

PTA Supervision Registration Form

(Copy this form for multiple supervisors)

SDCL 36-10-35.8 provides that a physical therapist may not supervise, at any one time, more than the equivalent of two full-time physical therapist assistants. This application must be sent to the Board at least 15 days before supervision is to begin. This statute also provides that a supervisor must be a licensed Physical Therapist in the state of South Dakota.

Physical Therapist Assistant

Physical Therapist Assistant Information

Printed Name _____

License # _____

Date _____

Proposed Supervising Provider(s)

Supervising Provider Information

Name of Supervising Therapist: _____

License #: _____

Practice Facility Name: _____

Practice Address: _____

Phone: _____ Email: _____

Basis of Supervision

On what basis will supervision be provided?: _____

Supervising Therapist's Practice

Practice Locations (Please list the locations of employment):

Signature

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

**MAIL FORM TO:
SDBMOE
101 N. MAIN AVENUE, SUITE 301
SIOUX FALLS, SD 57104**