

AFFIDAVIT
Occupational Therapy Assistant
License Issued without Supervising Occupational Therapist

I, _____, understand that I am being issued a South Dakota Occupational Therapy Assistant license without a supervising occupational therapist.

I understand that under ARSD 20:64:03:

An occupational therapy assistant with less than one year of experience in the assistant's present area of practice must receive a minimum of 10 hours of supervision from an occupational therapist for each 40 work hours or 25 percent of the total scheduled work hours. An occupational therapy assistant with more than one year of experience in the assistant's present area of practice must receive a minimum of 4 hours of supervision from an occupational therapist for each 40 work hours or 10 percent of the total scheduled work hours.

Furthermore, I understand that under SDCL 36-31-1, an occupational therapist assistant is licensed to assist in the practice of occupational therapy, under the supervision of an occupational therapist licensed in this state pursuant to SDCL 36-31. Before I practice or work as a Occupational Therapy Assistant, I must provide the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) with the name and contact information of my supervising Occupational Therapist.

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

When I obtain employment, I will send the Application for Supervisor of Occupational Therapy Assistant completed by my South Dakota licensed occupational therapist to SDBMOE. I must receive a SDBMOE approval letter prior to practicing as an Occupational Therapy Assistant for that employment. I will keep the SDBMOE approval letter on file at each practice location.

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: _____