



Ohio Respiratory Care Board

77 South High Street, 16th Floor * Columbus, Ohio 43215-6108 * Bus. Tel. (614)752-9218 * Fax (614)728-8691 - *Christopher H. Logsdon, Executive Director*

CRIMINAL RECORDS CHECKS REQUIRED FOR LIMITED PERMITS OR LICENSES

Section 4761.051 of the Ohio Revised Code requires those applying for a license or a limited permit issued by the Ohio Respiratory Care Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Investigation (FBI). To have both of these criminal records checks completed, you must submit fingerprints and fees directly to BCI&I either by using a fingerprint card supplied by BCI&I or by using a "Web Check" electronic fingerprinting company (only available in the State of Ohio) that will submit your fingerprints electronically to BCI&I.

Instructions for Individuals Residing in Ohio or Within 75 Miles of Ohio

Applicants residing in Ohio or within 75 miles of Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCI&I. Web Check electronic fingerprints will typically take 7 – 10 days to process. In addition to the \$22 BCI&I fee and the \$24 FBI fee, the electronic fingerprinting company or law enforcement agency may charge an additional processing fee. Request that the criminal records check be sent directly to: Ohio Respiratory Care Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215. A complete list of Web Check sites is available online, arranged by County, at

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

Important: Locations designated BCI&I and FBI will perform both background checks. If this notation is not present, the location will only perform a BCI&I check, which will be rejected by the Board.

Instructions for Completing the Process

1. Identify a "Webcheck" vendor that participates in the National Webcheck (BCI&I and FBI).
2. Submit your fee directly to the "Webcheck" vendor.
3. Request both BCI&I and FBI criminal background check
4. Request that the criminal background results be sent to: **Ohio Respiratory Care Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215.**
5. Reason Fingerprinted: **Required for licensing/permit ORC 4761.051.**
6. Code - **1AB002** (if requested)

Instructions for Non-Residence More Than 75 miles from Ohio

Non-residents living more than 75 miles from Ohio are directed to obtain fingerprints submitted by card (called "rolled" prints because they are ink based). You must telephone the Board to obtain two cards. Rolled Prints will take longer to process and additional delays can occur due to poor fingerprint quality, resulting in unreadable prints. The Board directs applicants using a fingerprint card to take the fingerprint cards to their local law enforcement where a qualified person can take your prints. You will need valid identification to complete the fingerprint card. Your local law enforcement may charge a processing fee in addition to the fee required by the BCI&I and the FBI.

1. Call the Board to obtain two cards for filing (one for BCI&I and one for the FBI).
2. Complete and send BOTH cards to the BCI&I. BCI&I will process the "Civilian Background Check" and will forward the other card to the FBI for processing.
3. Complete all the information above the solid blue lines in **BLACK INK.**
4. Write clearly, unreadable cards will be rejected.
5. Do not alter the cards or boxes. **Do not fold or bend card when mailing.**
6. Each card requires a separate cashier's check or money order (personal checks are not accepted). Make cashier's checks and money orders payable to "Treasurer, State of Ohio." Submit \$22.00 for the BCI&I Civilian Background Check and \$24.00 for the FBI background check.
7. For the FBI: Employer and Address: Ohio Respiratory Care Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215; Reason Fingerprinted: Required for licensing/permit ORC 4761.051; Your No. OCA 1AB002; Race: W (White); B (Black); A (Asian); I (American Indian/Alaskan Native American); or U (Unknown); Eyes BLK (Black); BLU (Blue); BRO (Brown); GRN (Green); GRY (Gray); or XXX (Unknown).
8. Send the cards and fee to BCI&I, c/o Special Requests Desk, P.O. Box 365, London, Ohio 43140 (740845-2375).

Instructions to Applicant: If using cards, present this sheet and the card to your local law enforcement. Have valid personal identification with a picture I.D. available for law enforcement. Upon completion, send the cards and fee to BCI&I, P.O. Box 365, 1560 State Route 56 SW, London, Ohio 43140 (740845-2375). Do not send card and fees to the Board.

CRIMINAL RECORDS CHECKS REQUIRED FOR LIMITED PERMITS OR LICENSES

To: Local Law Enforcement

Instructions for Completing the Fingerprint Card Process

The Ohio Revised Code requires those applying for a license or a limited permit issued by the Ohio Respiratory Care Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Investigation (BCI&I) and the Federal Bureau of Investigation (FBI). To have both of these criminal records checks completed, the presenter of this form must submit fingerprints and fees directly to Ohio BCI&I either by using fingerprint card supplied by BCI&I for both the "Civilian Background Check" and the FBI background check. Once completed, the holder is responsible for paying any processing fee charged by the Law Enforcement Office. The holder is also responsible for returning the fingerprint cards and required fees to Ohio BCI&I.

Please verify that the holder has completed and provided the following:

1. The holder has a valid form of picture Identification.
2. The holder has completed the personal information section on BOTH cards and the information can be verified through comparison with a valid form of Picture Identification.

APPLICATION FOR INITIAL LICENSE/LIMITED PERMIT



**77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108
614.752.9218
www.state.oh.us/rsp**

INSTRUCTIONS: This application is for obtaining an initial license or limited permit to practice respiratory care in the state of Ohio. Please complete all sections (front and back) and include all requested documentation and applicable fees. If a section does not apply, please mark N/A. **NOTE:** All incomplete applications will be returned. All fees must be submitted in the form of a check or money order and made payable to the **Treasurer, State of Ohio**. **All initial application fees are non-refundable. Also, all initial applications filed more than six months before the next June 30 biennial expiration date for licenses and permits will be subject to renewal requirements and fees in accordance with rule 4761-8-01 of the Ohio Administrative Code. The application must be legible or it will be returned.**

PART A - PERSONAL INFORMATION: To be completed by all applicants

1. First Name			Middle Name			Last Name								
2. Have you been known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No			First Name			Middle Name			Last Name					
If YES, please provide full prior names/aliases:														
3. Credential Mailing Address:			Street			City			State			Zip Code		
County														
4. Social Security Number (required*)				5. Date of Birth (mm/dd/yy)				6. Gender:						
-- --				/ /				<input type="checkbox"/> Male <input type="checkbox"/> Female						
7. Home Telephone Number				8. Business Telephone Number				9. Personal E-Mail Address:						
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* Provision of your Social Security Number is mandated for child support enforcement purposes, pursuant to Ohio Revised Code 3123.50 and 42 U.S.C. Section 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Services' Healthcare Integrity and Protection Data Bank (HIPDB).

PART B – RESPIRATORY EMPLOYMENT HISTORY: To be completed by all applicants (Attach separate sheet if needed)

Present Employer (Use additional paper for previous employers)						
Street Address		City		State	Zip Code	County
Position Title		Dates of Employment			Average hours per week	
Supervisor's Name				Telephone No. (Include Area Code)		
				() -		
Past Employer (Use additional paper for previous employers)						
Street Address		City		State	Zip Code	County
Position Title		Dates of Employment			Average hours per week	
Supervisor's Name				Telephone No. (Include Area Code)		
				() -		

PART C - AUTHORIZATION REQUESTED & FEES: To be completed by all applicants

Please check

	Initial Professional License	\$75.00	Initial licenses expire on June 30 of every even year. Initial Limited Permits expire each year on June 30. All initial applications filed more than six (6) months prior to the next expiration date will be subject to renewal requirements and submission of fees for the next renewal period.
	Initial Limited Permit (Current Students or New Graduates)	\$20.00	

DO NOT WRITE BELOW THIS LINE - FOR ORCB USE ONLY

Check #	Amount	Check Date	Receipt Date:
Agency Control #			
License Number Issued		Identification Card Audit #	

PART G - ATTESTATION: Application must be notarized

ATTESTATION

I hereby authorize all my references, personal physicians, educational institutions, employers and business and professional organizations and associates - past and present - to release to the Ohio Respiratory Care Board any and all information requested by the Board in connection with the processing of this application or future inquiry into my professional record. Furthermore, I hereby acknowledge that I have read and understand all of this application and that I have read the laws and regulations governing the practice of respiratory care in the state of Ohio (O.R.C. Chapter 4761).

Any applicant that knowingly makes a false statement on this application may be found guilty of a misdemeanor of the first degree under O.R.C. Section 2921.13.

I hereby acknowledge that all the information and statements contained within this application are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	DATE	NOTARY SIGNATURE & SEAL	DATE
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PART H - RECENT PHOTOGRAPH

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

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

Full length photos will not be accepted.



Date of Photograph

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

DO NOT WRITE BELOW THIS LINE - FOR ORCB USE ONLY

Criminal Background Checks Receipt		
Ohio Civilian Background Check	Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Date
FBI Background Check	Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Date

Before completing this application, the board recommends that you obtain a copy of the Ohio Laws and Rules regulating the practice of Respiratory Care. The Laws and Rules are available on the board's website at www.respiratorycare.ohio.gov at no charge.

Please read these instructions carefully. Incomplete applications will be returned!

- STEP 1** Complete all sections in BLUE or BLACK ink. DO NOT use pencil. Type or Print **legibly**. If a section does not apply, please mark N/A.
- STEP 2** Sign and date the application.
- STEP 3** Have application **Notarized**.
- STEP 4** Mail the application, documentation and fees to the following address:

**Ohio Respiratory Care Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108**

Make checks or money orders payable to: Treasurer, State of Ohio. No cash.

◆ DOCUMENTS WE NEED FOR:

YOUR LICENSE

- Criminal Background Check
- Application
- Initial fee and renewal fee, if required
- Official Transcript(s)
- NBRC Credential Verification Letter - See PART E Below
- Copy of NBRC Score Report - If Available
- State License Verification(s)
- Certified Court Documents - If Applicable
- Proof of R.C. employment and continuing education – If Applicable
- Recent 2"X2" Photograph

YOUR LIMITED PERMIT

- Criminal Background Check
- Application
- Initial fee and renewal fee, if required
- Official Transcript(s) - **graduates** only
- Verification of Education Form - **students** only
- Certified Court Documents - If Applicable
- Recent 2"X2" Photograph

◆ HOW TO COMPLETE THE APPLICATION

Most sections on this form are self-explanatory. Those that may need some explanation are discussed below.

PART A Mailing address is where you would like mail to be sent. Your permanent address may be the same as your mailing address or different if you have a permanent residence elsewhere. If your permanent address is different, please list it on a separate piece of paper.

PART B This section must be complete, including zip codes, counties, and dates of employment. Use extra paper if necessary

PART C To review the qualifications for a license or limited permit, read O.R.C. Section 4761.04 or 4761.05 and O.A.C. rule 4761-5-04 or 4761-6-01. To qualify for a license, you **must** pass a recognized examination (Read O.A.C. 4761-5-01). To qualify for a limited permit, you **must** be a student in good standing and enrolled in a board-approved respiratory care program or a graduate from such a program within one year of the date of graduation. Initial licenses will expire on June 30 of each even year, regardless of the original issue date. Limited Permits will expire on June 30 of every year, regardless of the original issue date.

We accept only checks or money orders. **DO NOT SEND CASH.** Make checks payable to the Treasurer, State of Ohio. **All fees are non-refundable.**

PART D Read O.A.C. rule 4761-4-01. If you are a graduate of a recognized respiratory care educational program, you **must** have an "official transcript" mailed to the board by the educational institution. If you are a student, you **must** submit a "Verification of Education Form".

Note: After August 1, 1997, you **must have an associate degree with a major in respiratory care or equivalent to qualify for a license**. This requirement may be waived under O.A.C. 4761-5-04 if you hold a registered respiratory therapist credential issued by the NBRC, or you hold a certified respiratory therapist credential issued by the NBRC and can show proof of employment as a respiratory care provider in a hospital for no less than twenty-five hours per week for a period of no less than five years, or you graduated from a board-approved respiratory care program prior to August 1, 1997. Call us if you need clarification.

PART E Read O.A.C. rule 4761-5-01. After 1990, the board maintains a listing of all persons that were residents of the state of Ohio and who passed a recognized NBRC or Ohio examination. All other applicants for licensure **must** request a credential verification letter from the NBRC. A credential verification letter can be obtained from the NBRC by going to: <https://www.nbrc.org/CredentialedPractitioners/CredentialedMembers>

Pursuant to O.A.C. rule 4761-5-01, the Ohio board only recognizes acceptable examinations for a period of three years following the examination date. If you passed an acceptable examination, but the examination date was more than three years before your date of application for an Ohio license, you **must** provide documentation that supports continued recognition of your examination. Supportive documentation may include: (1) proof of acceptable employment in the practice of respiratory care in a non-licensed state within three years prior to the date of application for an Ohio license or (2) proof of valid licensure and practice in a state that requires continuing education hours at least equivalent to those required in the State of Ohio. If you cannot provide proof of taken a recognized examination within three years of the date of initial application or provide proof of meeting one of the examination waivers, you may be required to re-take the entry-level certified respiratory therapist examination offered by the NBRC.

PART F Answer all questions. To qualify for a license or limited permit in Ohio, you are required to establish proof of good moral character.

◆ FINAL NOTE

The aforementioned instructions briefly review the documentation requirements needed to process your application. Qualifications for a license or limited permit, including the specific recognition of examinations or education programs are completely covered in the laws and rules regulating the practice of respiratory care in Ohio. The board strongly encourages all applicants to read the law and rules before submitting a fee and completing this application.