**EDUCATIONAL FACILITY AFFIDAVIT**

**(For Student Temporary Permit Applicants Only)**

I attest, by signature below, that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has completed their first year of the respiratory care program or a minimum of 30 semester hours or the quarter hour equivalent. 18 hours of the minimum 30 semester hours have been completed in core respiratory courses.

Further, this student has didactic proficiency and clinical competency in the following procedures and tasks.

* Set up and maintenance of low flow oxygen devices of 6 LPM or less to include nasal cannula or a simple mask.
* Set up and maintenance of aerosol devices with Fi02 of equal to or less than 50%.
* Delivery of medications through a spontaneous small volume nebulizer.
* Medication delivery via Metered Dose Inhaler or Dry Powder Inhaler.
* Measurement of peak flow.
* Measurement of simple spirometry.
* Measurement of pulse oximetry.
* Use of the following airway clearance devices or techniques: therapy vest, chest physiotherapy, incentive spirometry, suctioning via artificial airway, and positive expiratory pressure therapies.
* Cardiopulmonary Resuscitation after Basic Life Support Certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respiratory Care Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Officer

Affix Institution Seal

**EMPLOYER’S STATEMENT**

**(For Student Temporary Permit Applicants Only)**

We, the undersigned Human Resources Representative and direct supervisor, acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Temporary Permit Holder) will be restricted to performing only the duties listed below in regards to the practice of Respiratory Care while employed at our facility.

* Set up and maintenance of low flow oxygen devices of 6 LPM or less to include nasal cannula or a simple mask.
* Set up and maintenance of aerosol devices with Fi02 of equal to or less than 50%.
* Delivery of medications through a spontaneous small volume nebulizer.
* Medication delivery via Metered Dose Inhaler or Dry Powder Inhaler.
* Measurement of peak flow.
* Measurement of simple spirometry.
* Measurement of pulse oximetry.
* Use of the following airway clearance devices or techniques: therapy vest, chest physiotherapy, incentive spirometry, suctioning via artificial airway, and positive expiratory pressure therapies.
* Cardiopulmonary Resuscitation after Basic Life Support Certification.

Further;

A student temporary permit holder is required to work under the supervision of a licensed respiratory therapist certified or registered. The licensed respiratory therapist must be present in the facility where the holder of the student temporary permit is working. Direct observational supervision is not required, but the licensed respiratory therapist must be available in the event of an emergent need and act as a source of reference for the student temporary permit holder.

A student temporary permit holders is restricted from performing procedures on patients requiring mechanical ventilation or on patients in any critical care situation or environments, such as: emergency rooms, intensive care units, post anesthesia care units.

A student temporary permit holder is strictly prohibited from performing positive pressure procedures such as: Intermittent Positive Pressure Breathing, Bi-Level, Continuous Positive Airway Pressure devices.

A student temporary permit holder is strictly prohibited from performing any procedure which is not specified above.

The undersigned employer representatives acknowledge and agree to the procedure limitations of the above named student temporary permit holder.

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Human Resources Representative Respiratory Director/Supervisor

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Please notify the WV Board of Respiratory Care (304-558-1382) should the student temporary permit holder terminate employment while practicing under this permit.*