# SOUTH DAKOTA ELECTRICAL COMMISSION Submitting Continuing Education Provider Applications Online

Whether you are new to providing continuing education in South Dakota or have provided classes in the past, you need to create an account the first time you access the Education Provider Portal. This guide will lead you through how to set up your account, submit courses for approval, and add instructors to approved courses.

### Creating Your Account (only done the first time you access)

Go to the Electrical Commission's <u>Online Portal</u> and select the **Education Provider Portal**. You can also find a link to the online portal on our <u>Continuing Education</u> page.



You will be taken to the mySD login screen where you will log in with your existing mySD account. If you do not have a mySD account, you will need to create one.

Please enter the email address you want to use for your continuing education provider account. You can submit multiple applications for classes from your account, so we recommend entering the administrator's email address who will be submitting those applications.

ingsD		Login Help	
If you need to <b>create a</b> <b>mySD account</b> , enter the email you want to use for your mySD account and click <b>Continue</b> .	Source Database of the second	Then clic	k on <b>Sign up now</b> .
	Enter anal address to login Continue		Partnered Forget your gassword? Sign in Don't have an account?

The system will guide you through the process and return you to the Education Provider Portal.

### **Add Personal Information**

Enter your name and email address under Personal Information. You will add instructor information later when you submit classes.

SOUTH DAKOTA DEPT. OF LABOR & REGULATION	
Select Education Provider	Personal Information
Account settings	Note: All information with a red asterisk (*) is required. Personal Information
	Last Name *
	First Name *
	Contact Information
	Home E-mail *
	Note: The email address entered here are for communication purposes only. You can change the email used for login purposes in Account Settings.
	Save

Once you have entered your Personal Information, click **Save**. You will receive a message your record has been saved.



### **Add Education Providers**



Click on **Select Education Provider** on the left-hand side of the screen to add Education Providers.

### Select Create New Provider to create your Provider account

Sele	ct Education Provider				
	Select an education provider profile to open.				<u> </u>
	Filter Provider name		Q		Create New Provider
	Education Provider Name	Provider Number	Provider Type	Address	License Status
		No Providers have been added. C	Click + Create New Provider to add	d a new provider.	

Review the rules regarding Continuing Education, then Save & Continue.

Provider Application	
1 Application Instructions	Step 1 of 2
Important         Please read the following instructions carefully.           20.44:17:02 – Requirements for counting credits. One credit hour of continuing e attend at a continuing education course. This course must meet the requirement Courses may be taken at any location, whether in South Dakota or another state allowed for Commission pre-approved correspondence or interactive online courting court	education is allowed for each 50 minutes Its in §§20:44:17:03 and 20:44:17:04. e. Up to eight credit hours a year may be rses subject to §§20:44:17:05.
	Save & Continue

Select Provider			
Account Settings	Provider Application		
	2 Provider Information		Step 2 of 2
	Note All information with a red asterisk (*) is required		
	Basic Information		
	Provider Name *	Testing Education Provider	
	Email *	pamela.overweg@state.sd.us	
	Phone Number *	(605) 773-3573	
	Fax Number		
	Website	electrical.sd.gov	
	Business Address		
	Street Address *	217 W Missouri Ave	
	Street Address 2		
	City *	Pierre	
	Country *	United States of America	~
	State *	South Dakota	~
	Postal Code *	57501	
	Mailing Address		
	Same as Business Address *	● Yes ○ No	
	< Previous		Submit

Enter all Provider information on the Provider Application screen and click Submit.

You will see a screen confirming your Education Provider application has been submitted.



### **Submitting Courses for Approval**

You will receive an email when your education provider has been approved. You can then go to **Course Application** to submit your classes for approval and click **Start New Application**.

Mike Holt Enterprises	Course Application	าร				
Courses						
Course Application	Welcome! To get started	with a new application, select	"Start New Application" below	. You may not be able to start a new	v application if you already	have one in progress.
Account Settings	Please follow the step-by- time to pick up from where	step instructions to complete you e you left off. Once the applicatio	r application. Your progress will t n has been submitted you will no	e saved as you move between applic longer be able to modify the applicati	ation steps. You can leave a on.	nd return to the application at any
Provider User Accounts	Return to this portal for up	dates and information related to	the application.			
	Should you need assistan	ce, please reach out to the regul	ator.			
	Below you will find all curr	ent and historical applications.				
	Application No.	Application Type	Program Name	Application Status	Submit Date	Decision Date
			No	Applications		
	Start New Application					

Continuing Education is the only option for the Application Type. Click on **Select this Application** to enter the information for the course you want to provide.

Note: Please select the type of application you are applying for.
Continuing Education
Select this Application >

Review the information regarding classes and click Save & Continue in the lower right-hand corner.

Save & Continue >

The Provider Information will be filled in from the information you entered. Review the information and select **Save & Continue**.

Save & Continue >

## Enter all your Course Information

3	Course Information		Step 3 of 5
	Note: All information with a red asterisk (*) is required.		
	Course Information		
	CE Provider *	Instructor Name	
	Class Title *	Name of Class	
	Program Start Date (Date Of Class)	optional	
	Program End Date	MM/DD/YYYY	Ê
	Course Fee (USD) *	125	
	Code Hours *	4	
	Non-code Hours *	0	
	Total Hours *	4	

Select the appropriate radial button for each option under the type of course offered. Interactive Online and Inperson classes count toward a licensee's required in-person hours. The remaining options count as online courses.

Correspondence *	⊖ Yes	<ul> <li>N</li> </ul>	٩
Interactive Online * Requires a live instructor with the use of webcams and active participation. This will count as in person hours.	⊖ Yes	<ul> <li>N</li> </ul>	٩
In Person * Requires the class to be taught with all attendees and instructor in person	Yes	0	٩
Online Self-Paced * Online course that is completed with no timing but requires a minimum amount of time spent on the course	⊖ Yes	<ul> <li>N</li> </ul>	٩
Hybrid - In person & Interactive online * In person class that also has virtual participants. This method is not recommended.	⊖ Yes	<ul> <li>N</li> </ul>	٩
Online * Any online course that is not considered self-paced	⊖ Yes	<ul> <li>N</li> </ul>	10
Click Save & Continue			
< Previous	Save & C	ontinue	>

Upload all your supporting documents by clicking **Choose Files** next to the *Outline of The Subject Matter, Copy of Certificate,* and *Additional Documents* (if applicable). You must upload the Outline of the Subject Matter and the Copy of Certificate to proceed. **Click Save & Continue**.

Application 44		
4 Supporting Documents		Step 4 of 5
Note: All information with a red asterisk (*) is required.		
Outline Of The Subject Matter*		
Submit a comprehensive, detailed outline of the subject matter together with the sequence of each segment, materials, and visual aids being used for the course.	1 Choose Files	
Copy Of Certificate*		
Submit a copy of certificate being used.	1 Choose Files	
Additional Documents		
Please upload any additional documentation if applicable.	1 Choose Files	
< Previous		Save & Continue >

If your course has been approved in another state, select Yes, provide details in the space indicated, and click **Choose Files** to upload supporting documentation of the approval. Click **Submit**.

If your course has not been approved in another state, select No, and click Submit.

Application 44	
5 Declaration	Step 5 of 5
Note:       All information with a red asterisk (*) is required.         1.Is this course approved in any other state? If yes, please list which states and attach your approval letter from each with application.	
Please give details on the space provide below and attach copies of any relevant documents *	
Provide details	
Please upload supporting documentation *	
< Previous	Submit >

Once your class has been submitted, you will receive confirmation your application is complete.



Once your course has been approved, you will receive an automated email notifying you of the approval.



### Adding Instructors to an Approved Course

After your course is approved, you can add instructors. Click on **Courses** on the left-hand side and click on **Select** next to the course you want to add instructors to.

Cours	es					
Se	elect an education program to r	nanage.				
	Search by keyword		Q			
F	Program Name	Program Type	Program Number	Start Date	End Date	
1	Name of Class	Continuing Education	31	N/A	N/A	Select >

#### Instructors

Program approved instructors. Click 'Add an Instructor' to add a new instructor to the approved program. To release an instructor or view more information about an instructor, click 'Manage'.

Search by keyword		Q		Add an Instructor	
First Name	Last Name	License Number	License Type		
No instructors found for this program.					
				0 result(s)	

Check the box for *Instructor is not licensed*. Fill out the instructor information. All fields with a red asterisk are required.

Testing Education Provider 217 W Missouri Ave, Pierre, South Da Approved Courses	Instructor Registration							
Courses								
Course Application								
Account Settings	Add Instructor	Add Instructor						
Provider User Accounts	Instructor is not licensed							
	Assigned Course *							
	Testing CE Course Instructor							
	Start Date *	07/01/2024						
	End Date	MM/DD/YYYY 🛗						
	Personal Information							
	First Name *	Pamela						
	Last Name *	Overweg						
	Title/Position							
	Email *	pamela.overweg@state.sd.us						
	Street *	217 W Missouri						
	City *	Pierre						
	Country *	United States of America v						
	State *	South Dakota ~						
	Zip Code *	57501						
	Describe professional or trade experience evidenced by an app Describe any other training/experience gained in the electrical	ropriate license or degree (attach additional information or materials as needed). * rade industry (attach additional information or materials as needed). *						
	Upload Instructor Resume *	Choose Files     Instructor (s) Resume with additional documentation of profession or trade experience evidenced by an appropriate license or degree, and any other trainingrexperience gained in the electrical industry.						
	Attach additional information or materials as needed.	▲ Choose Files						
	Names of additional instructors other than persons listed above							
	< Previous	Save & Continue >						

Once you have completed all fields, click **Save & Continue**. That instructor will now show up in the list of program-approved instructors.

Instructors						
Program approved instructors.	Click 'Add an Instructor' to add a	new instructor to the	approved program. To rel	lease an instructor or view more inform	ation about an instru	ctor, click 'Manage'.
Search by keyword			Q			Add an Instructor
First Name	Last Name	License Number		License Type		
Pamela	Overweg	N/A		N/A	Remove 🗷	
						1 result(s)

Instructors do not require approval in the system, but please ensure you have an instructor loaded for any approved classes. Failure to load an instructor could result in future denial of your class if an audit shows no qualified instructor is listed.