

**AFFIDAVIT**  
**Physical Therapist Assistant**  
**License Issued without Supervising Physical Therapist**

I, \_\_\_\_\_, understand that I am being issued a South Dakota Physical Therapist Assistant license without a supervising Physical Therapist.

SDCL 36-10-18 defines a physical therapist assistant as:

a person who is a graduate of an accredited physical therapist assistant education program as determined by the board, who has passed a certification examination approved by the board, and who assists in providing physical therapy services under the supervision of a physical therapist.

Furthermore, I understand that under SDCL 36-10-18, before I practice or work as a physical therapist assistant, I must provide the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) with the name and contact information of my supervising Physical Therapist who is licensed in this State pursuant to SDCL 36-10.

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

When I obtain employment, I will send the Application for Supervisor of Physical Therapy Assistant completed by my South Dakota licensed physical therapist to SDBMOE. I must receive a SDBMOE approval letter prior to practicing as a Physical 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
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_