AFFIDAVIT
Respiratory Care Practitioner
License Issued without Supervising Physician

I, _____, understand that I am being registered in South Dakota as a Respiratory Care Practitioner without a supervising healthcare provider.

SDCL 36-4C-1 defines a respiratory care practitioner as:

> any person with a temporary permit or license to practice respiratory care as defined in this chapter and whose temporary permit or license is in good standing (who performs the duties described in SDCL 36-4C-2.)

Furthermore, I understand that under SDCL 36-4C-3, before I practice or work as a respiratory care practitioner, 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, I will contact the SDBMOE office in writing for instructions as to the steps to follow prior to practicing as a Respiratory Care Practitioner. I will include the name of my supervising physician and complete contact information, including my cell phone and mailing address.

_____ _____ _____
Name of Applicant Signature of Applicant Date

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

(SEAL)

_____
Notary Public

My Commission expires: _____