

SOUTH DAKOTA BLS RECIPROCITY APPLICATION
 SOUTH DAKOTA OFFICE OF RURAL HEALTH / EMERGENCY MEDICAL SERVICES
 600 EAST CAPITOL AVENUE
 PIERRE, SD 57501
 OFFICE (605) 773-4031 FAX (605) 773-5683

INSTRUCTIONS: Type or print clearly.

Reciprocity may be granted only to applicants who have had or currently hold National Registry Certification. If National Registry Certification has lapsed, applicants must provide proof of current state certification. Applicant must also provide a copy of their CPR card with this application.

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
SS#	Email	Date of Birth	
Home Phone	Cell Phone	Work Phone	
Drivers License #	DL State	Exp. Date	

EDUCATION

Highest Level of Education Completed:

High School/GED	Tech College	College	Some College	Other
National Registry #	Certification Level		Expires	
State Cert. #	Cert. Level	State	Expires	

DISCIPLINARY ACTION

Has your certification ever been suspended or revoked? Yes No
 Have you ever had disciplinary action against your certification? Yes No
 Have you ever been denied certification from another state? Yes No

IF YOU ANSWERED YES TO ANY OF THE PREVIOUS QUESTIONS, SUBMISSION OF THE OFFENCE, CURRENT STATUS, AND DISPOSITION OF THE CASE IS REQUIRED ALONG WITH THIS APPLICATION

What is the reason for your request?

Relocation to SD Acceptance to ALS Program Other

If reciprocity is granted, will you be employed with an ambulance service? Yes No

If you will be affiliated with an ambulance, what is the service name? _____

I hereby affirm and declare that all information submitted on this application is true and correct, and any falsification of statements or information on this application may be considered sufficient cause for denial or subsequent revocation.

 Signature of Reciprocity Applicant

 Date

OFFICE USE ONLY

Approved	EMT #	Denied
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