

FOR OFFICE USE ONLY

Respiratory Care Checklist

- Endorsement Examination
- Temporary Graduate
- App. & Fee
- Date: _____ Check _____
- Birth Certificate/Legal Entry
- Photo
- Transcript
- Score/Certification from NBRC
- Resume
- 2 Statements of Character
- 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

License # _____
Name _____

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

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Licensure Requirements

U.S. Graduates

- Fee of **\$170.00**.
- Recent passport type photograph.
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Official transcript from an accredited School of Respiratory Care.
- License Verification(s) from the state(s) in which applicant holds or has held a license.
- Two (2) letters of reference.
- Score or Certification sent directly from the National Board of Respiratory Care (NBRC).
- Resume.

Graduate Status

- Requirements listed under U.S. Graduates 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.

Rules and Regulations/Laws

The rules and regulations for licensing "Respiratory Care Practitioners" can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_425_.pdf

Title 23, Chapter 39, entitled: Respiratory Care Act can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title23/23-39/>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Respiratory Care (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/resp_care.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$170.00** payable to the **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided.
5. Two (2) letters of reference from individuals, other than relatives, and at least one (1) of which shall be from a practicing respiratory care practitioner.
6. A completed official transcript **sent directly** from the accredited school of **Respiratory Care** to the Board of Respiratory Care. No student copies will be accepted.
7. 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.
8. Scores or certification **sent directly** from the **NBRC (Telephone 1-913-599-4200)** to the Board of Respiratory Care.
9. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.
10. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Respiratory Care, Room 104
3 Capitol Hill
Providence, RI 02908-5097**



State of Rhode Island Board of Respiratory Care

Application for License as a Respiratory Care Practitioner

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public 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)

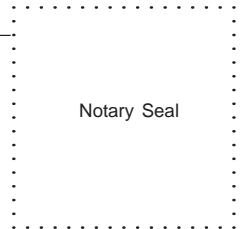
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status, (**original or a copy notarized as being a true copy of the original**), and understand that submitted documents will not be returned.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$170.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Respiratory Care.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form(s) - Other State License(s).

Other Documents

- I have requested a school transcript and my score or certification (NBRC) as instructed.
- I have requested two (2) letters of reference be sent to the RI Board of Respiratory Care.



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	Please Affix Board Seal Here
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.