



ALABAMA STATE BOARD OF RESPIRATORY THERAPY

P.O. Box 241386, Montgomery, AL 36124-1386

Phone: 334-215-7233 Fax: 334-396-2384

Web Site: www.asbrrt.alabama.gov

Verification of Employment for Student Exemption

Name of Employing Institution

Street

City State Zip Code

I, (Print Full Name) am applying for an exemption to work as a student respiratory therapist in the state of

Alabama. As part of the application process, the Alabama State Board of Respiratory Therapy requires verification of my active employment while a Respiratory Therapy Student. I hereby authorize (name of employing institution), its staff, or representative to provide the Alabama State Board of Respiratory Therapy any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person from any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Alabama State Board of Respiratory Therapy, PO Box 241386, Montgomery, AL 36124-1386. I understand completed forms returned to me will not be accepted for verification purposes.

PRINT NAME UNDER WHICH YOU ARE EMPLOYED:

Last: First: Middle: Date of Birth

Social Security Number: Expected Date of Graduation

(Signature of Applicant)

The following section must be completed by the Respiratory Therapy Director, or other authorized representative, of the employing facility and returned directly to the Alabama State Board of Respiratory Therapy. Forms returned to the applicant will not be accepted.

This certifies (Full name of applicant)

Is currently being employed at (Name of employing facility)

on and is an actively enrolled respiratory therapy student at (name of education institution)

I understand the above named person must be actively enrolled in an accredited Respiratory Therapy Program in order to be employed as a Respiratory Therapy Student. He/she must be designated by title as a "student" or "trainee" and shall perform limited respiratory therapy procedures under direct clinical supervision in accordance with Alabama State Respiratory Therapy Administrative Code 798-X-5-.14 Student Exemption from License. Student status shall be limited to four years and shall terminate immediately upon exiting from the respiratory therapy program. I will immediately notify the Alabama State Board of Respiratory Therapy should there be a change in employment status of this student.

By: Signature of the Respiratory Therapy Director or other authorized representative Date