Medical Assistant Affidavit:

I cannot work as a medical assistant unless a person Licensed in South Dakota to Practice Medicine Has Signed an Agreement that is submitted to the boards.

I, _____, understand that I am permitted to maintain a South Dakota Medical Assistant registration without a supervising healthcare provider because I am not working as an MA. This affidavit is being offered in lieu of the required supervision registration.

If I obtain employment in South Dakota as a medical assistant, I will first submit the MA Supervision Registration Form to the BMOE office and receive approval before working as a medical assistant.

_____ _____

Name of Applicant Signature of Applicant Date

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

(SEAL)

_____

Notary Public

My Commission expires: _____