

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES DEPARTMENT OF PUBLIC HEALTH

Bureau of Health Professions Licensure

Board of Respiratory Care

250 Washington Street

BOSTON, MA 02108

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617-973-0800

[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

**VERIFICATION OF EDUCATION FORM**

**LIMITED PERMIT**

**VERIFICATION OF EDUCATION**

**PROGRAM SECTION**: To be completed by Respiratory Therapy Program Director.

The individual named on this form has indicated that he/she is matriculated in the study of respiratory care in your program. Please complete this form and check "yes" or "no" for each of the respiratory care competencies the individual has successfully completed as of the date of this form.

**NOTE**: This form must be updated as additional competencies are achieved. Submit updated forms to the Board of Respiratory Care within thirty (30) days of completion.

Limited Permit Holder Applicant Name:

Matriculation Date: / /

(mm/dd/yyyy)

Type of Program (check one): \_Master’s \_ \_ Bachelor's \_ \_ Associate’s \_ Certificate

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**NOTE:** Applicant must be currently enrolled in a respiratory program to hold a limited permit. Applicant is in his/her year semester of respiratory care study.

This individual will/has complete(d) the program on: / / .

(mm/dd/yyyy)

Respiratory Care Duties Successfully Completed: The applicant is eligible to perform specific procedures ONLY within the duties checked "yes". The applicant must also meet the educational program or employer's standards for these procedures in specified patient care situations.

**YES NO**

1. administration of medical gases
2. use of gas administering devices
3. administration of humidification and aerosols
4. administration of aerosol medications
5. support services for mechanically ventilated patients
6. postural drainage
7. bronchopulmonary hygiene
8. breathing exercises
9. respiratory rehabilitation
10. cardiopulmonary resuscitation
11. maintaining natural and artificial airways
12. measuring ventilatory volumes, pressures, flows
13. collecting specimens of blood and other materials
14. pulmonary function testing
15. hemodynamic and other related physiologic monitoring of the cardiopulmonary system
16. teaching patients and families respiratory care procedures
17. consultation for health educational and community agencies
18. teaching knowledge, skills attitudes of respiratory care

I certify that the individual named on this form has successfully completed the duties checked as "yes" and is in good academic standing in or a graduate of the program.

Program Director Name (Print): Program Director Signature:

[ School Seal ]

School Name:

Date:

 / /

(mm/dd/yyyy)

**Application for Limited Permit**

Board of Respiratory Care

Revised • 06-16-2023