

Physician Assistant Affidavit:

I cannot work as a PA unless a South Dakota Licensed Supervising Physician Has Signed an Agreement that is submitted to the BMOE office.

I _____, understand that I am permitted to maintain a South Dakota Physician Assistant license without a supervising physician because I am not working as a PA. This affidavit is being offered in lieu of the required practice agreement.

If I obtain employment in South Dakota as a physician assistant, I will first submit the PA Practice Agreement form to the BMOE office and receive approval before working as a physician assistant.

Name of Applicant

Signature of Applicant

Date

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

(SEAL)

Notary

Public My Commission expires: _____