



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

RESPIRATORY CARE PRACTITIONER

## APPLICATION FOR TEMPORARY PERMIT

### INSTRUCTIONS TO THE APPLICANT:

1. Have the supervising respiratory care practitioner complete Part II of this form.
2. Return the form to the RCP Licensure, 410 Capitol Ave., MS# 12 APP, P.O. Box 340308, Hartford, CT 06134.
3. Upon receipt of this form by the Department, the applicant will be mailed an official temporary permit.
4. If you should change employers, a new permit will be required.

.....  
**PART I: *To be completed by the applicant***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

.....  
**PART II: *To be completed by the supervising Respiratory Care Practitioner***

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ License No. \_\_\_\_\_

I certify that I am employed in the facility where the temporary permittee will be employed. I understand that direct supervision requires my immediate physical presence at all times that the temporary permittee engages in respiratory care activities services, and that I must be immediately available to the permittee when needed.

\_\_\_\_\_  
**Signature of Supervising Respiratory Care Practitioner**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

Date you are taking the exam: \_\_\_\_\_