

STATE OF CONNECTICUT

PARTMENT OF PUBLIC HEALTH

PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

Respiratory Care Practitioner

AFFIDAVIT

Waiver of Continuing Education while not actively practicing:

I, _____, being duly sworn, attest that:

1. I am a licensed respiratory care practitioner in the State of Connecticut.
2. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of respiratory care in the State of Connecticut;
3. I, therefore, claim an exemption for the above-specified period from the continuing education requirements that specifies that each licensee actively engaged in the practice of respiratory care must complete a minimum of 6 contact hours during the preceding one year period.
4. I understand that, should I resume the practice of respiratory care in the State of Connecticut, I must complete 6 hours of continuing education within six (6) months of returning to active practice.

OR

Waiver of continuing education due to medical disability/illness

I hereby declare my eligibility for a waiver of the continuing education requirements based on a medical disability/illness pursuant to Section 20-162r(e). I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from _____ to _____.

5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Connecticut Respiratory Care License Number

Subscribed and Sworn before me this

_____ day of _____, 20_____.

Notary Public



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue – MS # 12MQA
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer