

STATEMENT OF PROVISIONAL HEARING AID DISPENSER LICENSEE'S SUPERVISION

STATE OF SOUTH DAKOTA
BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS
810 NORTH MAIN #298
SPEARFISH, SD 57783
605-642-1600

I, _____, provisional Hearing Aid Dispenser licensee of the
(Print)

South Dakota Board of Hearing Aid Dispensers and Audiologists, do hereby affirm and declare that I received forty (40) hours of face to face supervision from _____,

Sponsor, licensed Hearing Aid Dispenser or Audiologist in the State of South Dakota, during the first week of my provisional licensure beginning on _____.

And, additionally, I received eight (8) hours weekly of direct face to face supervision from my sponsor during the period of my provisional licensure.

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.

Date: _____ By: _____
Signature

Supervisor's Statement

I, _____, Sponsor, licensee # _____, do
(Print)

hereby affirm and declare that I provided direct face to face supervision to _____,
provisional licensee # _____ as follows: forty (40) hours during the first week of
provisional licensure and eight (8) hours weekly of direct fact to face supervision there after.

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.

Date: _____ By: _____
Signature of Sponsor

Note: This form is to be submitted to the Board by the provisional licensee at least two weeks prior to the scheduled practicum testing as per ARSD Chapter 20:46:03:01