

SDBMOE Web User Account Change for Licensee

License, Certificate, Registration, Permit Holder:

Name: _____

Facility: _____

Street Address _____

City _____ State _____ Postal Code _____

Phone Number _____

Licensure Number _____

Licensure Type (Circle):

Advanced Life Support(EMT)	Athletic Trainer	Genetic Counselor	Dietitian/Nutritionist
Medical Assistant	Physician Surgeon	Occupational Therapist	Occupational Therapy Assistant
Physical Therapist	Physical Therapist Assistant	Physician Assistant	Respiratory Therapist
Medical Corporation or Limited Liability Company	Physician Assistant Corporation or Limited Liability Company		

New Web User Information

Email Address: _____

Please use this email address as my User Name.

User Name: _____

NOTE: You will be notified by email when your account has been changed with a temporary password.

I authorize the SDBMOE to change my Web User Account information. I understand this remains in effect indefinitely and that I must contact the SDBMOE when such information is to be changed.

Signature of Licensure Holder

Date

PLEASE FAX