

# Wisconsin Department of Safety and Professional Services

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LicensE Portal: [License.wi.gov](http://License.wi.gov)  
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## MEDICAL EXAMINING BOARD PRACTICE OF RESPIRATORY CARE

<b>Applicant Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former/Maiden Name(s)</b>
<b>E-mail</b>	<b>Application Number</b>		

**Applicant:** Complete form in its entirety and upload it into your [LicensE](https://license.wi.gov/s/login) application (<https://license.wi.gov/s/login>). Provide the percentages of time you have practiced, taught, or directed respiratory care in one or more of the categories listed below during the last three (3) years. **NOTE: PERCENTAGES IN ITEMS 1 TO 7, WHEN ADDED TOGETHER, MUST TOTAL 100 PERCENT. An example is located in the example column. Your percentages may vary but must equal 100 percent when totaled.** Provide the name and contact information of an individual who can verify the information you entered and sign and date at the bottom of the form.

Categories and Percentages of Practice of Respiratory Care		Percentage	Example
1.	Aerosolize Medication		25 and
2.	Oxygen Therapy		15 and
3.	Cardio-Pulmonary Diagnostics (e.g., ABG, PFT, ECG)		10 and
4.	Non-invasive Cardio-Pulmonary monitoring (e.g., Apnea, Oximetry, Capnography)		10 and
5.	Bronchial Hygiene Therapy (e.g., CPT, IPPB, Incentive Spirometry)		15 and
6.	Cardiology, Special Procedures (e.g., Cath Lab, Stress Testing)		8 and
7.	Ventilation Therapy/Artificial Airway Care		17 equals
<b>(TOTAL MUST EQUAL 100 PERCENT)</b>		<b>TOTAL</b>	<b>100 percent</b>

**Provide the name and contact information of an individual who may be contacted to verify the above:**

<b>Full Name</b>		<b>Phone</b>	<input type="text"/>
<b>Address (number/street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>
<b>E-mail</b>			

### APPLICANT DECLARATION AND SIGNATURE

I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declaration.

<b>Applicant Signature</b> (If unable to provide a digital signature, please print and sign form.)	<b>Date</b>
	<input type="text"/>