



Janet T. Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF RESPIRATORY CARE PRACTITIONERS
76 NORTHERN AVENUE
GARDINER, MAINE 04345

Joan F. Cohen
Commissioner

SUPERVISION AGREEMENT FORM

The proposed supervisor is responsible for notifying the Board when this supervision agreement is terminated or changed. Failure to notify the Board constitutes a violation of Board rule. A separate form is needed for each unique training site and supervisor.

Supervisee/Trainee Information	
Name:	Email Address:
License Number:	License Type:
Agency & Training Site Information	
Agency Name:	Agency Phone Number:
Agency Address:	
Training Site Name & Address (if different):	
Proposed Supervisor Information (To be completed by proposed supervisor)	
Name:	Maine License Number:
Phone Number:	Email Address:
Address:	
<p>I hereby certify that the supervisee/trainee above will be under my supervision to practice respiratory care. I understand that the Board may request information concerning the supervisee/trainee's work performance or inspect the Orientation Checklist as required by Board rules. I understand and accept the conditions and responsibilities of the supervisory relationship as outlined in the Board's laws and rules. I also agree to notify the Board when the above named supervisee/trainee is no longer under my supervision.</p>	
Proposed Supervisor Signature:	Date: