

Occupational Therapy Assistant Affidavit:

I cannot work as an OTA unless a Licensed Supervising Occupational Therapist Has Signed an Agreement that is submitted to the BMOE Office.

I, _____, understand that I am permitted to maintain my South Dakota OTA license without a licensed supervising occupational therapist because I am not working as an OTA. This affidavit is being offered in lieu of the required supervision agreement.

If I obtain employment in South Dakota as an occupational therapy assistant, I will first submit OTA Supervision Registration Form to the BMOE office and receive approval before working as an occupational therapy assistant.

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: _____