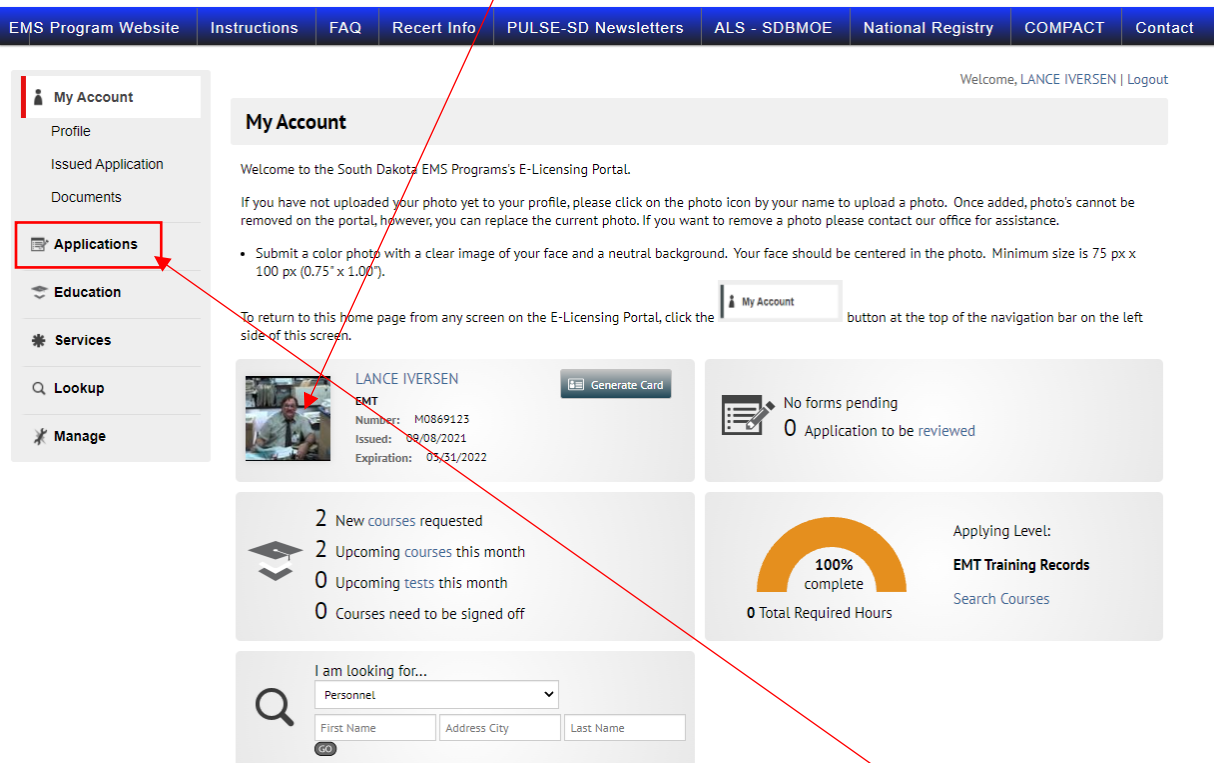## Upgrade from EMR to EMT Instructions

If you advance from an EMR to an EMT you can apply to upgrade your SD Certification (once you obtain your new National Registry card/certification) via your E-Licensing account.

To access the E-Licensing System home page, you can go directly to the site by clicking or typing in this address: https://southdakota.imagetrendlicense.com/lms/public/portal#/login, or you can access it by going to the EMS Program's website: EMS.sd.gov and clicking on the red box labeled E-Licensing Portal.

Log into your E-Licensing account.

Below is an example what your home page will look like. You may have more or fewer menu options in your account based on your permissions, such as Service Director, Training Officer, etc.

If you have not done so, please upload a picture of yourself into your profile. Your picture will be printed on your certification card. Click the photo icon then you can select a file on your computer or device to upload

To get to the application to apply for upgrading your certification level, click the "Applications" button.

Click the gray "Apply Now" button next to the "SDEMS Application"

My Applications | Service Applications

IVERSEN, LANCE T (M0869123)
EMT
Issue Date: 09/08/2021
Expiration Date: 03/31/2022

Applications	Action
SDEMS Application This is a multi-part application. You will use this to apply for initial SD EMR or EMT Certification, and Renew or Reinstate your SD EMR or EMT Certification. Depending on which of these tasks you choose, once Part 1 is submitted the next form (Part 2) will be placed in the Applications tab of your Licensing account. You will be able to open the next form by clicking the START button.	Apply Now
(For Internal Use Only). Provider Replacement Card To print a replacement card, please click the gray "Generate Card" button next to your name on your "My Account" main page.	Apply Now
Starting a NEW Ambulance Service in SD? If yes, complete this License Application (Step 1) This is how a company who wants to begin ambulance service operations in South Dakota will apply for a SD Ambulance Service License - Step 1	Apply Now

Records 1-3 of 3

Do not click *the other applications in the list (....Provider Replacement Card, and Starting a NEW Ambulance Service in SD?....) These are used for internal purposes only.*

When you click the gray "Apply Now" button for the SDEMS Application, this will open the <u>first part of the two-part application form.</u>

This will open a page where you will select "I want to Upgrade my current SD EMR Certification to EMT Certification", then click the "Save and Continue" button at the bottom of the page to go to the next tab:

Part 1 - SDEMS Form

Application Type | Applicant Information | Submit Form

∨ Determination

*Which type of South Dakota certification are you requesting to obtain?

○ I want to apply for an Initial South Dakota EMS Certification.

○ I want to Renew my CURRENT South Dakota EMS Certification.

◉ I want to Upgrade my current SD EMR Certification to EMT Certification.

○ I want to Reinstate my EXPIRED South Dakota EMS Certification.

○ I currently hold a license from another state and want to apply for a South Dakota EMS Certification through Reciprocity or COMPACT.

License Level

◉ For an Upgrade I will be applying at the EMT License Level

[→ Save and Continue]

The next page in the Part 1 Application that will open is your "Applicant Information" (demographics) page. Review your demographics and make any changes, such as mailing address, phone number(s), email address, etc. and enter other required information. Towards the bottom of this page you will enter your National Registry, CPR and Driver's License information. Once done go to the bottom of the page and click the "Save and Continue Button:

Part 1 - SDEMS Form

Application Type | Applicant Information | Submit Form

∨ Demographic Information

Instructions: Below is information from your core record. Please review and update any information which is incorrect. If the field is disabled, you are not able to update it from the application.

First Name

[→ Save and Continue]

The last tab of the Part 1 Application is to submit it. You will enter the date then enter your password and click the blue "Submit" button at the bottom of the page:

Please note the message in red on the form. This is a two-part application process so once you submit this form, the page will refresh once submitted then you will need to click the blue "Start" button for Part 2. Depending on your internet connection speed, it may take a few minutes for your application to process/save.

Once you do the above, this page will open where you can click the blue "Start" button to open the Part 2 application. See example on next page.

Continue My Applications

This section allows you to work with the forms for applications that you have already started. Click *Start* to work with forms you have not yet started filling out, *Continue* for forms that are still in progress or the *PDF* icon to view a form that you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click *Go* to search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

▼ SDEMS Application

Status: In Process	**Initiated On:** Oct 7, 2021	
Number: M0869123	**Issue Date:**	
Level(s):	**Expiration Date:**	
Forms: 0 of 2 completed		

EMR to EMT Upgrade Pkg

Form	Requested	Completed	Action
Part 2-E - EMR to EMT Upgrade Form	Oct 7, 2021		☑ Start

Additional Forms

Form	Requested	Completed	Action
Part 1 - SDEMS Form	Oct 7, 2021	Oct 7, 2021	📄 View PDF

Records 1-1 of 1 First Previous Next Last Page 1 ⌄ Per Page 10 ⌄

On the first tab (**Certification/License Verification**) of the Part 2 Application you will answer the question asking "Do you currently hold an EMS license in another state?". If you answer Yes to this question you will need to enter the number of states you have/had licenses in, choose the state(s), enter the other information in the boxes and upload copies of your other state licenses. On this tab you will also upload a copy of your National Registry Card, your current CPR Card and copy of your Driver's License (or other Govt. Issued Photo ID). When done with this page, click the "Save and Continue" Button at the bottom of the page.

The second tab (**Additional Uploads**), you can upload your FEMA ICS/IC training certificates (100, 200 & 700) and any other training certificates you have, such as EVOC, PHTLS, BTLS, etc. When done, click the "Save and Continue" button at the bottom of the page.

The third tab (**Disclosure Information**), you will answer the three questions. If you answer Yes to any of the questions you will need to supply more information and/or upload documents. See example on next page:

Certification/License Verification - 1 of 4 | Additional Uploads (Optional) - 2 of 4 | Disclosure Information - 3 of 4 | Submit Application - 4 of 4

✔ Disclosure Info

*Since your most recent issued application have you been convicted of a felony?

● Yes ○ No

*Please provide court documents on your felony conviction

⊕ Upload File

*Name

Court Documentation

Document Type

Felony Conviction

❌ Remove

➕ Add Another

*Since your most recent issued application have you had disciplinary action taken against your EMS Certification/License?

○ Yes ● No

*Since your most recent issued application have you been denied EMS Certification/Licensure from another state or South Dakota?

○ Yes ● No

→ Save and Continue

When done with this page, click the "Save and Continue" button.

The last page (**Submit Application**), you will enter today's date then enter your Password and click the blue "Submit" button:

Part 2-E - EMR to EMT Upgrade Form

| Certification/License Verification - 1 of 4 | Additional Uploads (Optional) - 2 of 4 | Disclosure Information - 3 of 4 | Submit Application - 4 of 4 |

Submit Application

I hereby certify under penalty of perjury under the laws of the State of South Dakota that all information on this application and its attachments is true and correct. I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to Certification and/or Licensure. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Program to contact any person or agency for information related to my application, and for any person, agency, firm, association, or employer to release any information requested by the EMS Program. I agree to hold the EMS Program and its employees, officers, and contractors harmless from any act or action resulting from the release of the information as stated above.

Date application submitted

| mm/dd/yyyy | 📅 | Today |

*Applicant E-Signature

Username: Iversen.Lance

Password:

☑ Submit