

Physician Locum Tenens Certificate Petition

Instructions:

1. Use official stationary or company letterhead to print this.
2. Complete form as indicated. Direct questions to sdbmoe@state.sd.us.
3. Mail this to the board office as indicated below. If copy is faxed to board office, original must follow via regular mail to complete the file.

SDBMOE
101 N Main Ave, Suite 301
Sioux Falls, SD 57104
(605) 367-7786 fax

I, _____ have an active South Dakota medical license under
(print petitioning physician name)

SDCL 36-4, and I request that the South Dakota Board of Medical and Osteopathic Examiners
grant a locum tenens certificate to _____ in order to practice medicine
(print certificate applicant name)

for a period not to exceed sixty consecutive days beginning _____
(month, day, year)

Name of Petitioning Physician _____

Signature _____ Date _____
Must be signed in the presence of a notary.

Sworn to before me a notary public on _____
(date)

NOTARY PUBLIC * South Dakota
My commission expires on _____

SEAL