

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

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

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: _____

(NOTARY SEAL)