

Online Application Request Form

New Applicant For: or Renewal

This form must be completed by the applicant/licensee (please type).

1. Full Name (use no initials) **(All fields are required)**

Last Name _____
First Name _____
Middle Name _____
All other names used (maiden) _____
Date of Birth _____ SSN _____ - _____ - _____ Male Female
Home Physical Address _____
City _____ State _____ Zip _____
Telephone _____
Email address _____ Desired username _____

2. Check Profession:

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Physical Therapy Assistant
<input type="checkbox"/> EMT – _____	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Dietitian/Nutritionist	<input type="checkbox"/> Respiratory Care Practitioner
<input type="checkbox"/> Medical Assistant	All Physician applications below indicate: MD <input type="checkbox"/> or DO <input type="checkbox"/>
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physician
<input type="checkbox"/> Occupational Therapy Assistant	<input type="checkbox"/> Physician – Resident Certificate
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Physician – Resident Training Permit
<input type="checkbox"/> Genetic Counselor	<input type="checkbox"/> Physician – 60 Day Certificate
<input type="checkbox"/> Temporary (Please also be sure to indicate the profession)	

3. Authorized Agents (Individuals who you authorize to perform tasks and access information on the Web site)
Notification is sent via email

Name: _____ Email Address: _____
Phone Number: _____

Name: _____ Email Address: _____
Phone Number: _____

I authorize the above named Authorized Agents to login for me, create an account for me, change my information, and submit official applications and forms on the SDBMOE Web site for me. I understand this remains in effect indefinitely and that I must contact the SDBMOE when such authorization is no longer required or desired.

You will be notified via email with your user name and password. If you have elected any Authorized Agents, they will be notified via email with their user name and password. You will then be given the link to apply online.

Signature of Applicant Date