



DEPARTMENT OF PUBLIC SAFETY

DIVISION OF EMERGENCY SERVICES

Emergency Medical Services
Emergency Management
State Fire Marshal

Emergency Medical Technician-Basic Reciprocity

Requirements:

In order for an applicant to be granted Reciprocity into the State of South Dakota they must be 18 years of age, and hold a current National Registry Certification or if they allowed their National Registry Certification to lapse they must have current out of state certification.

Procedure:

- Complete the enclosed application in full, unfinished applications will be returned.
- Include a copy of your current EMS Certification (National Registry or State)
- Include a copy of your current CPR Certification.
- If you have allowed your National Registry Certification to lapse but still hold current certification in another state you will need to provide proof of your initial National Registry Passing results.

If Reciprocity is Granted

- The candidate will be required to provide 24 hours of recertification material following SD's EMT-Basic Recertification Booklet, or show current National Registry status at the EMT-Basic level and provide a copy of their current CPR every two years.
- The candidate may participate in a two-hour monthly training program offered once a month throughout the State of South Dakota.
- Participants may also participate in the South Dakota State EMT Association.

Please return to: SD Department of Public Safety
Office of Emergency Medical Services
118 W Capitol Avenue
Pierre, SD 57501-2000

Emergency Medical Technician-Basic Reciprocity Application

Section 1

Name: Last _____	First _____	MI _____	Social Security Number _____
Address: Mailing or PO Box _____		City _____	State _____ Zip _____
Home Phone _____		Work Phone _____	

Section 2 Education and Training

Level of Education: Circle the highest level completed.									
8	9	10	11	12	13	14	15	16	Other _____
National Registry Number _____				Level _____		Expires _____			
Out of State EMT Number _____				State _____		Expires _____			
Name of Course Completed _____							_____		
Course Completion Date _____				Location _____					
Who was the Course Coordinator _____							_____		

Section 3 Employment Information

Employer _____	Phone Number _____
Address _____	
City _____	State _____ Zip _____
If Reciprocity is granted will you be working with a SD Ambulance Service? Yes No	
Will this be a paid or volunteer position? Paid _____ Volunteer _____	
If yes please provide the following information:	
Name of Service _____	Paid _____ Volunteer _____

Section 4 Felony/Diciplinary Informaiton

Have you ever had your certification suspended or revoked? Yes ___ No ___
Have you ever had disciplinary action taken against your EMT Certification Yes ___ No ___
If you have answered yes to any of the above questions please complete the following:
What was the nature of the offense? _____
What state was the offense committed? _____
Sentence _____
What is the current status? _____
Disposition? _____

Section 5 Signature and Date

I hereby affirm and declare that all information submitted on this application is true and correct and that any falsification of statements or information on this application may be considered sufficient cause for denial or subsequent revocation.	
Name: _____	Date _____