



STUDENT EXTERN/GRADUATE TEMPORARY PERMIT APPLICATION

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) <input type="checkbox"/> STUDENT EXTERN <input type="checkbox"/> GRADUATE
MILITARY: Expedited licensure for Military Service Members <input type="checkbox"/> YES <input type="checkbox"/> NO Attach a copy of your DD214 or military orders

APPLICATION CHECKLIST—<i>Submit the following items and documentation with this application.</i>
STUDENT EXTERN <ul style="list-style-type: none"> Completed and Signed Application \$50 Application Fee paid by check or money order. Application fees are non-refundable Current 2x2 original <u>color</u> Passport type photograph Attach photo to this application. Official verification of current Respiratory Care Program enrollment sent directly from the educational institution. Notarized Employment Verification Statement Form Notarized Training Supervisor’s Agreement Form
GRADUATE <ul style="list-style-type: none"> Complete and Signed Application \$50 Application Fee paid by check or money order. Application fees are non-refundable. Current 2x2 original <u>color</u> Passport type photograph Attach photo to this application. Official graduate transcripts sent directly from the program, a letter sent directly from the educational institution, OR a copy of the diploma from an approved Respiratory Care Program. Notarized Employment Verification Statement Form Notarized Training Supervisor’s Agreement Form A copy of the letter scheduling the applicant for the NBRC exam or test results of unsuccessful attempts to pass the NBRC

Last name:	First name:	Middle initial:
Date of birth:	Maiden or previous name(s):	
Mailing address:	Home phone:	
City:	State:	Zip code:
Street address: (if different from mailing)		Work phone:
City:	State:	Zip code:

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



List date of scheduled NBRC exam:			
Employer:		Department:	
Type: <input type="checkbox"/> Hospital	<input type="checkbox"/> PRN	<input type="checkbox"/> Home care	<input type="checkbox"/> LTC <input type="checkbox"/> SNF <input type="checkbox"/> DME <input type="checkbox"/> Self-employed <input type="checkbox"/> Other:
Street Address:		City:	State: Zip:

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.

Yes	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?
Yes	No	2. Have you had a license to practice a profession revoked, suspended, or otherwise sanctioned?
Yes	No	3. Have you had a license to practice a profession denied? If so, where and why?
Yes	No	4. Have you had any type of disciplinary action with regard to sitting for a licensing examination?
Yes	No	5. Have you been refused a license renewal pursuant to a disciplinary proceeding?
Yes	No	6. Have you knowingly failed to renew a license during an investigation or disciplinary action?
Yes	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?
Yes	No	8. Have you ever failed to complete the terms of a disciplinary finding, agreement, or final order?
Yes	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?
Yes	No	10. Are you currently engaged in the illegal use of a controlled substance?
Yes	No	11. 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?
Yes	No	12. Do you have a medical condition that in any way impairs or limits your ability to practice respiratory care with reasonable skill and safety?
Yes	No	13. 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
Yes	No	14. 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?
Yes	No	15. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?



CERTIFICATION

I, the undersigned, do hereby depose and state under penalty of perjury, I am the person described in this application, that this application contains no willful misrepresentation and that the information given by me is true, correct, and complete to the best of my knowledge and belief.

I further certify that upon licensure, I will familiarize myself with the rules and regulations governing respiratory care practitioners 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:

