

AFFIDAVIT
Athletic Trainer
License Issued without Team or Treating Physician

I, _____, understand that I am being issued a South Dakota Athletic Trainer license without a team or treating physician.

SDCL 36-29-1 defines an athletic trainer as:

a person with specific qualifications as set forth in § 36-29-3, whose responsibility is the prevention, evaluation, emergency care, treatment, and reconditioning of athletic injuries **under the direction of the team or treating physician.**

Therefore, I understand that to work as an athletic trainer in South Dakota, I must first have a team or treating physician to practice athletic training activities. A team or treating physician (M.D. or D.O.) shall be licensed in this state under SDCL 36-4-9. Chiropractors (D.C.) or podiatrists (D.P.) are not licensed under 36-4-9 and therefore not acceptable as a team or treating physician supervisor for an athletic trainer.

I understand working or practicing as an athletic trainer in South Dakota without a Board of Medical and Osteopathic Examiners approved team or treating physician is a crime.

When I obtain employment, I will send a signed Protocol indicating who the team or treating physician is and the team or treating physician will sign as well. I must receive an approval letter prior to practicing as an athletic trainer for that employment.

I must provide contact information (mailing address or fax number) to which this notification may be sent or it will be mailed to the preferred address that I have on file with the Board.

Name of Applicant

Signature of Applicant

Date

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

(SEAL)

Notary Public

My Commission expires: _____