



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION**

SUPERVISOR'S AFFIDAVIT

- REQUIRED FOR:**
- (1) Licensure as a Temporary Technician, or
 - (2) Registration as a Respiratory Care Trainee

Please Complete This Form and Return Directly to Applicant

Name of Applicant		
Name of Supervisor	Supervisor's License Number	
NBRC Level	Supervisor's Email	
Name of Facility	Supervisor's Telephone at Facility	
Address		
City	State	Zip Code

Please print clearly.

I, the above named supervisor, hereby certify that the above-named applicant will be under my supervision to practice respiratory care. I further understand that the board may request information concerning work performance by the applicant under my supervision, or inspect the "orientation checklist" as required by Board Rules Chapter 3 Section 3(E).

Supervisor's Signature:	Date:
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NOTE: The Supervisor's Affidavit Form is to be completed by a Maine Licensed Respiratory Care Practitioner who will be directly supervising this applicant.