

**Athletic Trainer Affidavit:**

**I cannot work as an AT unless a South Dakota Licensed Team or Treating Physician Has Signed a Protocol that is submitted to BMOE Office.**

I, \_\_\_\_\_, understand that I am permitted to maintain a South Dakota Athletic Trainer license without a team or treating physician because I am not working as an AT. This affidavit is being offered in lieu of the required team or treating physician protocol.

If I obtain employment in South Dakota as an athletic trainer, I will first submit a signed Protocol indicating who the team or treating physician is to the BMOE office and receive approval before working as an athletic trainer.

\_\_\_\_\_  
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: \_\_\_\_\_