



REQUIREMENTS FOR EXEMPTION FOR VENTILATION BY NON-RESPIRATORY CARE PRACTITIONERS

GENERAL INFORMATION *Application fee \$ 50.00*

You must be a healthcare professional who is licensed by the State or an individual who has proven competency in one or more of the functions included in the definition of the practice of respiratory care.

REQUIREMENTS

In order to qualify for exemption, the applicant must file an exemption application provided by the Board, and meet the following requirements:

- 1) submit a copy of the course description and faculty who provided the formal training;
- 2) submit proof of initial ongoing competency assessment in the application of artificial pressure adjuncts to the respiratory system; and
- 3) submit information regarding their employment status and employment setting.
- 4) provide proof of formal training in the application of artificial pressure adjuncts to the respiratory system:
 - a. Set-up, application, troubleshooting, and maintenance of artificial pressure adjuncts:
 - 1) Continuous Positive Airway Pressure (CPAP)
 - 2) Bi-Level Positive Airway Pressure (BIPAP)
 - 3) Invasive mechanical Ventilation (via artificial airway)
 - b. Patient assessment and ongoing response to application of artificial pressure adjuncts to the respiratory system:
 - 1) Pulse oximetry
 - 2) Specimen collection (i.e.; arterial blood gas analysis)
 - 3) Pulmonary function testing (weaning parameters)
 - 4) Ventilator settings
 - 5) Exhaled tidal volume
 - 6) Analysis of fraction of inspired oxygen
 - 7) Plan of care
 - c. Indication, contra-indication, and hazards associated with the application of artificial pressure adjuncts to the respiratory system.
 - d. Response to emergencies associated with the application of artificial pressure adjuncts to the respiratory system:
 - 1) power failure
 - 2) accidental loss of an artificial airway
 - 3) equipment failure
 - e. Infection control procedures associated with the application of artificial pressure adjuncts to the respiratory system.
 - f. Appropriate return demonstrations in the use of and application of all previously described criteria.



**APPLICATION FOR INDIVIDUAL EXEMPTION FOR
 VENTILATION BY NON-RESPIRATORY CARE PRACTITIONERS**

IMPORTANT: Read the enclosed requirements carefully before completing application.

(PLEASE TYPE OR PRINT CLEARLY)

I hereby make application for exemption for ventilation by a non-Respiratory Care Practitioner pursuant to Section 40-47-530 (A) and (3) of the South Carolina Respiratory Care Practice Act and submit the statements of facts below with the required supporting documents: *The application form itself is a document obtainable under the Freedom of Information Act.*

Applicant's Name: _____
Last First Middle

Home Address: _____

City State Zip

Home Phone: () _____

South Carolina Place of Employment: _____

_____ Street Address

City State Zip
 Business Phone () _____

Professional Job Title: _____

License/Certificate Number: _____

License/Certificate Issued By: _____
(Department or State Board)

S.C. Medical Director Name: _____

Direct Supervisor Name (RCP or RPSGT): _____
(This information is not required for RPSGTs)

Race: _____ Sex: _____

Date of Birth: _____ Place of Birth (City & State) _____

Attach copies of course description and/or certificates of training, accreditation of facility

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided.

- Any valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card? Number _____; Date of Expiration: _____
- Any valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit? State: _____; Number _____; Date of Expiration: _____.
- Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

06/28/12 Affidavit of Eligibility