FORM #5 (Resp)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
PO BOX 18256, OKLAHOMA CITY, OK 73154
Fax: (405) 962-1440 Email: licensing@okmedicalboard.org

VERIFICATION OF SUPERVISION

☐ Initial Position
(first job in the state of Oklahoma)

☐ Additional Position
(do not delete any supervisors already on file)

☐ Change of Position
(delete any supervisors already on file)

(Please print or type)

Name of Applicant: ______________________________ License/Application Number: __________

Mailing Address ______________________________

City ______________________________ State __________ Zip __________

Name of Supervisor: ______________________________ RC License Number __________

Practice Name: ______________________________

Mailing Address ______________________________

City ______________________________ State __________ Zip __________

Practice Phone Number ______________________________ Practice Fax Number __________

THE ABOVE NAMED APPLICANT WILL BEGIN PRACTICE UNDER MY SUPERVISION ON _______/_______/_______.

______________________________ ______________________________
Signature of Applicant Signature of Supervisor

NOTE TO SUPERVISOR: Please notify the Board office when your supervision of this individual ceases.

IN MY ABSENCE, SUPERVISION WILL BE PROVIDED BY:

NAME	LICENSE #	SIGNATURE
______________________________	_____________	____________________________
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"Direct supervision" means direct clinical on-site supervision that is personal management and control of the clinical practice of the student or provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect during the licensure application process or until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor delineates the specific tasks and duties to be performed and is on the premises, readily available to respond and provide direct clinical supervision sufficient to assure that the provisional license holder is practicing under the direction of an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician.
"General supervision" means the responsible supervision and control of the practice of the student or provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor is regularly and routinely on-site. When not on-site, the Form #5 supervisor is on call and readily available physically or through direct telecommunication for consultation. The student or provisional license holder will respond to acute changes in the patient's physiological state and report these findings promptly to the supervisor on duty.
"Supervision" means direction and control of students and provisional license holders in the practice of respiratory care. The supervisor(s)indicated on the Form #5, Verification of Supervision, remain(s) responsible for the respiratory care given and is on the premises and on duty during all hours worked by the student or provisional license holder.
"Supervision of student holding provisional licenses" means the supervision of each student holding a provisional license. The Board of Medical Licensure and Supervision will send each student holding a provisional license a letter, which includes a task list of procedures the student may perform. Prior to initially engaging in any clinical assignments and upon any modification of the task list, a student provisional license holder must present the letter to his or her employer. The individual(s) who sign(s) as the supervisor of the student provisional license holder on Form #5 will also receive a copy of the letter indicating the tasks the student is able to perform when working as an employee.
"Supervisor" means an Oklahoma licensed respiratory care practitioner or an Oklahoma licensed physician who is on the premises and on duty at any time the student or provisional license holder is on duty. The Supervisor is responsible for respiratory care given by the student or provisional license holder.