

Recertification Application Instructions – EMR & EMT

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

Log into your E-Licensing account. If you do not remember your account Username or Password, click the "Forgot Username" link at the bottom of the login page.

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 /

Office of EMS Website	Instructions	FAQ	Recert Info	PULSE-SD Newsletters	ALS - SDBMOE	National Registry	COMPACT	Contact
My Account						Welcom	ie, LANCE IVERSEN	Logout
Profile	My Acco	ount /						
Issued Application	Welcome to	the South [Dakota Departmen	t of Health - Office of EMS & Traum	a's E-Licensing Portal.			
Documents	If you have r removed on	not uploade the portal.	ed your photo yet to	o your profile, please click on the p replace the current photo.	hoto icon by your name	e to upload a photo. Once add	ded, photo's cannot	be
Applications	To return to	this home (page from any scre	en on the E-Licensing Portal, click	My Account	button at the top of the na	vigation bar on the	left
🐡 Education	side of this s	screen.	,				-	
* Services			ICE IVERSEN	E Generate Card	Form	n pending completion		
Q Lookup		Issue Expli	ed: 07/27/2022 ration: 09/30/2022		0 Appl	lication to be reviewed		
💥 Manage								
		0 New co	ourses requested					
			ing courses this n	nonth				
		0 Course	s need to be sign	ed off				

To get to your applications available to you, click the "Applications" button in your menu list.



Click the gray "Apply Now" button next to the "SDEMS EMT or EMR Application" to open the application page (If you are an EMT, you will select the SDEMS EMT Application. If you are an EMR, you will select the SDEMS EMR Application).

* My Assault		Welcome, LANCE IVERSEN Logout
Applications	Available Applications	
Continue	To begin a new application, find the application you are looking for in the list below and select the 'Apply No Director or Operations Manager for a SD Licensed Ambulance Service, you can toggle between "My Application bar above your picture and name).	w' button. (If you are a Service Director, Asst. ons" and "Service Applications" in the menu
Transaction	The "SDEMS Application" is the all-in-one applicaiton you will select to Recertify your EMR or EMT Certificati Certification, Apply for your Initial EMR or EMT Certification, Reciprocity, or to Upgrade your EMR Certification	ion, Reinstate an Expired EMR or EMT n to an EMT Certification.
Review	To continue an application started but not submitted, click the "Continue" button on the left side of the page	under the "Applications' button.
Education	Please Note: If you started an application and did not finish or submit it, there will be a number behind the how many applications you have started but not finished or submitted.	"Continue" button. That number represents
* Services		
Q Lookup	My Applications Services Applications	
🗶 Manage	IVERSEN, LANCE T (2005)	
	Applications	Action
	SDEMS EMT Application This is a multi-part application. You will use this to apply for a SD EMT (Emergency Medical Technician) Certification v	whether it is for Initial (from an
	EMT Course you took in South Dakota), Renewal, Reinstatement, Upgrade of a current EMR certification to EMT, or Rec license. Depending on which of these tasks you choose, once Part 1 is submitted the next form (Part 2) will be placed Licensing account. You will be able to open the ne	iprocity from an out-of-state Apply Now in the Applications tab of your
	SDEMS EMR Application This is a multi-part application. You will use this to apply for a SD EMR (Emergency Medical Responder) Certification of SD EMR Course you took) certification, Renewal, Reinstatement, or Reciprocity from an out-of-state license. Depending choose, once Part 1 is submitted, the next form (Part 2) will be placed in the Applications tab of your Licensing accou- next form by clicking the START button. Pleas	whether it is for an Initial (from a Apply Now go which of these tasks you nt. You will be able to open the
	EMT Student Registration Application	allow to you be added to the rester. Apply New
	of a class for certification.	and to you be added to the roster
	Starting a NEW Ambulance Service in SD? If yes, complete this License Application (Step 1)	Apply Now
	i nis is now a company who wants to begin ambulance service operations in South Dakota will apply for a SD Ambula	ince Service License - Step 1
		Records 1-4 of 4

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

For this example I want to renew my EMT Certification. Click the button at the top, "Certification Level" EMT. Next, click the button "I want to Renew my CURRENT South Dakota EMT Certification", then click the "Save and Continue" button on the bottom of the page.

Example on next page:



Welcome, LANCE IVERSEN | Logout

Account	Welcome, LANCE IVERSEN Logout							
	Part 1 EMT - Form Application Type Applicant Information Submit Form							
Continue 1 Checkout	✓ Determination							
Transaction	*Certification Level:							
Review	This application is ONLY intended to provide a South Dakota EMS License at the Emergency Medical Technician (EMT) level. If you are attempting to license at the EMR level you will need to do that with a different application. IMPORTANT: Description: For America EMI America to a figure and submit the works and submit the works and you							
Education	IMPORTANT: Please select the <u>correct</u> EMT Application below. If you select and submit the wrong application, it will be deleted by the Office of EMS, and you will need to start over from the beginning. Examples: If you took an EMT Course in SD and are applying for your SD EMT Certification for the first time, you will select "I want to apply for an Initial South Dakota EMT Certification". If you are a certified or licensed EMT from another state, you will select "I want to apply for an Initial South Dakota EMT Certification". If you are a certified or licensed EMT from another state, you will select "I currently hold							
* Services	an EMT License from another state and want to apply for a South Dakota EMT Certification through Reciprocity or COMPACT". If your SD EMT Certification has expired and you want to have it reinstated, you will select "I want to Reinstate my EXPIRED South Dakota EMT Certification", etc.							
Q Lookup	*Which type of South Dakota EMT certification are you requesting to obtain?							
Manage	I want to apply for an Initial South Dakota EMT Certification.							
	I want to Reinstate my EXPIRED South Dakota EMT Certification.							
	 I want to Upgrade my CURRENT South Dakota EMR Certification to EMT. 							
	I currently hold an EMT license from another state and want to apply for a South Dakota EMT Certification through Reciprocity or COMPACT.							
	★ 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. Once done go to the bottom of the page and click the "Save and Continue Button:

Part 1 - SDEMS Form	
Application Type App	cant Information Submit Form
✓ Demographic II	ormation
Instructions: Below is i to update it from the a	ormation from your core record. Please review and update any information which is incorrect. If the field is disabled, you are not able plication.
First Name	
→ Save and (ontinue



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:

Part 1 - SDEMS Form					
Application Type Applicant Information Submit Form					
✓ Submit Form					
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 are 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 further understand that this is only the first form to be submitted for my application and that it will not be complete until all forms have been submitted and the EMS Program has reviewed my application.					
<u>Important</u> : You are about to submit Part #1 of your application. You will need to press the <i>Start</i> button to complete Part #2 which will be in the <i>Continue</i> section of your Applications tab. Depending on your internet access it could take a while for Part #2 to be accessible, please be patient.					
mm/dd/yyyy 🗮 Today					
*Applicant Signature					
Username: Iversen.Lance					
Password:					
Submit					

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.



Once you do the above, this page will open where you can click the blue "Start" button to open the Part 2 application:

•					Welcome, LANCE IVERSEN Logout
My Account	Continue My Application	S			
Applications	This section allows you to work with	the forms for applicatio	ns that you have already sta	arted. Click <i>Start</i> to wo	rk with forms you have not yet started filling
Continue 1	out, Continue for forms that are still i	n progress or the PDF ic	on to view a form that you a	already completed.	
Checkout	You can click the grey header bar for	any license application	to expand or collapse the li	st of forms associated	with that license. Additionally, you can use the filters
Transaction	licenses matching your criteria. If you	want to view all license	es again, click Clear.	nis pagerriter yound	
Review		Q CLEAR	•		
- Education			,		
	V SDEMS Application				
* Services	Status: In Process		Initi	iated On: Oct 1, 2021	
	Number: M		lssu Exp	e Date: iration Date:	
	Forms: 0 of 2 completed				
🕷 Manage	EMT Renewal Pkg				
	Form	Requested	Completed	Action	
	Part 2-B2 - EMT Renewal Form	Oct 1, 2021		Start	
	Additional Forms				
	Form	Requested	Completed	Action	
	Part 1 - SDEMS Form	Oct 1, 2021	Oct 1, 2021	🕌 View PDF	
				Records 1-1 of 1 Fi	rstPreviousNextLastPage 1 V Per Page 10 V

Note: If you leave the application, you can access it by clicking the "Applications" box in your menu list on the left side of your page, then click the "Continue" button. If you see a number behind the Continue that means you have open applications in your account. In this example, I have one (1) application left to complete.

When you open the Part 2 application you will go from tab to tab, entering the information asked for and uploading your documents, such as your Driver's License or other Govt. Issued Photo ID, Current CPR Card, and <u>NEW</u> National Registry card (if applicable), if you plan to use your new National Registry card to renew your SD certification.



Part 2 EMT - Renewal A	pplication Form		
Applicant Confirmation	Certification/License Information	Disclosure Information	Submit Application
✓ Confirmation			
First Name			
LANCE			
Last Name			
IVERSEN			
Please confirm that the in Choose Yes to confirm or Confirmation: *Application Type:	name shown above is yours and you a No if this is not your application. If Y Yes No Initial Renewal Reinst	re Renewing your current E fes, be sure to click the Rene atement O Reciprocity (EMT License with the State of South Dakota. wal button below.
*Do you intend to renew	your State Certification with your NR	EMT Certification?	
→ Save and Continue			

If you answer yes to the question above "Do you intend to renew your State Certification with your NREMT Certification?" a box will open where you will enter your National Registry Certification Number, the Expiration Date of your <u>new</u> National Registry Card, then upload a copy of your new National Registry Card, then click the "Save and Continue" button at the bottom of the page to go to the next section:

Example on next page:

SOUTH DAKOTA DEPARTMENT OF	HEALTH

NREMI		
ational Registry Certif	ication Number	
3		
tional Registry Expir	ation Date	
nional negistry Expin		
nm/dd/yyyy	Today Today	
nm/dd/yyyy	Today Today	
nm/dd/yyyy oload a copy of your N	ational Registry Certification (card or certificate)	
nm/dd/yyyy oload a copy of your N ⑦ Upload File	ational Registry Certification (card or certificate)	
nm/dd/yyyy xload a copy of your N ③ Upload File	Today	
nm/dd/yyyy oload a copy of your N	Today lational Registry Certification (card or certificate) ertification	
nm/dd/yyyy oload a copy of your N	ational Registry Certification (card or certificate)	

Save and Continue

If you will not be using National Registry to renew your SD Certification, you would answer No to the above question and then use the continuing education in your Education Report to renew. EMRs will need eight (8) hours in the required topics and EMTs will need twenty (20) hours in the required topics to recertify. Ensure that you have the required hours before you begin your recertification application. If you are short hours in any topic, your recertification application will not be processed. Click the "Save and Continue" button at the bottom of the page to advance to the next tab, Certification/License Information.

On this tab, <u>"Certification/License Information"</u> you will answer the questions then upload copies of your current CPR Card and Driver's License (or other Govt. Issued Photo ID). Note, please have your documents saved on your computer or device before you start the application. When you click the "Upload File" boxes, you will select the file on your computer where you have copies of your documents to upload. If you don't have a scanner, you can take a picture of your documents and upload. When done with this tab, click the "Save and Continue" button at the bottom of the page.

On this tab, <u>"Disclosure Information"</u>, you will answer the three (3) questions then click the "Save and Continue" button at the bottom of the page:



If you answer Yes to any of the disclosure questions you will need to supply more information and documents. Example:

Part 2-B2 - EMT Renewal Form
ense Information - 2 of 5 Additional Uploads (Optional for Recert. App.) - 3 of 5 Disclosure Information - 4 of 5 Submit Application - 5 of 5
✓ Disclosure Info
 *Since your most recent issued application have you been convicted of a felony? Yes \(\com No)
*Please provide court documents on your felony conviction
Upload File
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?
→ Save and Continue

Once done with this section, click the "Save and Continue" button at the bottom of the page. This will then take you to the last tab, <u>"Submit Application".</u>



Enter the date and your password, then click the blue "Submit" button at the bottom of the page:

Part 2-B2 - EMT	Renewal For	m					
< ense Informat	ion - 2 of 5	Additional Upload	ds (Optional for Recert. App.) - 3 of 5	Disclosure Information - 4 o	f 5 Submit	Application - 5 of 5	> •
✓ Submit Apple	pplication						
I hereby certify correct. I under understand all agency for infor Program. I agree information as Date applicatio mm/dd/yyyyy *Applicant E-Sig	under penalty of rstand that any information on rmation related e to hold the EP stated above. n submitted	of perjury under ti falsification or on this application is to my application MS Program and it Today	he laws of the State of South Dakota nission of material facts may cause f s subject to verification, and I hereby n, and for any person, agency, firm, as ts employees, officers, and contracto	that all information on this app orfeiture on my part of all rights give my express permission for sociation, or employer to releas 's harmless from any act or action	olication and s to Certificati the EMS Prog e any informa on resulting fi	its attachments is true on and/or Licensure. I gram to contact any pe tion requested by the rom the release of the	and erson or EMS
_	Username: Iv	versen.Lance			_		
	Password:						
Submit							

<u>Note</u>: Please do not exit the page until the form has been saved/submitted.

To see the status of your application(s), you can click the "Applications" button in your menu list, then click the "Continue" button:



Welcome, LANCE IVERSEN | Logout

My Account				Heteone, Barter Herbert Edgott		
	Continue My Application	S				
Applications	This section allows you to work with	the forms for application	ns that you have already st	tarted. Click Start to work with forms you have not yet started filling		
Continue	out, Continue for forms that are still i	n progress or the PDF ice	on to view a form that you	already completed.		
Checkout	You can click the grey header bar for and search box at the top of the page	any license application to	to expand or collapse the l	list of forms associated with that license. Additionally, you can use the filters		
Transaction	licenses matching your criteria. If you want to view all licenses again, click Clear.					
Review		Q CLEAR	•			
Education	Ad SDEMS Application					
* Services	Status: Pending Issue		Init	tisted On- Oct 1 2021		
	Number:		Iss	ue Date:		
Q Lookup	Level(s): EMT		Exp	piration Date:		
🗶 Manage	Tomis: 0 of 2 compteted					
	EMT Renewal Pkg					
	Form	Requested	Completed	Action		
	Part 2-B2 - EMT Renewal Form	Oct 1, 2021	Oct 1, 2021	🚰 View PDF		
	Additional Forms					
	Form	Requested	Completed	Action		
	Part 1 - SDEMS Form	Oct 1, 2021	Oct 1, 2021	View PDF		
				Records 1-1 of 1 First Previous Next Last Page 1 V Per Page 10 V		

Once you submit your EMR or EMT Renewal Application, the Office of EMS & Trauma will review and process your application. If more information is needed, someone from the office will reach out to you via email or phone.

Please keep your contact information up-to-date in your account demographics section (email, phone number and mailing address) as email is the primary method of communication with you.