

ALS Licensee Information Request

Submit Information by Email:

sdbmoe@state.sd.us

Or FAX to:

605-367-7786

Please complete this form for all places you are employed. If additional space is needed, copy page 2 as necessary.

Licensee Information

Printed Name (Include ALS Level)

SD License #

NREMT # and Expiration Date

Preferred Mailing Address:

Phone: _____ Email: _____

1. Employment

Employer Name: _____

Employer Address: _____

Phone: _____ Email: _____

Supervisor/ Director Name: _____

Supervision Information

Full Name of Supervising Physician (MD or DO): _____

Full Name of Medical Director if different than above: _____

In accordance with SDCL 36-4B-15 and ARSD 20:61:01:04 advanced life support personnel shall be supervised by a physician¹. SDCL 36-4B-27 provides that the Board must be notified in writing within 72 hours of the termination of the supervision agreement.²

¹ **SDCL 36-4B-15. Medical supervision of advanced life support personnel.** Advanced life support personnel shall be supervised by a physician who will observe, direct, review the work records and practice permitted by §§ 36-4B-16 and 36-4B-17, to ensure that the patient is given proper treatment.

ARSD 20:61:01:04. Certificate of supervising physician required. Each applicant shall file with the application a certificate of a physician who will supervise, observe, direct, and review the applicant's work record and practice. The physician shall verify that the physician will, in fact, assume such responsibilities.

² **SDCL 36-4B-27.** Fee for annual renewal--Continuing education--Letters from supervising physician and employer--Notice to board of termination of employment. A request for emergency medical technician-paramedic or emergency medical technician-intermediate/99 license renewal shall be accompanied annually by the prescribed fee and accompanied in odd numbered years by satisfactory evidence of sixty hours of advanced life support studies during the preceding two years. A request for emergency medical technician-intermediate/85 license renewal shall be accompanied annually by the prescribed fee and accompanied in odd numbered years by satisfactory evidence of forty hours of advanced life support studies during the preceding two years. The request shall also be accompanied by a letter from the supervising physician and the employer of the advanced life support personnel. If the advanced life support personnel is terminated the reasons shall be submitted to the board, in writing, by both the ambulance service and supervising physician, within seventy-two hours of termination of any such working contract

2. Employment

Employer Name: _____

Employer Address: _____

Phone: _____ Email: _____

Supervisor/ Director Name: _____

Employment Status(Full Time, Part Time, Volunteer): _____

Supervision Information

Full Name of Supervising Physician (MD or DO): _____

Full Name of Medical Director if different than above: _____

3. Employment

Employer Name: _____

Employer Address: _____

Phone: _____ Email: _____

Supervisor/ Director Name: _____

Employment Status(Full Time, Part Time, Volunteer): _____

Supervision Information

Full Name of Supervising Physician (MD or DO): _____

Full Name of Medical Director if different than above: _____

4. Employment

Employer Name: _____

Employer Address: _____

Phone: _____ Email: _____

Supervisor/ Director Name: _____

Employment Status(Full Time, Part Time, Volunteer): _____

Supervision Information

Full Name of Supervising Physician (MD or DO): _____

Full Name of Medical Director if different than above: _____