

**PART III.****APPLICATION FOR A STUDENT PERMIT TO PRACTICE RESPIRATORY  
SCHOOL OR PROGRAM OF RESPIRATORY CARE  
PROCEDURES COMPLETED BY THE STUDENT PERMIT HOLDER**

Part of State Form 50819 (R9 / 8-24)

*(To be completed by the Program Director and Director of Clinical Education of the Respiratory Care School or Program.)*

<b>APPLICANT INFORMATION</b>	
Name of student	Social Security number *

<b>SCHOOL OR PROGRAM OF RESPIRATORY CARE</b>		
Name of school or program		
Date of admission (month, day, year)	Date of expected graduation (month, day, year)	
Address (number and street or rural route)		
City	State	ZIP code
Name of program director		
Telephone number (        )	E-mail address	
Name of program director of clinical education		
Telephone number (        )	E-mail address	

<b>AFFIRMATION</b>	
I hereby swear or affirm that the applicant is a student in good standing in a program or school of respiratory care which is approved by the Indiana Respiratory Care Committee and the applicant has successfully completed the list of procedures which is attached to this application.	
Signature of program director	Date signed (month, day, year)
Signature of program director of clinical education	Date signed (month, day, year)

The program director or director of clinical education must notify the Indiana Respiratory Care Committee if the student ceases to be in good standing in the respiratory care program. Failure to do so may be grounds for disciplinary action.

<b><i>Please return this application to the following address:</i></b>
<b>Professional Licensing Agency</b> 402 West Washington Street, Room W072 Indianapolis, Indiana 46204
Telephone: (317) 234-8800 E-mail: <a href="mailto:pla14@pla.IN.gov">pla14@pla.IN.gov</a>

## RESPIRATORY CARE PROCEDURES

Please check-off the procedures which have been a part of a course that the applicant has successfully completed in the respiratory care program and completion has been documented in both lecture and lab, and also in clinical.

Please note that the procedures permitted may be performed only:

- (1) on patients who are not critical care patients; and
- (2) under the proximate supervision of a practitioner.

### PROCEDURES

1. Aerosol Medication Delivery with completion of basic respiratory pharmacology course (for example; nebulizers, MDIs, DPIs, SMIs, and sputum inductions)	<input type="checkbox"/> Completed
2. Basic Lung Parameters (for example; minute ventilation, tidal volume, vital capacity, and peak flow)	<input type="checkbox"/> Completed
3. Bronchopulmonary hygiene - basic (for example; airway clearance, CPT, or directed cough)	<input type="checkbox"/> Completed
4. Bronchopulmonary hygiene - advanced (for example; "Vest" or cough assist)	<input type="checkbox"/> Completed
5. Capnography	<input type="checkbox"/> Completed
6. EKG	<input type="checkbox"/> Completed
7. High Pressure gas equipment (for example; cylinders, gas regulators, and flow meters)	<input type="checkbox"/> Completed
8. Humidity and Aerosol Therapy (for example; large volume nebulizers and high flow nasal cannula)	<input type="checkbox"/> Completed
9. Oxygen Therapy (including oxygen analysis, devices and liquid systems)	<input type="checkbox"/> Completed
10. Medical chart review	<input type="checkbox"/> Completed
11. Patient Assessment - basic (for example; vital signs, SpO <sub>2</sub> , and breath sounds)	<input type="checkbox"/> Completed
12. Patient Assessment - advanced (for example; physical assessment of the chest, inspection, palpation, percussion, chest radiograph review, patient interview and history)	<input type="checkbox"/> Completed
13. Pharyngeal Airway Insertion	<input type="checkbox"/> Completed
14. Pulmonary Volume Expansion - basic (for example; IS, PEP, or PAP)	<input type="checkbox"/> Completed
15. Pulmonary Volume Expansion - advanced (for example; IPV or Metaneb)	<input type="checkbox"/> Completed
16. Suctioning (for example; trach, nasotracheal or endotracheal)	<input type="checkbox"/> Completed
17. Tracheostomy Care	<input type="checkbox"/> Completed