



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



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest 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 of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)