



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

EMPLOYMENT VERIFICATION

Temporary Permit Applicant

*This form is to be completed by the Employer (Human Resources Department or Respiratory Care Department Supervisor), then to be submitted by the Respiratory Care Program **STUDENT EXTERN** applicant with his or her application for a temporary permit as provided under the Respiratory Care Act.*

Type or Print Clearly in BLACK ink:

EMPLOYER:

I, _____, hereby certify that _____ is currently employed by _____ as a Respiratory Therapy trainee and will be performing respiratory care duties under the direct training supervision of a New Mexico licensed Respiratory Care Practitioner upon receipt of a temporary permit from the New Mexico Regulation and Licensing Department.

Signature

Date _____ Phone (____) _____ NMRCP License # _____

Employer Name & Address:

City, State, Zip:

