

I/99 Affidavit:

I cannot work as an I/99 unless a South Dakota Licensed Supervising Physician Has Signed an Agreement that is submitted to the Board

I, _____, understand that I am permitted to maintain a South Dakota I/99 license without a South Dakota supervising physician because I am not working as an I/99. This affidavit is being offered in lieu of the required certificate of supervising physician.

If I obtain employment in South Dakota as an I/99, I will first submit the ALS Supervision Certificate form to the BMOE office and receive approval before working as an I/99.

Print Applicant/Licensee Name Signature of Applicant/Licensee Date

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

(SEAL)

Notary Public

My Commission expires: _____