



RESPIRATORY CARE ADVISORY BOARD

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Physical Address: 2550 Cerrillos Rd. Santa Fe, NM 87504
Mailing Address: P. O. Box 25101 Santa Fe, New Mexico 87504
(505) 476-4965 Fax (505) 476-4645 www.RLD.state.nm.us

APPLICATION FOR USE DURING THE COVID -19
PUBLIC HEALTH EMERGENCY
STUDENT EXTERN OR GRADUATE OR OUT OF STATE LICENSEE
TEMPORARY PERMIT APPLICATION

PLEASE EMAIL COMPLETED APPLICATION AND SUPPORTING
DOCUMENTATION TO: respiratorycarebd@state.nm.us

All license information provided is public information.

Please print out the form and print legibly in Black or Blue ink. Attach additional pages if more space is required to
respond to questions below.

I am applying for (check one) [ ] STUDENT EXTERN [ ] GRADUATE [ ] LICENSED IN ANOTHER STATE

APPLICATION CHECKLISTS—Submit the following items and documentation with this application.

STUDENT EXTERN

- [ ] Current 2x2 original color Passport type photograph
[ ] Official Verification of current Respiratory Care Program enrollment sent directly from the educational institution
[ ] Employment Verification Statement Form
[ ] Training Supervisor’s Agreement Form
[ ] Explanation for any yes answers in the PERSONAL HISTORY section of this application

GRADUATE OR OUT OF STATE LICENSEE

- [ ] Current 2x2 original color Passport type photograph
[ ] Official graduate transcript sent directly from the program, a letter sent directly from the educational institution, or copy
diploma from an approved Respiratory Care Program
[ ] Employment Verification Statement Form
[ ] Training Supervisor’s Agreement Form
[ ] For Out of State Licensees a copy of your current license, Please provide License Number: \_\_\_\_\_ State: \_\_\_\_\_
[ ] Explanations for any yes answers in the PERSONAL HISTORY section of this application

\* Required Fields

Form with fields for: \*Last name, \*First name, Middle initial, \*Social Security Number, \*Date of birth, Place of birth, Maiden or previous name(s), Street address, \*Home phone, City, State, Zip code, \*Mailing address, \*Work phone, \*City, \*State, \*Zip code, \*Email, \*Respiratory Therapy Education Program, Date program diploma awarded, List date of scheduled NBRC exam or dates of attempts to pass exam, Employer, Department, Type: [ ] Hospital [ ] PRN [ ] Home care [ ] LTC [ ] SNF [ ] DME [ ] Self-employed [ ] Other, Street Address, City, State, Zip.

## Respiratory Care Advisory Board Student Extern/Graduate Temporary Permit Application

**EDUCATION**— In chronological order beginning with high school, list all schools and training programs attended, including accredited respiratory care training programs, colleges, universities, etc.

School Name	Complete address including zip code	Dates of attendance	Date graduated	Degree/Major

**PERSONAL HISTORY**

If you answer yes to any of the following questions, you must attach an explanation and supporting documents, such as court orders, board orders, stipulations, and/or proof of compliance.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you had a license to practice a profession revoked, suspended, or otherwise sanctioned?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you had a license to practice a profession denied?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you had any type of disciplinary action with regard to sitting for a licensing examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you been refused a professional permit or license renewal pursuant to a disciplinary proceeding?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you knowingly failed to renew a license during an investigation or disciplinary action?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional society or association?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever failed to complete the terms of a disciplinary finding, agreement, or final order?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever allowed your license to expire in a state where you have still not completed the terms of a disciplinary action's settlement agreement or final order?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever received a deferred prosecution or judgment or been convicted of or pled guilty or <i>nolo contendere</i> to felony or misdemeanor (not including traffic violations) in any state, territory, jurisdiction, or district of the United States or a foreign country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you currently engaged in the illegal use of a controlled substance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. If you answered yes to question 11, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled substances?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you have a medical condition that in any way impairs or limits your ability to practice respiratory care with reasonable skill and safety?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. If you answered yes to question 14, does your use of chemical substance(s) or medications in any way impair or limit your ability to practice respiratory care with reasonable skill and safety?

**CERTIFICATION**

I, the undersigned, do hereby certify that this application contains no willful misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. I further understand that the permit issued pursuant to this application will expire upon lifting of the public health emergency.

I further certify that upon licensure, I will familiarize myself with the rules and regulations governing respiratory care student externs and/or graduates in New Mexico and I fully understand that I bind myself to be governed by them should I be approved for licensure.

APPLICANT'S SIGNATURE:

DATE:

<p><b>Staple passport type photo here.</b></p>
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### FOR USE DURING THE COVID-19 PUBLIC HEALTH EMERGENCY TRAINING SUPERVISOR'S AGREEMENT Temporary Permit Applicant

This form is to be completed by the New Mexico Licensed Respiratory Care Practitioner who will be the permittee's training supervisor while employed at the facility stated below:

#### TRAINING SUPERVISOR

I, \_\_\_\_\_, will provide respiratory care supervision for  
(Name & Professional Designation)

\_\_\_\_\_ pursuant to the Section 61-12B-9.B and E of the  
(Temporary Permit Applicant)  
Respiratory Care Act, and 16 NMAC.23.6, the Board's rule on "Temporary Permit".

**My New Mexico Practitioners license number is** \_\_\_\_\_. (Must be a New Mexico Licensed Respiratory Care Practitioner).

I certify that \_\_\_\_\_ is a graduate/student extern of a respiratory  
(Applicant) (Circle one)

therapy training program which will qualify him/her to sit for the National Board for Respiratory Care national certification exam for CRT or RRT upon completion. I also certify that I will be the training supervisor for this applicant at the place of employment certified as part of this temporary permit application.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Facility & Department Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The above information is true and correct under penalty of perjury under the laws of the state of New Mexico.

\_\_\_\_\_  
Print Supervisor's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



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**FOR USE DURING THE COVID-19  
PUBLIC HEALTH EMERGENCY  
EMPLOYMENT VERIFICATION STATEMENT  
Student Extern Temporary Permit**

This form must be completed by the Employer (Human Resources Department or Respiratory Care Department Supervisor), then to be submitted by the Respiratory Care Programs **STUDENT EXTERN** applicant with his or her application for a temporary permit as provided under the Respiratory Care Act.

Print Clearly in BLACK ink:

**EMPLOYER:**

I, \_\_\_\_\_, hereby certify  
that \_\_\_\_\_ is currently employed by  
\_\_\_\_\_ as a Respiratory Therapy trainee and  
will be performing respiratory care duties under the direct training supervision of a New Mexico licensed  
Respiratory Care Practitioner upon receipt of a temporary permit from the New Mexico Regulation and  
Licensing Department.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ NMRCP License \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

The above information is true and correct under penalty of perjury under the laws of the state of  
New Mexico.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date