

South Dakota

READ BEFORE SIGNING
Affidavit and Authorization Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in the South Dakota license application process and documentation, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I will read and understand the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) Application and will answer all questions during the application process and contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the SDBMOE any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the SDBMOE or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the SDBMOE, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SDBMOE.

I will immediately notify the SDBMOE in writing of any changes including those changes to the answers to any of the questions contained in the application if such a change occurs at any time prior to licensure being granted to me.

I understand my failure to answer questions during the application process or questions contained in the application process truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice in South Dakota.

Applicant's Printed Legal Name (First, Middle, Last, and Suffix (e.g., Jr.) Please print legibly

Print any other names used by the Applicant

Applicant's Original Signature

Date - must match notary's signature date

(DocuSign is Accepted)

Notary - Please complete the section below:

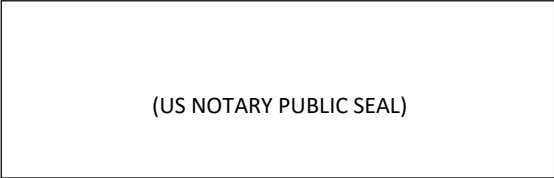
I certify that on the date set forth below, the individual named above, did present one of the following form(s) of identification as proof of his/her legal name identity:

- Valid passport; or,
State Driver's License or other Valid US Government Issued ID with photo.

US Notary Public Signature

State of
County of
SUBSCRIBED AN SWORN TO before
me this day of ,20
My commission expires*:

*The notary's commission expiration date must be current and legible. If no expiration date, give explanation such as "lifetime"



Applicant Instructions for Submission - CHECK each box below and Ensure each item is complete before submitting

- Attach a recent (within the last 6 months) passport-quality, color photo in the box to the right
Scan in color: this form AND your driver's license and/or passport used and email copies to

Applicant Photograph
Insert digital or secure a front-view 2" x 2" high quality color photograph. Photo must be attached prior to notarization