# State of South Dakota

## Office of the Secretary of State

# CERTIFICATE OF AUTHORIZATION

## Postsecondary Education

**I, Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

**Midwest Dental Assistant School**

meets the requirements to provide postsecondary education in the State of South Dakota pursuant to South Dakota Codified Law 13-48. This registration has an effective date of **July 16, 2026** and will be valid through **June 30, 2027**.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, July 16, 2026

Monae L. Johnson

**Monae L. Johnson**
**Secretary of State**

SD Secretary of State Office
500 E. Capitol Ave.
Pierre, SD 57501
(605) 773-2797
sos.edu@state.sd.us

# APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

SDCL 13-48



## FILING FEE: $500

**FILING FEES ARE NONREFUNDABLE AND NOT PRO-RATED**

**Make Check Payable to SECRETARY OF STATE**

1. Name of Applicant (the institutional name under which postsecondary educational programs are provided):

   Midwest Dental Assistant School

2. Applicant's Main Address (Additional sites listed on Attachment A):

   | 8008 Stage Stop Road | Summerset | SD | 57718 |
   |---|---|---|---|
   | Actual Street Address | City | State | ZIP+4 |
   | | | | |
   | Mailing Address, if Different from Street Address | City | State | ZIP+4 |

   Website

3. Contact Person: Emily VanDevender — Name; Compliance Specialist — Title

   662 803 1622 — Telephone Number; Fax Number

   emilycompliancespecialist@gmaxseo.com — Email Address

4. Applicant's PHYSICAL South Dakota Address:

   | 8008 Stage Stop Road | Summerset | SD | 57718 |
   |---|---|---|---|
   | Actual Street Address | City | State | ZIP+4 |
   | | | | |
   | Mailing Address, if Different from Street Address | City | State | ZIP+4 |

5. Does the Applicant operate at sites other than the addresses stated above? ☐ YES ☑ NO

   If "**YES**", please be advised that Attachment A to this application must be completed, which shall comprise part of this application, and any subsequent changes to the information provided in Attachment A must be submitted with an amendment application to the Secretary of State Office, within thirty (30) days of such change.

6. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? ☐ YES ☑ NO

   If "**YES**", please indicate the following:

   Parent Organization Name

   | Street Address | City | State | ZIP+4 |
   |---|---|---|---|

7. Is the Applicant an instrumentality of the State of South Dakota under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☑ NO

If "**NO**", please indicate whether the Applicant is either (*check one of the following*):

☐ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State _____ Agency _____

Street Address _____ City _____ State _____ ZIP+4 _____

Contact Phone Number _____ Fax Number _____

☑ Legally established to operate in South Dakota as a business entity

DL323809
South Dakota Business ID

Midwest Dental Assistant School, LLC
South Dakota Business Name

8. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

☐ YES - **Please include a COPY of your Accreditation.**

If "**YES**", please indicate the following:

Accrediting Agency _____

Street Address _____ City _____ State _____ ZIP+4 _____

Effective date of most recent grant of accreditation: _____

Term or expiration date of most recent accreditation: _____

☑ NO

If "**NO**", Application submission MUST include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

9. Has the Applicant ever been ordered to cease operations?

☐ YES

If "**YES**", please indicate the following:

Jurisdiction _____ Agency that made the order _____

The date ordered to cease operations: _____

Dates the cease operation was in effect: _____

Is the cease operations order still in effect? ☐ YES ☐ NO

☑ NO

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution. No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated 7/16/26

Signature of an authorized person

Emily C VanBevender

Printed name

Compliance Specialist

Title

**Submit Application to:**

South Dakota Secretary of State
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:
SOS.EDU@state.sd.us