ADDENDUM 4

I enclose the fee of $50.00 for application for South Dakota locum tenens certificate.

Make Check payable to: SDBMOE
or
complete below for credit card:

Credit Card number: _____

Expiration Date: mm/yy _____

Print Name of person signing credit card: _____

Signature _____Date _____

Print Name of Applicant: _____ Date : _____

Signature: _____