

## PTA Supervision Registration Form

(Copy this form for multiple supervisors)

SDCL 36-10-35.8 provides that a physical therapist may not supervise, at any one time, more than the equivalent of two full-time physical therapist assistants. 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.

The completed form should be scanned and emailed to the Board office at [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us)

### PRACTICE FACILITY

PROPOSED START DATE: \_\_\_\_\_

PRACTICE FACILITY NAME: \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### SIGNATURES

\_\_\_\_\_  
PRINTED NAME PTA

\_\_\_\_\_  
SIGNATURE PTA (No Electronic or Stamp Signatures will be Accepted)

\_\_\_\_\_  
DATE

Email: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME SUPERVISING PHYSICAL THERAPIST

\_\_\_\_\_  
SIGNATURE SUPERVISING PHYSICAL THERAPIST

(No Electronic or Stamp Signatures will be Accepted)

\_\_\_\_\_  
DATE

Email: \_\_\_\_\_

ON WHAT BASIS WILL SUPERVISION BE PROVIDED?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_