



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 7 Eagle Square, Concord, NH 03301-4980
 Phone: 603-271-2152

SUPERVISION OF RESPIRATORY CARE CONDITIONAL LICENSEE

Part I: To be completed by the Applicant/Conditional Licensee (individual to be supervised)

Provide the following information about the individual to be supervised (Applicant/Conditional Licensee):

Name: _____

Date of Application: _____

Intended Place of Employment Name ~~(if known)~~: _____

Intended Place of Employment Address ~~(if known)~~: _____
(Street Name & # or P.O. Box #, City, State and Zip)

Place of Employment Phone (if known): (____) _____ - _____

Part II: To be completed by the ~~Supervisor~~Managing RCP

Provide the following information about the ~~Supervisor~~Managing RCP:

Name: _____ NH License #: _____

Place of Employment Name: _____

Place of Employment Address: _____
(Street # or P.O. Box #, City, State and Zip Code)

Place of Employment Phone: (____) _____ - _____

Provide the following information about the actual location where the supervision will occur:

Site of Supervision Name: _____

Site of Supervision Physical Location: _____
(Street Name & #, City, State and Zip Code)

Site of Supervision Phone: (____) _____ - _____

Date Supervision Anticipated to Start: _____ Date Supervision Anticipated to End: _____

By signing this form, I certify that I am licensed to practice respiratory care in New Hampshire in good standing without limitation or restriction, have read and understood Plc 1505, agree to undertake the duties of supervision as set forth in the rules, agree to be responsible for the acts and omissions of any individual ~~to whom I temporarily delegate the duties of supervision~~ who directly supervises the conditional licensee, and understand that my own or my delegate's failure to comply with the rules governing supervision might result in disciplinary sanctions.

 Signature of ~~Supervisor~~Managing RCP Date: _____

NOTE: If there is a change in ~~Supervisors~~Managing RCP, the Conditional Licensee and the new ~~Supervisor~~Managing RCP must fill out a new copy of this form and submit it to the OPLC.