

AEMT Affidavit:

I cannot work as an AEMT unless a South Dakota Licensed Supervising Physician Has Signed an Agreement that is submitted to the Board

I, _____, understand that I am permitted to maintain a South Dakota AEMT license without a South Dakota supervising physician because I am not working as an ALS AEMT. This affidavit is being offered in lieu of the required certificate of supervising physician.

If I obtain employment in South Dakota as an AEMT, I will first submit the ALS Supervision Certificate form to the BMOE office and receive approval before working as an AEMT.

Print Applicant/Licensee Name Signature of Applicant/Licensee Date

Subscribed and sworn to before me this _____ day of _____, 20____

(SEAL)

Notary Public

My Commission expires: _____