

AFFIDAVIT
Medical Assistant
Registration Issued without Supervising Physician

I, _____, understand that I am being registered in South Dakota as a Medical Assistant without a supervising healthcare provider.

SDCL 36-9B-1 defines a medical assistant as:

a professional multi-skilled person who assists in all aspects of medical practice **under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota.** A medical assistant assists with patient care management, executes administrative and clinical procedures, and performs managerial and supervisory functions over unlicensed personnel. A medical assistant must be supervised by a licensed physician, licensed physician assistant or a licensed advanced practice nurse.

Furthermore, I understand that under SDCL 36-9B-1, before I practice or work as a medical assistant, I must provide the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) with the name and contact information of my supervising healthcare provider who is licensed in this State pursuant to SDCL 36-4.

I understand working or practicing without a South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) approved supervising healthcare provider is a crime.

When I obtain employment in South Dakota as a medical assistant, I will submit the MA Supervision Registration Form to the SDBMOE office for approval prior to practicing as a Medical Assistant. I will include the name of my supervising physician and complete contact information, including my practice address, home phone number, work phone number and email address.

Name of Applicant

Signature of Applicant

Date

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

(SEAL)

Notary Public

My Commission expires: _____