

RCP Supervision Registration Form

SDCL 36-4C-3 provides that a respiratory care practitioner must be supervised by a licensed South Dakota physician.

Respiratory Care Practitioner	
Respiratory Care Practitioner Information	Printed Name _____ License # _____ Date _____
Practice Facility	Practice Facility Name: _____ Practice Address: _____ Phone: _____ Email: _____
Proposed Supervising Provider(s)	
Supervising Provider Information	1. Name: _____ License #: _____ (If unknown, leave blank) 2. Name: _____ License #: _____ (If unknown, leave blank) 3. Name: _____ License #: _____ (If unknown, leave blank) 4. Name: _____ License #: _____ (If unknown, leave blank) 5. Name: _____ License #: _____ (If unknown, leave blank)
Proposed Dates	Start Date _____ End Date (if applicable) _____
Signature	
Supervising Provider Information	<i>I certify that the above information is true and accurate.</i> _____ Signature of Respiratory Care Practitioner _____ Date _____
MAIL FORM TO: SDBMOE 101 N. MAIN AVENUE, SUITE 301 SIOUX FALLS, SD 57104	