

SOUTH DAKOTA BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS

810 North Main #298, Spearfish, SD 57783

SPONSOR'S AFFIDAVIT

*Must accompany each application for a Provisional Hearing Aid Dispenser's License

Applicant's Name: _____
Last First Middle Maiden

Sponsor's Name: _____
Last First

Business Name: _____

Business Physical Address: _____
Street City State Zip

Business Phone #: _____ Sponsor's SD License #: _____

Please initial each statement, sign and have notarized.

_____ I am the holder of a valid, unrevoked, unsuspended Hearing Aid Dispenser license or Audiology license issued under SDCL Chapter 36-24.

_____ I fully understand and accept my responsibilities as Sponsor for above named applicant who will work and train under my personal supervision per South Dakota Administrative Rule 20:46:03:01.

_____ As sponsor I am responsible for the proper technical training and ethical conduct of the above named applicant.

_____ I affirm I have made a thorough personal investigation into the background experience record of above named applicant as to his or her record for honesty and integrity and to the point that it could be proved otherwise, I do hereby swear that the results of said investigation by me were completely satisfactory.

_____ I have read the contents of the application by above applicant, and 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: _____
Sponsor

AFFIDAVIT

State of _____

SS

County of _____

The SPONSOR _____, 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