Rules of
Department of Economic Development
Division 255—Missouri Board for Respiratory Care
Chapter 3—Supervision

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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.


MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

REGISTRATION OF SUPERVISION

SECTION I - TO BE COMPLETED BY APPLICANT

TYPE OF REGISTRATION

☐ NEW  ☐ CHANGE

NAME OF APPLICANT (FIRST, MIDDLE, LAST, SUFFIX)

PERMIT NUMBER (IF APPLICABLE)

RESIDENCE ADDRESS  STREET  CITY  STATE  ZIP

TELEPHONE NUMBER

NAME OF SUPERVISOR

I understand that I must perform respiratory care services only under the direct clinical supervision of a licensed respiratory care practitioner as approved by the Missouri Board for Respiratory Care. If, for any reason the arrangements for my supervision should change, I will notify the Missouri Board for Respiratory Care immediately.

APPLICANT SIGNATURE

DATE

SECTION II - TO BE COMPLETED BY SUPERVISOR (SUPERVISION REQUIREMENTS AS REQUIRED BY THE RESPIRATORY CARE PRACTICE ACT ARE REPRINTED ON THE REVERSE SIDE OF THIS FORM)

NAME OF SUPERVISOR (FIRST, MIDDLE, LAST, SUFFIX)

LICENSE NUMBER

NAME OF PRACTICE SETTING (HOSPITAL, CLINIC, ETC.) AND ADDRESS

PRACTICE SETTING TELEPHONE NUMBER

The above named applicant ☐ began  ☐ will begin practice under my supervision on ____________ (DATE). I consent to provide direct clinical supervision as required by the Respiratory Care Practice Act to ___________________________ (NAME OF APPLICANT) and do acknowledge that I will be held accountable to the board for the care given to this permit holder's patients.

If for any reason, the arrangements of this supervision should change, I will immediately notify the board.

Further, I do certify that my Missouri Respiratory Care Practitioner License is current and will be maintained throughout the period of supervision.

SIGNATURE

DATE

NOTARY PUBLIC EMBOSSED SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF ____________ 19__

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-2275 (11-97)