



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

TRAINING SUPERVISOR'S AGREEMENT

Temporary Permit Applicant

This form is to be completed by the New Mexico Licensed Respiratory Care Practitioner who will be the permittee's training supervisor while employed at the facility stated below:

TRAINING SUPERVISOR

I, _____, will provide respiratory care supervision for
(Name, Professional Designation)

_____ Pursuant to the Section 61-12B-9 B, E
(Temporary Permit Applicant)

of the Respiratory Care Act, and 16 NMAC.23.6, the Board's rule on "Temporary Permit".

My New Mexico Practitioners license number is _____.

(Must be a New Mexico Licensed Respiratory Care Practitioner).

I certify that _____ a student extern of a Respiratory Therapy training program
(Applicant Name)

which will qualify them to sit for the National Board for Respiratory Care national certification exam for CRT or RRT upon completion. I also certify that I will be the training supervisor for this applicant at the place of employment certified as part of this temporary permit application.

Facility & Department Name: _____

Address _____ City, State, Zip _____

Phone Number: _____

(Signature)

(Date)

