



**STUDENT EXTERN/GRADUATE
 TEMPORARY PERMIT APPLICATION**

Application fees are nonrefundable.

All license information provided is public information.

Staple a 2”X2”
 Passport Size
 Photo

MILITARY: Expedited License for Military Service Members, Spouses & Veterans. Attach copy of honorable discharge (DD214) or military ID card, or accepted proof of military spouse status.

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**

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

STUDENT EXTERN

- Initial Fee of \$50-- Fees are payable by check or money order. (note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction) **ALL FEES ARE NONREFUNDABLE**
- Current 2x2 original color Passport type photograph
- 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**
- Explanation for any yes answers in the **PERSONAL HISTORY** section of this application

GRADUATE

- Initial Fee of \$100 -- Fees are payable by check or money order. (note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction) **ALL FEES ARE NONREFUNDABLE**
- 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
- Notarized **Employment Verification Statement Form**
- Notarized **Training Supervisor’s Agreement Form**
- A copy of letter scheduling the applicant for the NBRC exam or test results of unsuccessful attempts to pass the NBRC
- Explanations for any yes answers in the **PERSONAL HISTORY** section of this application

*** Required Fields**

*Last name:		*First name:		Middle initial:
*Tax Payer Identification # or Social Security#:		*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:				
All communications (including renewal notices) will be sent out to this email address				
*Respiratory Therapy Education Program:				
Date program diploma awarded:				
List date of scheduled NBRC exam or dates of attempts to pass 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:

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

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

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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. 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 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 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: _____