

PTA Supervision Registration Form (Form #5)
(Copy this form for multiple supervisors)

Note: A physical therapist may not supervise more than two physical therapist assistants at any one time. This application must be sent to the Board at least fifteen days before supervision is to begin. (§36-10-35.8)

Supervisor: Supervisor must be a licensed Physical Therapist in the state of South Dakota

Name of Physical Therapist _____
Street Address _____
City _____ State _____ Postal Code _____
Phone Number _____ Email Address _____
South Dakota License Number _____

Physical Therapist Assistant

Physical Therapist Assistant Name _____
South Dakota Certificate Number (If applying, write "N/A") _____

Basis of Supervision

On what basis will supervision be provided? _____

Proposed Practice Location (Name of Company and Full Address) _____

Physical Therapist's Education and Practice

PT school(s) _____
Dates: From (MM/YY) _____ To (MM/YY) _____
Practice Locations and Dates (Please list the locations and dates of employment): _____

I certify that I have read, understand and will comply with those sections regarding Physical Therapist Assistants as stated in the South Dakota Physical Therapy Practice Act.

Signature of Supervising Physical Therapist

Date