

SOUTH DAKOTA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY

810 N. Main St. #298  
Spearfish, SD 57783  
605-642-1600

Affidavit of Verification of Employment as a Speech Paraprofessional

FULL NAME: \_\_\_\_\_  
(Last Name) (First Name) (Middle) (Maiden)

I, \_\_\_\_\_ hereby certify that I worked as a paraprofessional providing speech-language pathology services under the direct supervision of a speech-language pathologist prior to July 1, 2012.

MUST BE SIGNED IN PRESENCE OF NOTARY

I declare and affirm under the penalties of perjury that this affidavit has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires \_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature of Notary Public

Per SDCL 36-37-19 Any person who is employed as a paraprofessional providing speech-language pathology services under the direct supervision of a speech-language pathologist who holds a speech-language pathologist certificate from the South Dakota Department of Education as of July 1, 2012, and does not otherwise meet the qualifications set forth in this chapter may apply for and shall be granted a speech pathology assistant license and may continue to practice as a speech-language pathology assistant. This exception expires July 1, 2020, at which time all speech-language pathology assistants shall meet the requirements of this chapter.