Name _____

SUPPLEMENTAL FORM FOR
RESPIRATORY THERAPY TECHNICIAN

It is essential that you answer this supplemental form as accurately and completely as possible to ensure proper evaluation of your qualifications. In addition to the data on your civil service application form, the information provided by you on this form will be used to evaluate your qualifications for Respiratory Therapy Technician. Be sure to list each change in title or promotion separately. This form may be duplicated or you may use plain sheets of paper if additional space is needed for your responses.

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1. Indicate the type of training you received in respiratory therapy:

   ☐ On-the job training

   ☐ One year certificate training

   ☐ Associate of Science degree

   ☐ Bachelor's degree

   ☐ Other: _____

Name of institution: _____

Date of training: From:_____ To: _____
Month/Year **Month/Year**

2. Credentials Received:

   a) Certified Respiratory Therapy Technician (C.R.T.T.)? ☐ Yes ☐ No

   b) Registered Respiratory Therapist (R.R.T.)? ☐ Yes ☐ No

3. Review the following listing of procedures:

   A) Small Volume Nebulizer
   B) Intermittent Positive Pressure Breathing (I.P.P.B.)
   C) Ultrasonic Nebulizer (U.S.N.)
   D) Chest Physiotherapy or Percussion (C.P.T.)
   E) Chest Postural Drainage (C.P.D.)
   F) Oxygen Administration or Therapeutic Gas Administration
   G) Mechanical Ventilation, Ventilators/Respirators
   H) Mechanical Ventilator Weaning

I) Airway Management
J) Cardiopulmonary Resuscitation (C.P.R.)
K) Intubation/Extubation
L) Arterial Blood Gas Analysis, Punctures, or Sampling
M) Electrocardiograms (ECG or EKG)
N) Stress Testing or Treadmill Testing
O) Tracheostomy Care
P) Pulmonary Function Testing (P.F.T.)

For each employer where you gained experience in respiratory therapy, complete the following information:

Name of Employer: _____

Your Title: _____

Dates of Employment: From: _____ To: _____
Month/Year **Month/Year**

The average number of hours worked per week: _____

List by the corresponding alphabet above, the types of procedures you performed for this employer. Write in any other procedures not listed above._____
_____
_____

Name of Employer: _____

Your Title: _____

Dates of Employment: From: _____ To: _____
Month/Year **Month/Year**

The average number of hours worked per week: _____

List by the corresponding alphabet above, the types of procedures you performed for this employer. Write in any other procedures not listed above._____
_____
_____

I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: _____ Date: _____