



**Verification of Employment
For
Student Exemption**



Section 1 - Student - *This section must be completed by the student enrolled in a Respiratory Therapy Education Program.*

Name of Employing Institution: _____

Street: _____

City: _____ **ST:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

I, _____ (printed full name) am applying for a student exemption to the respiratory therapy license 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 ASBRT 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 ASBRT, P.O. 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 Will be Employed:

Last: _____ **First:** _____ **Middle:** _____

Date of Birth: ____/____/____ **Social Security Number:** _____-_____-_____

Expected Date of Graduation: ____/____/____ **E-mail:** _____

Signature: _____ **Date:** _____

Section 2 - Respiratory Therapy Director - *This 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 by the student will not be accepted.*

This certifies _____ (full name of student) will be 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 "student" or "trainee" and shall perform limited respiratory therapy procedures under direct clinical supervision in accordance with Alabama State Board of 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.

Printed Name of Respiratory Therapy Director: _____

LRT #: _____ **E-mail:** _____

Signature: _____ **Date:** _____

Please Mail Original Form to: ASBRT; P.O. Box 241386; Montgomery, AL 36124-1386

Make sure to keep a copy for your records. Please e-mail any questions regarding this form or process to asbirt@leadership-alliance.org.