

FOR OFFICE USE ONLY

Respiratory Care Checklist

- Endorsement Examination
- Temporary Graduate
- App. & Fee
- Date: _____ Check _____
- Transcript
- Score/Certification from NBRC
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:
License Number:
Issue Date:
Grad/Temp Lic. #:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island
Board of Respiratory Care**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

Respiratory Care Practitioner

- Endorsement**
Temporary Status Yes No
- Examination**
Graduate Status Yes No

License # _____
Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

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LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$60.00** and attached to the upper left-hand corner of the first (Top) page of the application. **THIS APPLICATION FEE IS NONREFUNDABLE.**
- Official transcript from an accredited School of Respiratory Care submitted by the college/school/university, directly to the Board. Transcript must include date of completion, graduation date and degree. No student copies will be accepted. If you are a new graduate and applying for Graduate Status and your transcript is not yet available, a certified statement may be **sent directly FROM** the Dean or Registrar of the Respiratory Care School verifying your completion of **ALL GRADUATION REQUIREMENTS**. A completed official transcript must be **sent directly FROM the school** to the Board of Respiratory Care as soon as it is available. A license cannot be issued without receipt of an official transcript.
- Score/Certification sent directly from the National Board of Respiratory Care (NBRC) (**Telephone 1-913-599-4200**) to the Board of Respiratory Care.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Graduate Status

Requirements listed above with the exception of scores from NBRC.

Application for graduate status must be filed within 30 days of date of graduation. Graduate status permits are issued for a period of 90 days and may not be renewed. **Failure to pass the certification examination results in the revocation of a graduate status permit.**

Temporary Status

Applicants who provide documentation of current licensure in another state, and who file an application with the above fee, may receive a temporary license to practice, under supervision of a licensed respiratory care practitioner, until he/she is fully licensed by completing the above license requirements.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
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8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Type of School (University, College, Technical School, etc.)</td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="padding: 2px;">Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr><tr><td style="font-size: 8px; text-align: center;">Month</td><td style="font-size: 8px; text-align: center;">Year</td></tr></table> </td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td> </tr> </table>		Type of School (University, College, Technical School, etc.)		Name of School	Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr><tr><td style="font-size: 8px; text-align: center;">Month</td><td style="font-size: 8px; text-align: center;">Year</td></tr></table>			Month	Year		Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)
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9. Other State License(s) Please answer the question and list state(s), if applicable	Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is “yes” , enter all other state licenses in Question 10 (below):
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10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">State/Country:</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> <td style="width:50%; border-bottom: 1px solid black;">State/Country:</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> </table>	State/Country:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
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	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														

11. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width: 10%; text-align: center; font-size: 8px;">Month</td> <td style="width: 10%; text-align: center; font-size: 8px;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		Month	Year									
	Month	Year											

12. Disciplinary Questions Check either Yes or No for each question.	1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="border-top: 1px dashed black;"/> 2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If you answer “Yes” to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper. <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
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13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Respiratory Care Practitioner in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Respiratory Care of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Respiratory Care

Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as a Respiratory Care Practitioner in the State of Rhode Island. The Rhode Island Board of Respiratory Care requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Respiratory Care at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE RESPIRATORY CARE BOARD

Respiratory Care Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

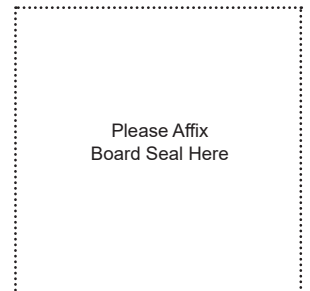
Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.