



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

RESPIRATORY CARE PRACTITIONER

## Supervision Confirmation

### INSTRUCTIONS TO THE APPLICANT:

1. Have the supervising respiratory care practitioner complete Part II of this form.
2. Upload this form to your temporary permit online application.
3. Upon receipt of this form by the Department, the applicant will be notified by email regarding its issuance.
4. If you should change employers, a new permit for will be required. You can email the form to [dph.alliedhealth@ct.gov](mailto:dph.alliedhealth@ct.gov).

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

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

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

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

Date you are taking the NBRC examination, if known: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

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

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

Telephone No. \_\_\_\_\_ RCP 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, and that I must be immediately available to the permittee when needed.

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

\_\_\_\_\_  
Date

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