OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET OKLAHOMA CITY, OK 73105 ● (405) 962-1470
Email form to: licensing@okmedicalboard.org

VERIFICATION OF STUDENT STATUS AND TASK PROFICIENCY LIST

*AN EDUCATOR OF THE RESPIRATORY THERAPIST/TECHNICIAN PROGRAM **MUST** COMPLETE AND SUBMIT FORM DIRECTLY TO THE OKLAHOMA MEDICAL BOARD.*

Applicant's Name: _____

Name of Institution: _____ City/State: _____

By completing this form and signing below, I, the educator, certify the above-named applicant is currently enrolled in the Respiratory Therapy Program.

Name of Institution: _____ City/State: _____

Date Applicant Started: _____ Expected Date of Completion: _____

HAS THE ABOVE-NAMED APPLICANT BEEN THE SUBJECT OF DISCIPLINARY ACTIONS? ◯ NO ◯ YES
If applicant has been the subject of disciplinary action (i.e., probation, suspension, etc.) please attach explanation.

RESPIRATORY THERAPY STUDENT TASK PROFICIENCY LIST

Place an X next to the tasks below that indicate the student has demonstrated proficiency in the lab and/or clinical setting. A student with a provisional license can **ONLY** perform the tasks checked.

_____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 Educator: _____ Title: _____

Signature: _____ Date: _____

Email: _____ Phone Number: _____