RESPIRATORY CARE STUDENT TASK PROFICIENCY LIST

INDICATE WITH A CHECK WHICH OF THE FOLLOWING TASKS THE STUDENT HAS DEMONSTRATED PROFICIENCY IN THE LAB AND/OR CLINICAL SETTING (NOTE: A STUDENT WITH A PROVISIONAL LICENSE WILL BE ABLE TO PERFORM ONLY THOSE TASKS CHECKED BELOW.)

_____Metered dose inhaler medication administration
_____Small (or large) volume nebulizer medication administration
_____IPPB with medication administration
_____Humidity and aerosol therapy with bland solutions
_____Medical gas administration (nasal cannula, simple mask, venturi masks, partial and non-rebreathing masks)
_____Respiratory mechanics
_____Pulmonary function testing
_____Incentive spirometry
_____PEP therapy
_____Arterial/capillary blood gas analysis (may include electrolytes)
_____Arterial blood gas/capillary sampling
_____Venous sampling
_____Mechanical ventilation
   _____CPAP
   _____BIPAP
   _____PS
   _____PCV
   _____A/C
   _____PEEP
_____Intubation/Extubation
_____Suctioning
_____Pulse oximetry
_____Chest physiotherapy
_____Bronchoscopy assist
_____CPR
_____EKG

Program Director's Name: ___________________________________________ License Number: ___________________________

(please print)

_____________________________________________________________ ______________________________
Signature of Program Director Date
VERIFICATION OF STUDENT STATUS

THIS ORIGINAL FORM MUST BE RECEIVED DIRECTLY FROM THE PROGRAM YOU ARE ATTENDING

I, ____________________________________________, DO HEREBY CERTIFY

Name of educator

THAT ____________________________________________ IS CURRENTLY ENROLLED

Name of applicant

AT ___________________________________________ LOCATED IN _______________________

Name of institution City, State

DATE STARTED: ________________________________ DATED EXPECTED TO COMPLETE: __________________________

Records of this institution indicate that the applicant has been the subject of disciplinary action.

☐ YES  ☐ NO

If applicant has been the subject of disciplinary action (i.e., suspension, probation, etc.) please explain on a separate sheet of paper.

____________________________________
Name of Educator

SCHOOL SEAL

____________________________________
Signature

____________________________________
Title

____________________________________
Date

If the school does not have a seal, please have the form notarized below.

Sworn to before me on: ________________________________

My Commission expires: ________________________________

Commission Number: ________________________________

Notary Signature: ________________________________