

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last Martin	First Carol	Middle Initial L
Work Address 885 E Lavaca St	City Beaumont	State TX
		ZIP 77705
Work Phone 409-880-8321	Work Email Address clfoster@lit.edu	

EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
Lamar Institute of Technology	Respiratory Care	AAS in Respiratory Care	2016

CERTIFICATION AND LICENSURE

Registered Respiratory Therapist RCP 2016	

RELEVANT PROFESSIONAL EXPERIENCE *(List current primary position first.)*

Employer	Position	Department	Date
Lamar Institute of Technology	Adjunct Instructor	Respiratory	8/2025-current
Post Acute Medical	RRT	Respiratory	3/2024-current
The Medical Center of SETX	RRT	Respiratory	7/21-8/24
Baptist Hospital	RRT	Respiratory	7/16-7/21

PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES *(Last 5 years)*

Organization	Officer (if applicable)	Date

CONFERENCE PRESENTATIONS *(Last 5 years)*

Conference Name	Title of Presentation	Date

COMMUNITY SERVICE *(Last 5 years)*

HONORS AND AWARDS

OTHER MAJOR PROFESSIONAL DEVELOPMENT *(Up to 5 activities)*

Title	Type of Activity	Date(s)