

QUALITY RESPIRATORY CARE



RECOGNITION

American Association for Respiratory Care • 9425 N. MacArthur Blvd., Suite 100 • Irving, Texas 75063

Please use this form to register your hospital as a Quality Respiratory Care Provider.

Hospital Name _____

Name of the Hospital CEO _____

Address _____

City _____ State _____ Zip _____

E-mail (for general public) _____

Web site URL _____

Contact for information about respiratory services *(to be listed on our website)*

Name _____

Title _____

Telephone _____

E-mail _____

Address *(if different from above)* _____

City _____ State _____ Zip _____

ATTESTATION

I attest that this hospital adheres to the following respiratory care standards:

- All respiratory therapists employed by this hospital to deliver bedside respiratory care services are either legally recognized by the state as competent to provide respiratory care services or hold the CRT or RRT credential.
- Respiratory therapists are available 24 hours.
- Other personnel qualified to perform specific respiratory procedures and the amount of supervision required for personnel to carry out specific procedures are designated in writing.
- A doctor of medicine or osteopathy is designated as medical director of the respiratory care service.

I will notify the AACRC in writing when any of these standards cannot be upheld.

Signature _____ Date _____