RESPIRATORY CARE PRACTITIONER I
SUPPLEMENTAL QUESTIONNAIRE

_____ _____
Please Print Name Social Security Number

The answers to the questions below will be used to evaluate your education, training and/or experience as it relates to the position of Respiratory Care Practitioner I. You will receive a rating of 70% for meeting the minimum qualifications. Additional points will be awarded to candidates who possess job-related education, training and/or experience beyond the minimum qualifications.

1. Have you ever administered respiratory therapy care and life support services to patients in an acute care hospital as a California Certified Respiratory Care Practitioner?
_____ Yes _____ No
If yes, how long? _____ Year(s) _____ Month(s)

2. Have you had more than six (6) months of fulltime experience or its equivalent in the delivery of the following respiratory modalities?

(a)	Hand held nebulizers	_____ Yes	_____ No
(b)	IPPB	_____ Yes	_____ No
(c)	CPT	_____ Yes	_____ No
(d)	Incentive Spirometry	_____ Yes	_____ No
(e)	Bedside PFT	_____ Yes	_____ No
(f)	USN for sputum inductions and treatments	_____ Yes	_____ No
(g)	Ventilation Management	_____ Yes	_____ No
(h)	Transcutaneous monitoring -O_2 and CO_2	_____ Yes	_____ No

3. Have you ever conducted quality control tests on blood gas machines to determine if machines are within normal limits?
_____ Yes _____ No

4. Have you ever drawn the following blood gases and put through blood gas machines for analysis?

Arterial blood gases: _____ Yes _____ No
Capillary blood gases: _____ Yes _____ No

5. Have you ever had experience performing ABG's on pediatric patients?
_____ Yes _____ No

6. As a Respiratory Care Practitioner have you ever responded while on duty to a Code Blue call?
_____ Yes _____ No

7. Please give the name, address and phone number of persons who may be contacted to verify the above information.
_____
_____
_____
_____

8. Have you ever been convicted of a federal crime, as defined in 42 U.S.C. Section 1320a-7(i), or been subject to an exclusion action? _____Yes _____No

If yes, please explain:_____
_____
(Convictions are not an absolute bar to employment. Each case will be evaluated on its own merits.)

9. I certify that the above information is true, complete and correct to the best of my knowledge.

_____ _____
Date Signature of Applicant