

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY, OK 73105**

(405) 962-1400 / licensing@okmedicalboard.org

RESPIRATORY CARE STUDENT TASK PROFICIENCY LIST

STUDENT'S NAME _____

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

Name of Institution		City/State	
Date Started		Date Expected to Complete	
Program Director's Name		License Number	
Signature of Program Director			
(SEAL)	This institution has no seal		
	NOTARY PUBLIC INFORMATION		
	Sworn to before me on:	Commission Number:	My Commission expires
	Notary Public Signature		

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**FORM 6
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		
NOTARY PUBLIC INFORMATION		
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.
Print Name

Date

Signature of Applicant