

EMS SUPERVISION FORM UPDATED 07/01/2024

- Emergency medical services personnel shall be supervised by a physician, physician assistant, or nurse practitioner[36-4B-1 (8) and 36-4B-15].
- Both the emergency medical service personnel (EMS) and the supervising provider must be licensed in South Dakota and have a board approved practice agreement on file with the board office before practicing in South Dakota.
- A separate practice agreement is required for each practice location.
- A separate agreement is required for each provider that will supervise you, if working in a hospital or other facility.
- The terms of this agreement shall remain in effect unless the agreement is terminated in writing by either party.

PRACTICE LOCATION INFORMATION

Employer Name:	
Employer Address:	
Employer Phone:	
Employer Email:	

SIGNATURES

EMS LICENSEE

Printed Name: _____ Date: _____

Signature (Original signature or DocuSign Accepted) _____

Email: _____

SUPERVISING PROVIDER

Printed Name: _____ Date: _____

I agree to supervise, observe, direct, and review the EMS licensee's work

Signature (Original signature or DocuSign Accepted) _____

Email: _____