

**Paramedic Affidavit:**

**I cannot work as a Paramedic 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 Paramedic license without a South Dakota supervising physician because I am not working as an ALS paramedic provider. This affidavit is being offered in lieu of the required certificate of supervising physician.

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

\_\_\_\_\_  
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: \_\_\_\_\_