

Verification of License, Certificate or Registration Request Form

1. Name of Requestor: _____
Phone: _____ Fax: _____ Email: _____

2. Check Profession:

- | | |
|---|---|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Physical Therapy Assistant |
| <input type="checkbox"/> EMT – level _____ | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Physician – Resident Certificate |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Physician – 60 Day Certificate |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Respiratory Care Practitioner |
| <input type="checkbox"/> Physical Therapy | |

3. Licensee Information:

List **ALL** names: correct spelling; current & any additional names (i.e. maiden, married, & other)
Legibly print name(s) _____

SD license number: _____ **Date of Birth:** _____ **SS #:** _____
Active license years: _____ Attach any copies of old licenses or other documents

*Note: If license lapsed or was inactive prior to 2003, an archive search will be conducted as expeditiously as possible; each search is unique with no way to predict timelines.

4. Send Verification to:

Company/Board _____ Contact Name: _____
Street _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ Email via PDF: _____

For PRIORITY delivery, include stamped and addressed envelope, or Fed Ex or other overnight delivery company account number: _____

5. Method of Payment for \$30 fee:

- Check (Make payable to: SDBMOE)** **Credit Card (Use the following area)**

Credit Card Information

Credit Card #: _____ Exp Date (mm/yy): _____

Name on card: _____

Billing address of card: _____

Signature of Card Holder: _____

Date of Signature: _____

**Mail completed form to: SD Board of Medical & Osteopathic Examiners
101 N Main Ave, Suite 301
Sioux Falls, SD 57104**

If using credit card, fax completed form to: 605-367-7786