

**AFFIDAVIT
Physician Assistant
License without Supervising Physician**

I understand that for physician assistant practice in South Dakota outside of a federal facility the following applies:

SDCL 36-4A-1.1 Practice agreement defined. The term, practice agreement, as used in this chapter, means a written agreement authored and signed by the physician assistant and the supervising physician. The practice agreement shall prescribe the delegated activities which the physician assistant may perform, consistent with § 36-4A-26.1 and contain such other information as required by the board to describe the physician assistant's level of competence and the supervision provided by the physician. A signed copy of the practice agreement shall be kept on file at the physician assistant's primary practice site and be filed with and approved by the board prior to beginning practice. No physician assistant may practice without an approved practice agreement. (emphasis added)

I understand that federal employees' activities are not limited according to the following:

SDCL 36-4A-6. Federal employees' activities not limited--Christian Scientists. "Nothing in this chapter limits the activities of a physician assistant employed by the federal government in the performance of their duties, nor to the Christian Scientists as such who do not practice medicine, surgery, or obstetrics by the use of any material remedies or agencies. Any physician assistant who is employed by the federal government and practices outside of the federal system shall be licensed and abide by the terms of this chapter". (emphasis added)

I understand that if I practice at a facility located in South Dakota that is not a federal facility, I will comply with all SDBMOE policies and procedures regarding new physician assistant practice agreements.

I understand that if I practice at a location in South Dakota that is not a federal facility, I shall provide my practice agreement to the Board, and shall not practice until I receive a letter of approval from the Board.

Name of Licensee

Signature of Licensee

Date

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

(SEAL)

Notary Public

My Commission expires: _____