

## BLS Application for Continuing Education

**(Attention)** – for **ALS** Continuing Education, please send your request directly to the SD Board of Medical & Osteopathic Examiners at [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us) or fill out their online form at [www.sdbmoe.gov](http://www.sdbmoe.gov) then click on “Advanced Life Support (ALS)” on the right side of their webpage).

**Instructions:** Please fill out this form and then either save it to your computer and attach it to your email to me [lance.iversen@state.sd.us](mailto:lance.iversen@state.sd.us), or you can print and send via mail or fax. ORH-EMS, 600 E. Capitol Ave., Pierre, SD 57501 or Fax to 605-773-5683.

### Certificate of Attendance forms to be sent to:

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Estimated # of BLS Attendees: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Instructor (if different from above): \_\_\_\_\_

Continuing Education Topic(s): \_\_\_\_\_

**(If a formal agenda is available, please provide a copy along with this application)**

Sponsoring Agency or Ambulance Service: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_ Time of Course: \_\_\_\_\_

Length of Topic(s) to be covered: \_\_\_\_\_ hours

Class/Topic Description: \_\_\_\_\_