South Dakota Board of Hearing Aid Dispensers
And Audiologists
810 North Main #298
Spearfish, SD 57783

SUPERVISOR'S AFFIDAVIT
(Must accompany each application for a provisional Audiologist license. Please return with you completed application.)

Applicant's Name:_____
Last First Middle (Maiden)

Supervisor's Name:_____ Business Name:_____
Last First

Address:_____
Mailing Address City State Zip

Business Phone #:_____ Supervisor's Permanent Audiologist License No:_____

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended Audiology license issued me under SDCL Chapter 36-24, that I fully understand and accept my responsibilities as Supervisor for above named applicant who will work and train under my personal supervision, and for whose proper technical training and ethical conduct I am to be solely responsible. I further affirm that I have made a thorough personal investigation into the back ground experience record of said Applicant as to his or her record for honesty and integrity and to the point that it could be proven otherwise, I do hereby swear that the results of said investigation by me were completely satisfactory; also, that I have read the contents of the attached application by above applicant, and that to the best of my knowledge and belief all answers given therein are true and complete. I declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

Dated:_____ Signed:_____
Supervisor

AFFIDAVIT

State of_____
SS
County of_____

The SUPERVISOR_____, being duly sworn, declares all statements made in this application are true and correct to the best of his or her knowledge.

Subscribed and sworn to before me this_____day of_____,_____.

My commission expires_____ _____
Notary Public