

PTA Supervision Registration Form

(Copy this form for multiple supervisors)

SDCL 36-10-35.8 provides that a physical therapist may not supervise more than two physical therapist assistants at any one time. This application must be sent to the Board at least 15 days before supervision is to begin. This statute also provides that a supervisor must be a licensed Physical Therapist in the state of South Dakota.

Physical Therapist Assistant	
Physical Therapist Assistant Information	Printed Name _____ License # _____ Date _____
Proposed Supervising Provider(s)	
Supervising Provider Information	Name of Supervising Therapist: _____ License #: _____ Practice Facility Name: _____ Practice Address: _____ Phone: _____ Email: _____
Basis of Supervision	
	On what basis will supervision be provided?: _____ _____ _____ _____
Supervising Therapist's Practice	
	Practice Locations (Please list the locations of employment): _____ _____ _____ _____
Signature	
	<i>I certify that I have read, understand and will comply with those sections regarding Physical Therapist Assistants as stated in the South Dakota Physical Therapy Practice Act.</i> _____ Signature of Supervising Physical Therapist _____ Date _____

**MAIL FORM TO:
SDBMOE
101 N. MAIN AVENUE, SUITE 301
SIOUX FALLS, SD 57104**