

Online Account 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 _____

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 License |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Physician – 60 Day Certificate |
| <input type="checkbox"/> Genetic Counselor | |
- Temporary (Please also be sure to indicate the profession)

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