

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