

PTA Supervision Registration Form

(Copy this form for multiple supervisors)

SDCL 36-10-35.8 provides that a physical therapist may not supervise, at any one time, more than the equivalent of two full-time physical therapist assistants. This application must be sent to the Board at least 15 days before supervision is to begin. This statute also provides that a supervisor must be a licensed Physical Therapist in the state of South Dakota.

The completed form should be emailed to the Board office at office@sdlicensing.com or mailed to:

SD Board of Physical Therapy

810 N. Main St. #298

Spearfish, SD 57783

PRACTICE FACILITY

PROPOSED START DATE: _____

PRACTICE FACILITY NAME: _____

PRACTICE ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURES

PRINTED NAME PTA

SIGNATURE PTA (Original signature or DocuSign Accepted)

DATE

Email: _____

PRINTED NAME SUPERVISING PHYSICAL THERAPIST

SIGNATURE SUPERVISING PHYSICAL THERAPIST

DATE

(Original signature or DocuSign Accepted)

Email: _____

ON WHAT BASIS WILL SUPERVISION BE PROVIDED:

