

Instructions for Adding a User Account

1. Only the administrator can Authorize additional users. Go to www.sdhls.org and click on Authorize a user.

The screenshot shows the 'HOME' page of the Healthcare Licensing portal. On the left is a sidebar menu with the following items: Applications, Renewals, Provider List, Event Reporting, Change of Ownership, and Controlled Substance. The main content area is titled 'HOME' and contains several sections, each with a list of links:

- APPLICATIONS**
 - Apply online
- RENEWALS**
 - Renew your license/registry
- PROVIDER LIST**
 - Find a list of providers in South Dakota
- EVENT REPORTING**
 - Report a healthcare facility event
 - Register for a user account
 - Create a password
 - Log into the portal
 - Authorize a user (indicated by a red arrow)
- CONTROLLED SUBSTANCE**
 - Get a controlled substance registration
- CHANGE OF OWNERSHIP**
 - Make a change of ownership

2. Enter the administrator's username and password used to log into your reporting portal. Then click on Submit and Continue.

The screenshot shows the 'HEALTHCARE FACILITY EVENT REPORTING USER ACCOUNT AUTHORIZATION' page. The sidebar menu is the same as in the previous screenshot. The main content area has the title 'HEALTHCARE FACILITY EVENT REPORTING USER ACCOUNT AUTHORIZATION' and 'Version 6.11.0'. Below the title is a 'Go to:' dropdown menu with 'index -' selected. There are two checkboxes: 'Show as PDF' and 'Show as Live Site'. Below these is a 'LOGIN' section with the text 'Please login below to authorize a user.' and two input fields: 'Username: *' and 'Password: *'. At the bottom is a blue button labeled 'SUBMIT & CONTINUE'.

3. Enter the verification code sent to the administrator's email address and click continue

The screenshot shows the South Dakota Department of Health Healthcare Licensing portal. On the left is a sidebar with a menu: Applications, Renewals, Provider List, Event Reporting, Change of Ownership, and Controlled Substance. The main content area has a green notification box at the top stating: "A verification code has been sent to j*****u@state.sd.us. Enter it below and click 'Continue'." Below this is a text input field labeled "Verification Code". At the bottom of the main area are two buttons: a green "CONTINUE" button and a grey "EXIT" button. Below these buttons is a link that says "Didn't get a code? RESEND" with a circular arrow icon.

4. Document the PIN and click on submit and continue.

HEALTHCARE FACILITY EVENT REPORTING USER ACCOUNT AUTHORIZATION

Version 6.11.0

Go to:

admin -

- ☐ Show as PDF
☐ Show as Live Site

USER ACCOUNT INFORMATION

Please record your personal identification number (PIN).

PIN (a six-digit number):

Please ensure that your PIN is stored securely, as it will be required for password reset purposes

SUBMIT & CONTINUE EXIT

5. Enter the information for the user you want to authorize and click submit and continue.

AUTHORIZED USER

Please provide the name and email address of the authorized user. Instructions for registration will be sent to the email provided below.

First Name:*

Last Name:*

Email:*

user@domain.com

☐ By checking this box, I authorize the person named above to access the Healthcare Facility Event Reporting Portal.*

Please note: Once the authorized user receives the email, they will need to follow the instructions to complete the user registration process.

SUBMIT & CONTINUE EXIT

5. Once this is completed the new user will get an email with instructions to register their account. It will read like this:

Healthcare Facility Event Reporting User Account Authorization

Your user account has been authorized.
Please use your email and the one-time code: [REDACTED]
to login and register at [Authorized User Account Registration](#).

6. The new user will click on the link provided in the email. Then follow the instructions to set up a username and password. Then click submit and continue.

LOGIN

Please login below to set up a user account.

Email:*

user@domain.com

One-Time Code:*

▶ SUBMIT & CONTINUE

7. Enter the verification code that was sent to the email address associated with the new user account and click continue.

The screenshot shows the South Dakota Department of Health Healthcare Licensing portal. On the left is a navigation menu with the following items: Applications, Renewals, Provider List, Event Reporting, Change of Ownership, and Controlled Substance. The main content area has an orange header with the department's logo. Below the header, a green message box states: "A verification code has been sent to j*****u@state.sd.us. Enter it below and click 'Continue'." Below this message is a text input field labeled "Verification Code". At the bottom of the main area, there are two buttons: a green "→ CONTINUE" button and a grey "⌂ EXIT" button. Below these buttons, it says "Didn't get a code?" followed by a yellow "🔄 RESEND" button.

8. Enter the information requested and make to make note of your assigned pin number as you may need that to reset your password in the future. Then click Submit and Continue.

USER INFORMATION

Please check and update the information below as needed.

First Name:* **Last Name:***

ACCOUNT INFORMATION

Enter a username:*

CREATE A PASSWORD
Input and confirm your password.

Passwords must be at least 8 (eight) characters in length and include at least 1 (one) uppercase letter, lowercase letter, number and special character.
Special characters allowed are @ ! \$ % & * () - [] { } , / : ?

Enter a password:* **Retype the password:***

Please record your personal identification number (PIN).

PIN (a six-digit number):
325132

Please ensure that your PIN is stored securely, as it will be required for password reset purposes if necessary.

7. Check the box to the attestation question. Then click submit and continue.

ATTESTATION

☐ By checking this box, I attest that I have been authorized to access the Healthcare Facility Event Reporting Portal.*

8. Once this is complete the new user should be able to log into the portal.

Note: When an authorized user should no longer have access to the portal due to being no longer employed or other reasons it is the administrator's responsibility to notify the Department of Health to have the user removed from the account. An email can be sent to doholcreview@state.sd.us.

For questions regarding the Facility Reported Incident process, please email doholcreview@state.sd.us or call 1-605-773-3356.