Address: 13227 Mockingbird Road, Sioux Falls, SD 65320, Type: Home. 3. Phone Number: 5056621382, Type: Home.

22

Scroll through the pages to review the information you entered. You can Click any "Section Header" to edit your information. To return to the review page, use the navigation bar at the top of page and select Tab "7: Review my Application".

Application Id - 338

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

License Application - ML - MD / DO - Physician Surgeon (IMLC)

[PERSONAL INFORMATION](#)

← Section Header

Name	Type
Paul Adams	Current

Mailing	Address	Type
Default	13227 Mockingbird Road Sioux Falls, SD 65320	Home

Phone Number	Type
5056621382	Home

Email	Type
PaulAdams@Lakenology.com	Home

Gender	Social Security Number	NPI Number
Male	200387716	1254896327

23

After you review and make revisions to your application, Click "**All the information is correct**" to confirm that the information you entered is accurate.

...ably discharged from a branch of the United States military or National Guard? **No**
...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? **No**
...adverse action to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses? **No**
...adverse action, investigation or proceeding in any manner concerning sexual impropriety? **No**
...adverse action for you? "I have not been reported to NPDB (National Practitioners Data Bank)." **Yes**
...adverse action for you? "I have experienced no adverse action in privileges at any hospital, clinic or health related entity. **Yes**
...adverse actions paid by you or paid on your behalf for any reason? **No**
...adverse action by any liability insurance company, including malpractice carriers, change, deny or cancel your coverage? **No**
...adverse action from working or practicing for any period of time greater than or equal to 30 consecutive calendar days? **No**
...adverse action from anything interfering from any condition for which you are not being treated that impairs your ability to practice your profession in a competent manner?
...adverse action from alcohol or drugs affect your ability to provide appropriate care to patients? **No**
...adverse action from using illegal drugs or prescription-controlled medications in an illegal manner? **No**

All the information is correct

24

You will need to **review and attest to the terms and conditions** of the application. Please read them very carefully prior to consent. Click to **mark the checkbox**. Click "**Submit & Pay Fee**" to submit your application. This application does not require any payment details as your fees will be paid through the IMLC.

...each and every person and party, together with their authorized representatives, who in good faith and without evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licensure.

I 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, are in all things true and correct. I state unconditionally and without reservation that I have provided all the information requested in my application for licensure, that I and I have answered all of them completely and truthfully. If any user discovers that I have not disclosed when completing this application, the users may immediately cease all processing of my application and disqualify me for licensure in South Dakota.

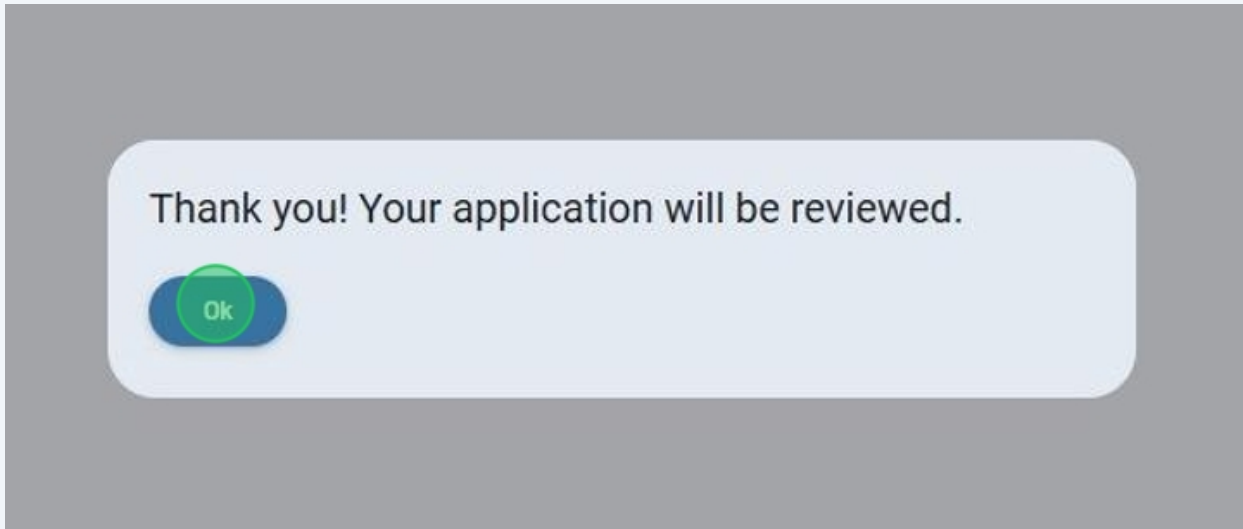
I understand and agree that my submission of this application and actions subsequent thereto, but prior to my licensure, and I fully understand that the SDBMOE may consider all such actions in its determination whether to grant my application for licensure. My behavior on my part, or on the part of any agent of mine, with the SDBMOE's members or staff shall establish a basis for the SDBMOE to deny my application and disqualify me for licensure in South Dakota. A determination regarding derogatory information regarding my application, determination of the SDBMOE, and I will not assert that any other entity, judicial, or otherwise, may make such a determination regarding my application by the users as a result of the acts of omissions by myself as described in this application. I understand and agree that I will not assert that I am waiving any other due process right, or any other statutory or constitutional rights, and that I will not assert that I am

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

Submit & Pay Fee

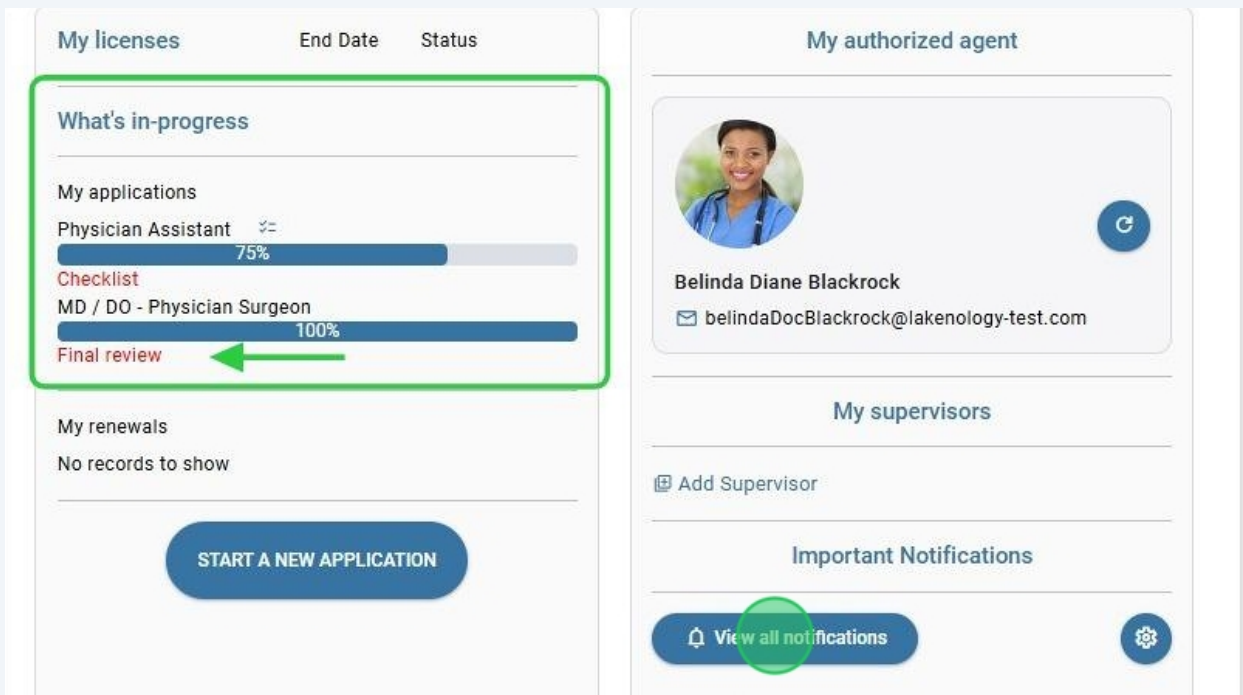
25

Congratulations! Your application has been successfully submitted and will be reviewed by an SDBMOE analyst. Click "**Ok**" to return to your dashboard.



26

Your pending application is now displayed under the "**What's in-progress**" section of your dashboard. Check the "**Important Notifications**" section for updates on your licensure.



27

Once your application has been **approved**, your license will be issued automatically and appears on your dashboard under the **"My Licenses"** section. Click the **"printer icon"** to view/print your official license. Be sure to **disable any pop-up blockers** prior to printing to avoid duplicate card fees.


Hello, Paul Adams! Log out

Paul Adams
Licensee
13227 Mockingbird Road
Sioux Falls, SD 65320
5056621382
PaulAdams@Lakenology.com

View/update profile information

Personal Info Continuing Education

View/update corporation information

My licenses	End Date	Status
 MD / DO - Physician Surgeon	10/17/2025	Active

What's in-progress

My applications

Physician Assistant 75%

Checklist

My renewals

No records to show

28


Click **"The license has been issued"** message under Important Notifications on your dashboard. Carefully read the details regarding the issuance of your license.


My supervisors


Add Supervisor


Important Notifications

View all notifications

Thursday, October 17, 2024
 **The license has been issued**

Monday, July 29, 2024
 Checklist item was Approved

Monday, July 29, 2024
 Checklist item was Approved

Wednesday, June 19, 2024
 You were selected as an Authorized Agent