## Rules of **Department of Economic Development**

## Division 255—Missouri Board for Respiratory Care Chapter 3—Supervision

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Chapter 3—Supervision

## Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 255—Missouri Board for Respiratory Care Chapter 3—Supervision

## 4 CSR 255-3.010 Supervision of Permit Holders

PURPOSE: This rule defines the supervision requirements for permit holders.

- (1) Permit holders shall be allowed to perform the services of a respiratory care practitioner under direct clinical supervision pursuant to section 334.890.4, RSMo. The permit holder shall perform services according to the supervisor's direction, control and full professional responsibility. For the purposes of this rule, direct clinical supervision requires that the supervisor or the supervisor's designee must be immediately available for communication with the supervisee and the supervisor must be able to provide a licensed respiratory care practitioner on-site within thirty (30) minutes of notification.
- (2) The supervisor of a permit holder shall maintain control, oversight, guidance and full professional responsibility concerning a patient receiving respiratory care services from a permit holder.
- (3) A supervisor of a temporary permit holder or temporary educational permit holder shall be currently licensed by the board.
- (4) The supervisor shall complete Section II of the Verification of Supervision form.
- (5) The supervisor shall ensure that the supervisee receives a minimum of one (1) hour per week supervision in individual face-to-face contact by the supervisor or the supervisor's designee.
- (6) The supervisee shall only provide respiratory care services as defined in section 334.810, RSMo appropriate to and consistent with the supervisee's education, training, experience and intended practice.
- (7) If the approved supervisor is unwilling to continue to provide supervision of the supervisee, the supervisor should notify the board in writing within fifteen (15) days.

AUTHORITY: sections 334.800, 334.840.2, 334.850, 334.890.4, 334.910 and 334.920, RSMo Supp. 1997.\* Emergency rule filed June 25, 1998, effective July 6, 1998, expired Feb. 25, 1999. Original rule filed June 25, 1998, effective Jan. 30, 1999.

\*Original authority: 334.800, RSMo 1996; 334.840, RSMo 1996; 334.850, RSMo 1996; 334.890, RSMo 1996; 334.910, RSMo 1996; 334.920, RSMo 1996.





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TYPE OF REGISTRATION	ETED BY APPLICANT		
THE OF REGIONATION			
☐ NEW ☐ CHANGE			
NAME OF APPLICANT (FIRST, MIDDLE,	LAST, SUFFIX)	<u> </u>	
DEDINE NUMBER OF ADDITION OF			
PERMIT NUMBER (IF APPLICABLE)			
RESIDENCE ADDRESS S	TREET	CITY	STATE ZIP
			OIME ZIF
TELEPHONE NUMBER			
NAME OF SUPERVISOR			
The of oor Entloor			
I understand that I must perfe	orm respiratory care services	only under the direct clinical supe	ervision of a licensed respiratory care practitions
as approved by the Missouri	Board for Respiratory Care. I	f, for any reason the arrangemen	its for my supervision should change, I will noti
the Missouri Board for Respi	ratory Care immediately.		
APPLICANT SIGNATURE			DATE
SECTION II - TO BE COMP	FTED BY SUPERVISOR (S	IDEDVISION REQUIDEMENTS	AS REQUIRED BY THE RESPIRATORY CAR
PRACTICE ACT ARE REPR	INTED ON THE REVERSE S	IDE OF THIS FORM)	AS REQUIRED BY THE RESPIRATORY CAR
NAME OF SUPERVISOR (FIRST, MIDDLE	, LAST, SUFFIX)		
LICENSE NUMBER			
NAME OF PRACTICE SETTING (HOSPITA	AL CUNIO ETC.) AND ADDRESS		
NAME OF FINOTICE SETTING (NOSPET)	IL, CLINIC, ETC.) AND ADDRESS		
PRACTICE SETTING TELEPHONE NUMB	ER		
The above named applicant	∟ began ∟ will begin p	oractice under my supervision on <sub>-</sub>	(DATE) . I consent to provid
direct clinical supervision as	required by the Respiratory C	Care Practice Act to	(UALE)
			(NAME OF APPLICANT)
and do acknowledge that I w	ill be held accountable to the l	board for the care given to this pe	ermit holder's patients.
in for any reason, the arrange	ments of this supervision sho	uld change, I will immediately not	tify the board.
Further, I do certify that my	Missouri Respiratory Care I	Practitioner License is current a	nd will be maintained throughout the period o
supervision.		to the Election is cultern as	o will be maintained throughout the period of
SIGNATURE			DATE
			DATE
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	OURO OF THE STATE		
	SUBSCRIBED AND SWORN BEFORE A	n=	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION	USE RUBBER STAMP IN CLEAR AREA BELOW
		EXPIRES	
	Alorio		1
	NOTARY PUBLIC NAME (TYPED OR PE	RINTED)	
MO 419-2275 (11-97)	<u></u>		