

SOUTH DAKOTA BLS (EMR & EMT) 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. **Include copy of your National Registry card or proof of National Registry Certification, and a copy of your current CPR card with this application.**

I am applying for:	EMR Certification	EMT Certification
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First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Social Security # _____ Date of Birth _____ Male _____ Female _____

Email Address _____ Cell Phone _____ Home Phone _____

Driver's License # _____ DL State _____ DL Exp. Date _____

Highest Level of Education Completed

High School / GED _____ Tech College _____ Some College _____ 4 Year College _____ Other _____

National Registry # _____ Certification Level _____ Expires _____

State Certification # _____ Certification Level _____ State _____ Expires _____

Disciplinary / Criminal Action

Have you ever been convicted of a felony? _____ Do you use/distribute illegal drugs? _____

Has your EMS Certification/License ever been suspended or revoked? _____

Have you ever had disciplinary action taken against your EMS Certification/License? _____

Have you ever been denied EMS Certification/Licensure from another State? _____

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

Reason for Reciprocity: Relocation to SD _____ Acceptance to ALS Program _____ Other _____

Name of ambulance service or FD/Rescue Unit you will be affiliated with: _____

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 applicant

Date