



# SOUTH DAKOTA AMBULANCE OPERATOR QUALIFICATION & TRAINING RECORD

## CANDIDATE INFORMATION

<b>Ambulance Service Name:</b>	
<b>Name of Ambulance Operator (Candidate):</b>	

## SECTION 1 – MINIMUM ELIGIBILITY (BOTH REQUIRED)

- At least 18 years of age
- Possesses a valid driver's license

## SECTION 2 – QUALIFICATION METHOD (SELECT ONE OF THE FOLLOWING PATHWAYS)

- Licensed EMS Personnel (Chapter 36-4B)
- Firefighter
- Law Enforcement Officer (SDCL 23-3-27)

## OR - OPTION 4 – DOCUMENTATION OF REQUIRED TRAINING

- Ambulance Operator Qualification via Training Documentation Requirements Below
- CPR completed (Date Completed): \_\_\_\_\_
- Emergency Vehicle Operator Course (minimum 6 hours) Date Completed: \_\_\_\_\_

## DOCUMENTATION RETENTION REQUIREMENT

**If qualification is based on Ambulance Operator Qualification Training (Option 4),** supporting documentation must be maintained by the ambulance service and provided to the South Dakota Department of Health upon request.

## SERVICE DIRECTOR ATTESTATION

I certify that I have verified the qualifications of the individual listed above and that the individual meets the requirements of SDCL 34-11-12.3 to serve as an Ambulance Operator for this licensed ambulance service. Required documentation will be maintained by the ambulance service and made available to the South Dakota Department of Health upon request.

<b>Service Director Printed Name:</b>		<b>Candidate Printed Name:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	

Updated: June 2026