

**IDAHO STATE BOARD OF MEDICINE**

P.O. Box 83720 · Boise, ID 83720-0058 · (208) 327-7000  
Express Mail: 1755 Westgate Drive, #140 · Boise, ID 83704

**APPLICATION - RESPIRATORY THERAPY STUDENT EXEMPTION**

<i>FOR USE OF THE BOARD</i>			
Approved By	Date	Exemption #	Received

I hereby apply for a Respiratory Therapy Student Exemption.

**This exemption becomes null and void if person named herein fails to actively pursue the required course of study for a period of time in excess of 120 consecutive calendar days and immediately upon receipt of the degree or certificate for which such person pursued the course of study. Section 54-4305 Idaho Code.**

First Name	Middle Name	Last Name
Telephone * Address (Street, City, State, Zip)		Social Security No.
Telephone (home)	(work)	Date of Birth (Month, Day, Year)
Email Address		Place of Birth (City and State)

<b>CLINICAL LOCATION/EMPLOYMENT</b>	
Employer (facility)	
Address	
Supervisor	Idaho License No.
<b>Supervisor must be an Idaho licensed respiratory care practitioner and must complete the Supervisor Affidavit section below.</b>	
<b>SUPERVISOR AFFIDAVIT</b>	
Applicant will work under my personal supervision and I assume responsibility for the applicant's work.	
_____ Signature of Supervisor	_____ Idaho License Number

<b>EDUCATION</b>	
School enrolled in:	
Enrollment date:	Expected Graduation Date

<b>PROGRAM DIRECTOR STATEMENT</b>	
I hereby certify that the above named respiratory therapist is currently enrolled in an approved educational program leading to a degree or certificate in respiratory care.	
<b>Applicant's Photograph</b>  <div style="background-color: yellow; border: 1px solid black; padding: 2px; display: inline-block;"><b>DO NOT STAPLE PHOTO</b></div>	_____ Signature of Program Director  _____ Name of Program Director  _____ Program Name <span style="float: right;">Phone No.</span>  _____ Address  _____ City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>