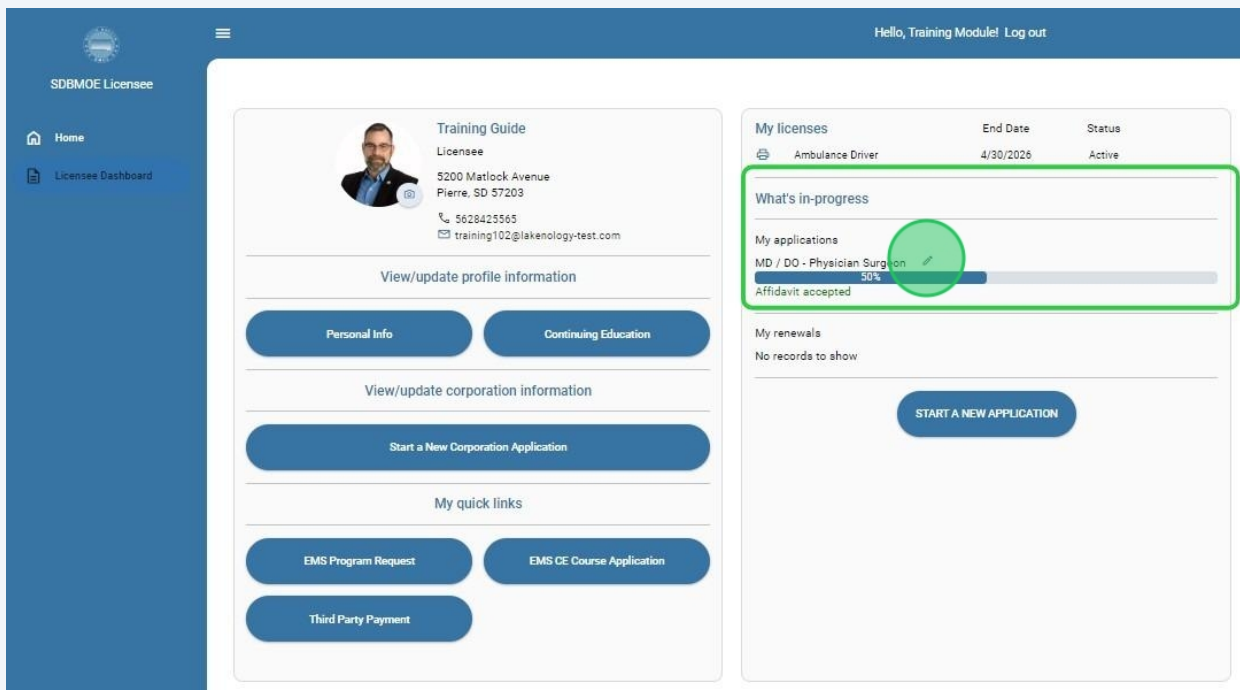


Application for Medical Licensure: Part 2

This How-To-Guide is intended for applicants that have already started an application for a Medical License and completed the required steps in Part 1 of the application process. The Affidavit and Authorization for Release of Information form must be approved by an SDBMOE Analyst before continuing with Part 2 of the application process.

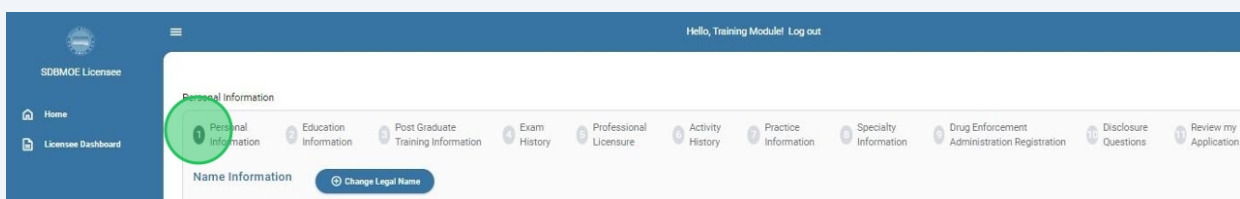
1

Login to your licensee dashboard. Navigate to the "**What's in-progress**" section and locate the application status. Click on the "**pencil icon**" to edit your application and continue on with **Part 2** of the application process if your application has a status of "**Affidavit accepted**". If your **Affidavit and Authorization for Release of Information** is still under review and pending approval, the status will not display as accepted and the **pencil icon** will not appear.



2

In **Part 2** of the application, there are Ten Tabs to complete before you review and submit your application. "**TAB 1 Personal Information**" is displayed. You can complete these tabs in any order by simply clicking any number or title of the Tab.



3

Begin with the Name Information section. Click "**Add a New Entry**" to add your current name. From the **name type** dropdown list, Click on "**Current**". Enter all required fields. Click "**Save**"

(Note: If you have already updated your personal information prior to starting this application, Use the **Edit button** to revise, remove or add additional names.)

The screenshot shows a user profile page with a modal window for adding a new name entry. The modal is titled "All other names used:" and contains a dropdown menu with "Current" selected. Below the dropdown are input fields for "First Name", "Middle Name", "Last Name", "Name Prefix (Dr., Mr., Mrs., Ms.)", and "Generation Suffix (Jr. Sr. III)". A "Save" button is located at the bottom of the modal. The background shows the "Name Information" section with an "Add a New Entry" button and a table with "No records to display."

4

Scroll down and continue adding address information. Click "**Add a New Address**"

Name	Type
Training Guide	Current

Address Information + Add a New Address

Addresses:

Mailing	Address
Default	5200 Matlock Avenue Pierre, SD 57203

5

From the **address type** dropdown list, Click "**Home**" to add a home address. This will automatically make it the **Preferred** address by default. (*This flag can be changed if you enter more than one address type*) Continue entering all other required fields. Click "**Save**"

Please fill in the following information: ×

Home ▼

Home

Business

Other

Address 1

Address 2

USA × ▼

City

Select a State or Province ▼

Select a County (if in South Dakota) ▼

Postal Code

Save Cancel

6

Continue adding your personal information. Click "**Add a New Email**" and select "**Home**" from the dropdown list. The **Preferred** Flag will be set automatically. (*This can be changed if you enter more than one email address*). Enter your email address and Click "**Save**"

The screenshot displays the SDBMOE Licensee dashboard. The left sidebar contains the user's name 'SDBMOE Licensee' and navigation links for 'Home' and 'Licensee Dashboard'. The main content area is divided into three sections: 'Address Information', 'Phone Information', and 'Email Information'. Each section has an 'Add a New' button. The 'Address Information' section shows a table with one entry: 'Default' type at '5200 Matlock Avenue, Pierre, SD 57203'. The 'Phone Information' section shows a table with one entry: 'Default' type with phone number '5628425565'. The 'Email Information' section is currently empty. A modal window titled 'Add a new entry:' is open over the 'Email Information' section. It features a dropdown menu set to 'Home', a checked 'Preferred Flag' checkbox, and an input field containing the email address 'training102@iakemology-test.com'. A green 'Save' button is highlighted with a red circle, and a 'Cancel' button is also visible.

Mailing	Address	Type
Default	5200 Matlock Avenue Pierre, SD 57203	Home

Preferred	Phone	Type
Default	5628425565	Other

Type	Email
------	-------

7

Continue entering "**Additional Identifiers**" in the personal information tab of the application. Use the "**Calendar Icon**" (Date Picker) to select your date of birth or type it in directly. Enter ALL other required fields.

The screenshot shows the 'Additional Identifiers' tab of the SDBMOE Licensee application. The form includes the following fields:

- US Citizen:** Yes
- Date of Birth:** A date picker is open, showing the month of June and the year 2024. The year 1988 is highlighted in a green circle.
- Birth Country:** Rapid City
- Birth Country if not:** South Dakota (SD)
- Select a Gender:** Male
- SSN:** 299336712
- If you do not currently have an SSN, please explain why:** (Empty text box)

A green arrow points to the 'Additional Identifiers' tab header.

8

If you do not provide a **social security number**, you are required to enter a brief explanation. Once all personal information has been entered, Click "**Submit Personal Information**" at the bottom of the page. You will automatically advance to the next tab of the application.

Home

Licensee Dashboard

Birth Country if not listed above

Rapid City

South Dakota (SD)

Select a Gender: Male

299336712

If you do not currently have an SSN, please explain why

NPI Number

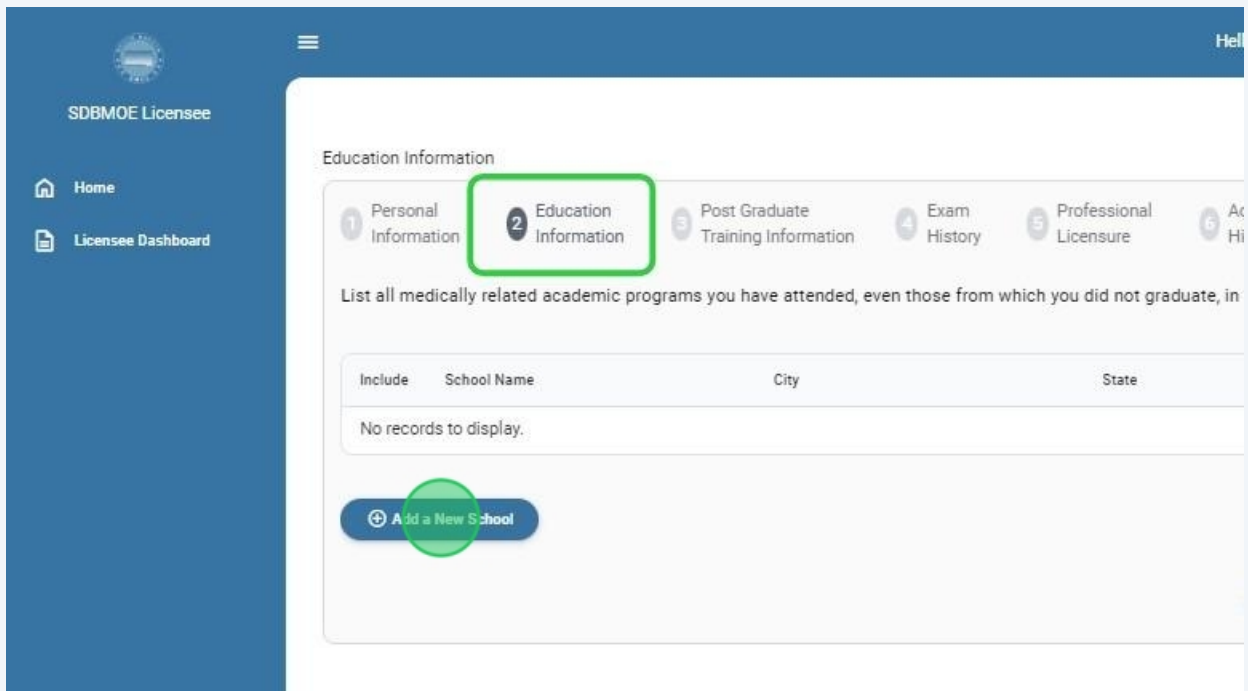
Your Social Security Number is required to facilitate reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Section 52a, and 45 C.F.R. pt 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. Section 653, and 45 C.F.R. pt 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. Section 653, and 45 C.F.R. pt.60) and for other purposes in compliance with State laws governing physician discipline or as otherwise required by State or Federal law.

The National Provider Identifiers (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. For more information on the API please go to: <http://www.cms.hhs.gov/NationalProviderIdentifier/>.

Submit Personal Information

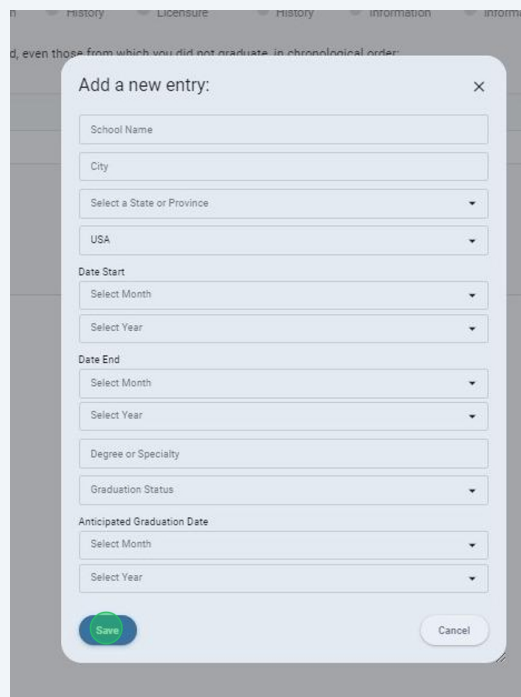
9

You are now on **Tab 2 Education Information**. Click "**Add a New School**" to start entering all medically related academic programs you have attended.



10

Enter all required fields. Click "**Save**". Repeat this for each school added.



11

Click "**Submit Education Information**" when you have successfully added all of your medically related academic programs.

State	Start Date	End Date
FL	03/2002	04/2009

[Submit Education Information](#)

12

You are now on **Tab 3: Post Graduate Training Information**. Click "**Add a New Entry**"

The screenshot shows the SDBMOE Licensee dashboard. The left sidebar contains the SDBMOE logo, the text "SDBMOE Licensee", and navigation links for "Home" and "Licensee Dashboard". The main content area is titled "Post Graduate Training Information" and features five tabs: "1 Personal Information", "2 Education Information", "3 Post Graduate Training Information" (which is selected and highlighted), "4 Exam History", and "5 Professional Licensure". Below the tabs is a table with columns for "Specialty", "InstitutionName", and "State". The table currently displays "No records to display." At the bottom of the main content area, there is a blue button with a plus icon and the text "Add a New Entry", which is highlighted with a green circle.

13 Enter all required fields. Click "Save"

Add a new entry:

University of Miami School of Medicine

Urology

Other specialty: (if not listed above)

Residency

Miami

Florida (FL)

Start Date

04/23/2012

End Date

08/15/2014

Urology

Successfully Completed

Save Cancel

14 When you have added all of your graduate program training information and each entry is accurately displayed on the list, Click "**Submit Post Graduate Training Information**" at the bottom of the page.

	State	Successfully Completed	Start Date	End D
medicine	FL	Y	Apr 23, 2012	Aug

Submit Post Graduate Training Information

15

You are now on **Tab 4: Exam History**. Click "**Add a New Entry**"

Home
Licensee Dashboard

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Exam History 5 Professional Licensure 6

You are responsible for having your National Board examination scores sent directly to this Board.

Exam	State	Pass/F
No records to display.		

+ Add a New Entry

16

Use the **drop down arrow** to Choose an Exam. Enter all required fields. Click **Save**.

The image shows a modal window titled "Add a new entry:" with a close button (X) in the top right corner. Below the title is the instruction: "List each professional examination, U.S. or international, you have taken for this profession." The form contains several input fields: a text field with "NBME Part I" and a dropdown arrow icon highlighted with a green rounded rectangle; a text field with "Florida (FL)" and a dropdown arrow icon; a date field labeled "Exam Date" with the value "09/08/2017" and a calendar icon; and a text field with "Pass" and a dropdown arrow icon. At the bottom left is a blue "Save" button, and at the bottom right is a white "Cancel" button.

17

Click "**Submit Exam History**" to advance to the next Tab of the application. Continue to complete Tabs 5-9 of the application by entering all required fields and clicking **Submit** at the bottom of each page.

Exam History

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Exam History 5 Professional Licensure 6 Activity History 7 Practice Information 8 Specialty Information 9 Drug Enforcement Administration Registration 10 Disc Que

You are responsible for having your National Board examination scores sent directly to this Board.

Exam	State	Pass/Fail	Date
NBME Part I	FL	Y	Sep 06, 2017

[Add a New Entry](#)

[Submit Exam History](#)

18

When you get to **Tab 10: Disclosure Questions**, it is important that you read and understand the definitions before answering the questions. Scroll down to begin answering the disclosure questions.

SDBMOE Licensee

Home Licensee Dashboard

Disclosure Questions

1 Personal Information 2 Education Information 3 Exam History 4 Professional Licensure 5 Activity History 6 Practice Information 7 Disclosure Questions 8 Review my Application 9 Final Agreem

ANSWER THE FOLLOWING QUESTIONS. For some responses, you will be prompted to provide a complete explanation.

Definitions:

All questions use the following definitions whether actions were formally, informally, voluntarily, or involuntarily committed: Questions refer to both you and your licensure.

A. **Adverse Action** shall refer to having been terminated, stipulated, restricted, limited, conditioned, counseled, reprimanded, suspended, revoked, refused, denied, not renewed, withdrawn, or relinquished.

B. **Claim(s)** shall refer to any malpractice, administrative, civil, or criminal final judgments including any pending claims, lawsuits, judgments, and/or settlements.

C. **Complaint** shall refer to any communications which express concerns, warnings, or dissatisfaction about personal or profession conduct and rising to the level that the meetings or comments are documented in a written or digital format.

D. **Entity** shall refer to any licensing or disciplinary board, professional agency or committee, academic program, clinic, hospital, or other health-related entity, or governmental agency or organization.

E. **Health related program** shall refer to private or public insurance, Medicare and Medicaid.

F. **Illegal use of drugs** shall refer to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. sec.812.22. The term does include the unlawful use of prescription-controlled substances. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law.

G. **Investigation** shall refer to any formal or informal inquiry to acquire and examine facts.

H. **Licensure** shall refer to type of licensure and using any licensure nomenclature such as any registration, permit, certificate, and license. Examples include the subject of this application, DEA registration, etc.

I. **Minor traffic offense** shall refer to any violation which is punishable by a maximum of 30 days in jail, a \$500 fine or both and does not result in a change of driving privileges.

J. **Proceeding** shall refer to whether you have appeared or been requested to appear in private or in public. for a meeting, counseling, hearing, administrative, civil, or

19

Click the appropriate circle to mark each question with a "Yes" or "No" answer. Some questions may require additional information. Click "Submit" after entering any additional information.

	Answer
My licensure has not experienced adverse action.*	<input type="radio"/> Yes <input type="radio"/> No
I have not experienced adverse action.*	<input type="radio"/> Yes <input type="radio"/> No
Has your licensure been subject to any complaint, investigation or proceeding involving any entity?	<input type="radio"/> Yes <input type="radio"/> No
Have you been subject to any complaint, investigation or proceeding involving any entity?	<input type="radio"/> Yes <input type="radio"/> No
Have you been dishonorably discharged from a branch of the United States military or National Guard?	<input type="radio"/> Yes <input type="radio"/> No
Have you had any adverse action during any education, residency or training program?	<input type="radio"/> Yes <input type="radio"/> No
Have you had adverse action with your membership or privileges with any entity regarding your ability to participate in any health related program?	<input type="radio"/> Yes <input type="radio"/> No
Have you been subject to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses?	<input type="radio"/> Yes <input type="radio"/> No
Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety?	<input type="radio"/> Yes <input type="radio"/> No
Has this been reported to NPDB (National Practitioners Data Bank).*	<input type="radio"/> Yes <input type="radio"/> No
Have you experienced no adverse action in privileges at any hospital, clinic or health related entity.	<input type="radio"/> Yes <input type="radio"/> No
Have you had any claims paid by you or paid on your behalf for any reason?	<input type="radio"/> Yes <input type="radio"/> No

20

When ALL questions have been fully answered, Click "Submit Disclosure Questions" at the bottom of the page.

	Answer
1. Is this a true statement for your licensure? *My licensure has not experienced adverse action.*	<input checked="" type="radio"/> Yes <input type="radio"/> No
2. Is this a true statement for you? *I have not experienced adverse action.*	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Has your licensure been subject to any complaint, investigation or proceeding involving any entity?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Have you been subject to any complaint, investigation or proceeding involving any entity?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Have you been dishonorably discharged from a branch of the United States military or National Guard?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Have you had any adverse action during any education, residency or training program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Have you had adverse action with your membership or privileges with any entity regarding your ability to participate in any health related program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Have you been subject to a criminal or civil complaint, investigation or proceeding other than minor traffic offenses?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Have you had a complaint, investigation or proceeding in any manner concerning sexual impropriety?	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Is this a true statement for you? *I have not been reported to NPDB (National Practitioners Data Bank).*	<input checked="" type="radio"/> Yes <input type="radio"/> No
11. Is this a true statement for you? *I have experienced no adverse action in privileges at any hospital, clinic or health related entity.	<input checked="" type="radio"/> Yes <input type="radio"/> No
12. Have you had any claims paid by you or paid on your behalf for any reason?	<input type="radio"/> Yes <input checked="" type="radio"/> No
13. Have you had any liability insurance company, including malpractice carriers, change, deny or cancel your coverage?	<input type="radio"/> Yes <input checked="" type="radio"/> No
14. Have you stopped working or practicing for any period of time greater than or equal to 30 consecutive calendar days?	<input type="radio"/> Yes <input checked="" type="radio"/> No
15. Are you currently suffering from any condition for which you are not being treated that impairs your ability to practice your profession in a competent, ethical and professional manner?	<input type="radio"/> Yes <input checked="" type="radio"/> No
16. Does your use of alcohol or drugs affect your ability to provide appropriate care to patients?	<input type="radio"/> Yes <input checked="" type="radio"/> No
17. Are you currently using illegal drugs or prescription-controlled medications in an illegal manner?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Submit Disclosure Questions

21

After completing and submitting the disclosure questions, **Tab 11: Review My Application** will display all of the information you have entered for this application. It is highly recommended that you Click "**Print this page**" to save a copy of the application for your records. Please note the Application ID for future reference as it will not display anywhere on your dashboard.

Review my Application

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Exam History 5 Professional Licensure 6 Activity History 7 Practice Information 8 Specialty Information 9 Drug Enforcement Administration Registration 10 Disclosure Questions 11 Review my Application 12 Final Agreement

Application id - 308

It is strongly advised that you print and save a copy for your records

Print this page

License Application - ML - MD / DO - Physician Surgeon

PERSONAL INFORMATION

Name	Type
Training Guide	Current

Mailing	Address	Type
Default	5200 Matlock Avenue Pierre, SD 57203	Home

Phone Number	Type
5628425565	Other

Email	Type
training102@lakenology-test.com	Home

EDUCATION INFORMATION

Start Date	End Date	School Name	School Location	Degree or Specialty	Status
03/2002	04/2009	University of Miami	Miami, FL USA	MD	Graduated

POST GRADUATE TRAINING

Start Date	End Date	Institution Name	Training Type	City	State	Completed	Specialty
Apr 23, 2012	Aug 15, 2012	University of Miami School of Medicine	Residency	Miami	FL	Y	Urology

22

You can go back and edit previous information that was entered from within the Application Review Tab. **Click** on any **Section Header** and it will take you to that specific tab to make revisions. Click **Tab 11: Review My Application** to return to the review page after making your revisions.

SDBMOE Licensee

Home

Licensee Dashboard

Review my Application

1 Personal Information 2 Education Information 3 Post Graduate Training Information 4 Exam History 5 Professional Licensure 6

Application Id - 308

It is strongly advised that you print and save a copy for your records

License Application - ML - MD / DO - Physician Surgeon

[PERSONAL INFORMATION](#) ← Section Header

Name

Training Guide

Mailing	Address
Default	5200 Matlock Avenue Pierre, SD 57203

Phone Number

23

Scroll down and review ALL information on the page before attesting to the accuracy of what you are submitting. If any required tabs were not completed, you will receive a message to complete those parts in order to submit the application. When you are ready to confirm that all information is accurate, **Click "All the Information is correct"** at the bottom of the page

...h any entity regarding your ability to participate in any health related program? No
...or proceeding other than minor traffic offenses? No
...r concerning sexual impropriety? No
... (National Practitioners Data Bank).² Yes
...tion in privileges at any hospital, clinic or health related entity. Yes
...r reason? No
...e carriers, change, deny or cancel your coverage? No
...ter than or equal to 30 consecutive calendar days? No
...it being treated that impairs your ability to practice your profession in a competent, ethical and professional mann
...ropriate care to patients? No
...lications in an illegal manner? No

All the information is correct

24

You are now on **Tab 12: Final Agreement** of the application. Please read the terms and conditions of this application. To ensure you have carefully read and agree to the terms of the application, you are required to **Check the box** and attest that you have done so.

I authorize such third persons and parties to unconditionally release to SDBMOE any such information, including documents, r
evidence whether favorable or unfavorable that SDBMOE deems relevant to licensure, and to permit the SDBMOE to inspect, re
ethical, mental and physical qualifications that SDBMOE deems relevant to licensure. I release, discharge and exonerate from i
representatives, who in good faith and without malice, consult with and release to SDBMOE such information, evidence, files o
I declare and affirm under the penalties of perjury that:
This application for licensure, which includes all the information I have provided and the questions I have answered have been
reservation that I absolutely understand each and every question contained in this application for licensure, that I and I have a
that was not disclosed when completing this application, the users may immediately cease all processing of this application, e
I understand and agree that my submission of this application and actions subsequent thereto, but prior to licensure, shall bea
determination whether to grant licensure. To that end, I agree that any unprofessional or harassing behavior on my part, or on i
processing of this application and disqualify me for licensure in South Dakota. A determination regarding derogatory informati
entity, judicial, or otherwise, may make such determination. I understand and agree that cessation of processing of this applic
offer me a hearing or any other due process right, or any other statutory or constitutional rights, and that I will not assert that I

By checking this box, I have read and agree to the above terms and conditions

Submit

25

After marking the checkbox, Click "**Submit and Pay Fee**". If there are fees associated with your application, you will be prompted to enter payment details using an on-line secure payment portal.

mental agencies and instrumentalities, courts of any jurisdiction, associations, institutions or law enforcement agencies, together with their represent
SDBMOE deems relevant to my Application. I specifically authorize any state, federal or international law enforcement agency to conduct a background

ditionally release to SDBMOE any such information, including documents, records regarding charges or complaints filed against me, formal, or informal,
SDBMOE deems relevant to licensure, and to permit the SDBMOE to inspect, receive, and make copies of such documents, records, evidence, and other info
SDBMOE deems relevant to licensure. I release, discharge and exonerate from any and all claims, damages and liabilities whatsoever such third persons an
ice, consult with and release to SDBMOE such information, evidence, files or records requested by SDBMOE that SDBMOE deems relevant to licensure.

that:

e information I have provided and the questions I have answered have been examined by me, and to the best of my knowledge and belief, are in all thing
every question contained in this application for licensure, that I and I have answered all of them completely and truthfully. If any user discovers any derog
ation, the users may immediately cease all processing of this application, and I agree that such nondisclosure shall disqualify me for licensure in South
application and actions subsequent thereto, but prior to licensure, shall bear directly upon my qualifications for licensure, and I fully understand that the
nd, I agree that any unprofessional or harassing behavior on my part, or on the part of any agent of mine, with the SDBMOE's members or staff shall esta
r licensure in South Dakota. A determination regarding derogatory information or of unprofessional or harassing behavior shall be the sole determinator
ination. I understand and agree that cessation of processing of this application by the users as a result of the acts of omissions by myself as describ
or any other statutory or constitutional rights, and that I will not assert that I am entitled to a hearing.

[the above terms and conditions](#)

Submit & Pay Fee

26

Congratulations! **Part 2 of the application** process has been successfully completed and your application has been submitted to an SDBMOE analyst. Applications will be reviewed in the order received and applicants will be notified when the application status changes. Click "**OK**" to close the message.

Thank you! Your application will be reviewed.

Ok

27

The current status of your application is always displayed in the **What's in-progress** section of your licensee dashboard. Check the **Important Notifications** section of your dashboard for updates to your application status. Click "**View all notifications**" to see all important notices and email messages sent to you.

The screenshot displays a dashboard with three main columns. The left column contains profile information and buttons for 'Continuing Education' and 'EMS CE Course Application'. The middle column, titled 'My licenses', shows a table with one entry: 'Ambulance Driver' with an end date of '4/30/2026' and status 'Active'. Below this is a 'What's in-progress' section with a green border, showing 'My applications' for 'MD / DO - Physician Surgeon' at 75% completion, with the text 'Application pending review'. A 'START A NEW APPLICATION' button is at the bottom of this section. The right column shows 'My authorized agent' as Calvin Agent, 'My supervisors' as 'No records to show', and 'Important Notifications' with a 'View all notifications' button and a list of recent events.

My licenses	End Date	Status
Ambulance Driver	4/30/2026	Active

What's in-progress

My applications

MD / DO - Physician Surgeon 75%

Application pending review

START A NEW APPLICATION

My authorized agent

Calvin Agent
calvinagent@lakenology-test.com

My supervisors

No records to show

Important Notifications

View all notifications

- Thursday, August 22, 2024
Affidavit is accepted
- Saturday, June 22, 2024
Checklist item was Approved.
- Saturday, June 22, 2024
Checklist item was Approved.
- Saturday, June 22, 2024
Checklist item has a new comment.
- Saturday, June 22, 2024
Checklist item was Approved.

28

When your application has been approved, the progress status will change from "pending review" to "**Checklist**". All important updates can be viewed directly from your dashboard. Locate the **Important Notifications** section of your dashboard. Click on the message "**Application status is approved**" to view the specific details.

You are now ready to proceed to the final step of the application process. You can refer to the training tutorial on the public website "**Application for Medical Licensure: Part 3**" or Click the "**Checklist icon**" to get started now!

The screenshot displays a user dashboard with the following sections:

- Profile Information:** Training Guide, Licensee, 5200 Matlock Avenue, Pierre, SD 57203, 5628423565, training102@lakenology-test.com. Includes buttons for "Personal Info" and "Continuing Education".
- My licenses:** Table with columns "My licenses", "End Date", and "Status". Row: Ambulance Driver, 4/30/2026, Active.
- What's in-progress:** Section with a green border containing "My applications" (MD / DO - Physician Surgeon, 20%, Checklist) and "My renewals" (No records to show). Includes a "START A NEW APPLICATION" button.
- My authorized agent:** Calvin Agent, calvinagent@lakenology-test.com.
- My supervisors:** No records to show.
- Important Notifications:** "View all notifications" button and a list of notifications, with a green arrow pointing to "Monday, September 9, 2024 Application status is Approved".
- Footer:** Navigation icons for LOOK-UP/ORDER VERIFICATIONS, DISCIPLINARY ACTIONS, MY FAVORITES, BOARD TO BOARD VERIFICATIONS, and MY FINANCIALS.