

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: _____

Signature of Program Director

College Seal or Notary Seal and signature.

Date

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
P. O. BOX 18256, OKLAHOMA CITY, OK 73154-0256
(405) 962-1400

VERIFICATION OF STUDENT STATUS

AN EDUCATOR OF THE RESPIRATORY THERAPIST/TECHNICIAN PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED MUST COMPLETE BOTH SIDES OF THIS FORM. THE SEAL OF THE INSTITUTION MUST BE IMPRESSED ON THIS FORM FOR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE AUTHOR AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

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 _____ HAS NOT _____ BEEN THE SUBJECT OF DISCIPLINARY ACTION. If applicant has been the subject of disciplinary action (i.e., suspension, probation, etc.) please explain on a separate sheet of paper.

SEAL

Name of Educator

Signature

Title

Date

This institution has no seal _____
Signature of Educator

Sworn to before me on: _____

Commission Number: _____

My Commission expires: _____

(SEAL)

Notary Signature

I, _____ hereby authorize the above-named institution to report to the Oklahoma State Board of Medical Licensure and Supervision any information that refers or relates to any disciplinary action (i.e., suspension, probation, etc.) or any change in my enrollment status.

Date

Signature of Applicant