

Online Account Request Form

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 _____

2. Check Profession:

- Athletic Trainer
- EMT – _____
- Dietitian/Nutritionist
- Medical Assistant
- Occupational Therapist
- Occupational Therapy Assistant
- Physical Therapy
- Genetic Counselor

- Physical Therapy Assistant
- Physician Assistant
- Respiratory Care Practitioner

All Physician applications below indicate: MD or DO

- Physician
- Physician – Resident License
- Physician – 60 Day Certificate

Temporary (Please also be sure to indicate the profession)

SPOUSES OF ACTIVE DUTY MILITARY PERSONNEL ONLY:

I meet all four criteria below which may make me eligible for an expedited process.

1.) I hold the same or similar valid license, certificate, registration, or permit required for the practice of any business, profession, or occupation issued by another state or the District of Columbia

2.) My spouse is a member of the armed forces of the United States

3.) My spouse is the subject of a military transfer to South Dakota

4.) I left employment to accompany my spouse to South Dakota

Click here to submit this form by email:
(this may not work if you don't have Microsoft Outlook)

NOTE: IF YOU HAVE AN AUTHORIZED AGENT, YOUR SIGNATURE IS REQUIRED

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

FAX: 605-367-7786

EMAIL: SDBMOE@STATE.SD.US

WEB SITE: SDBMOE.GOV