

## **ALS Continuing Education Application**

Please complete the below application to request approval of your upcoming Advanced Life Support Continuing Education. This application will be reviewed and processed in the order it was received. This office can only approve Advanced Life Support Level courses per statute (no Basic EMT level courses will be approved). Only courses specific to Advance Life Support Studies can be approved per statute.

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.

Source: SL 1978, ch 269, § 27; SL 1992, ch 268, § 15; SL 2003, ch 198, § 8.

**Requests for course approval should be submitted at least 14 days in advance of the proposed course date for approval or the course may not be approved.**

If you have not received approval or a request for additional information via email within 10 days of your request, please contact the Board office.

Requestor Name:

Requestor Email Address:

Requestor Direct Phone Number:

Sponsoring Organization:

Course Location:

Name of Instructor:

Date Course will be Held:

Time Course will be Held:

Length of Topic to be Covered:

Estimated Number of ALS Attendees:

Topic Description:

**ATTACH ALL TRAINING DOCUMENTATION TO YOUR EMAIL WHEN SUBMITTING THIS FORM**

**SEND COMPLETED FORM AND MATERIALS TO [SDBMOE@STATE.SD.US](mailto:SDBMOE@STATE.SD.US)**