

MA Supervision Registration Form

SDCL 36-9B-1 provides that a medical assistant must be supervised by a licensed physician, licensed physician assistant or a licensed advanced practice nurse.

Medical Assistant	
Medical Assistant Information	<div style="display: flex; justify-content: space-between;"> Printed Name _____ License # _____ Date _____ </div>
Practice Facility	Practice Facility Name: _____ Practice Address: _____ Phone: _____ Email: _____
Proposed Supervising Provider(s)	
Supervising Provider Information	<div style="margin-bottom: 10px;"> 1. Name: _____ <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> CNP <input type="checkbox"/> CNM License #: _____ (If unknown, leave blank) </div> <div style="margin-bottom: 10px;"> 2. Name: _____ <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> CNP <input type="checkbox"/> CNM License #: _____ (If unknown, leave blank) </div> <div style="margin-bottom: 10px;"> 3. Name: _____ <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> CNP <input type="checkbox"/> CNM License #: _____ (If unknown, leave blank) </div> <div style="margin-bottom: 10px;"> 4. Name: _____ <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> CNP <input type="checkbox"/> CNM License #: _____ (If unknown, leave blank) </div> <div style="margin-bottom: 10px;"> 5. Name: _____ <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> CNP <input type="checkbox"/> CNM License #: _____ (If unknown, leave blank) </div>
Proposed Dates	<div style="display: flex; justify-content: space-between;"> Start Date _____ End Date (if applicable) _____ </div>
Signature	
Supervising Provider Information	<p><i>I certify that the above information is true and accurate.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Signature of Medical Assistant _____ Date </div>

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