

Affidavit: Waiver of Physical Therapy Continuing Education Requirements

SDCL 36-10-51 states that the Board **may** grant a full or partial waiver of continuing education requirements if an applicant submits evidence satisfactory to the board that the applicant was unable to comply because of illness, disability, military service, or financial hardship. Per ARSD 20:66:03:04, an applicant must submit this affidavit to the board stating they were prevented from completing the requirement because of the circumstances listed in SDCL 36-10-51. The affidavit for a waiver must be submitted at least thirty days prior to the expiration date of the license.

To Submit the Waiver of Physical Therapy Continuing Education Requirements Affidavit:

1. Complete the "Licensee Information" section and print this form.
2. Sign this affidavit in the presence of a Notary.
3. Scan the document.
4. Email the document to office@sdlicensing.com.

Licensee Information

Licensee Name: _____ SD License Number: _____

Reason for Waiver Request: illness disability military service financial hardship

Did you graduate from an accredited DPT or PTA program within the 2-year licensing period for which you seek a waiver?
 No Yes

Provide more information about the reason for waiver request using the box below.

Have you previously received a waiver of continuing education? No Yes
If your response to the above question is "yes," please specify all dates: _____

***The Board may request additional information and/or documentation if necessary**

Signatures and Notary

X

Licensee's Signature Date
(must be signed in the presence of a notary - No Electronic or Stamp Signatures will be Accepted)

Licensee's Printed Legal Name (First Name, Middle Initial, Last Name, and Suffix (e.g., Jr.))

NOTARY

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following form(s) of identification as proof of his/her legal name identity:

- Valid passport; or,
- Other USD Government Issued ID.

I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

X

US Notary Public Signature
State of _____
County of _____
SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.
My commission expires*: _____

(US NOTARY PUBLIC SEAL)