

OHIO RESPIRATORY CARE BOARD

Application Instructions for Initial Limited Permit

The requirements for a limited permit will vary depending upon whether you are a student enrolled in a recognized respiratory care program or a recent graduate of a respiratory care program. It is important that you understand the basis from which you will begin your application process.

Currently Enrolled Students

Students enrolled and in-good-standing in a recognized respiratory care educational program may apply for a limited permit to practice respiratory care while completing their educational program. Practicing respiratory care in this sense means gainful employment, not clinical practice required as part of the planned course of study of a respiratory care educational program. Students, while engaged in clinical education, are exempt from needing a limited permit.

Recent Graduates

Graduates of a recognized respiratory care program may apply for a limited permit to practice respiratory care in Ohio if less than one year has passed since the date of graduation from the respiratory care program. A limited permit, if issued, is only valid until the one-year anniversary date of graduation. After the one-year anniversary date, a limited permit holder must cease practicing respiratory care in Ohio. Once a graduate takes and passes the Certified Respiratory Therapist (CRT) Examination administered by the National Board for Respiratory Care, Inc. (NBRC) a license may be issued.

Criminal Background Checks

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>

Completing an Application

Please read instructions carefully. Incomplete applications will be returned!

STEP 1 Complete all sections in BLUE or BLACK ink. DO NOT use pencil. 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**

◆ DOCUMENTS REQUIRED FOR A LIMITED PERMIT:

- Criminal Background Check.
- Application - Complete entirely.
- Initial fee (nonrefundable) - \$20.00. Send valid personal check, cashier's check, or money order made payable to "**Treasurer, State of Ohio**".
- Official Transcript(s) - **graduates** only. Transcripts must be sealed by school or sent directly to the Board by the school. Opened transcripts will not be accepted.
- Verification of Education Form - **students** only. Obtain form from Board website.
- Certified Court Documents - If Applicable.
- Recent 2"X 2" passport type photograph, un-mounted full face (head shot) that is less than 6 months old. Polaroid, cell phone, or photocopied photographs will not be accepted. **Please note: If the submitted photograph does not meet the requirements or the quality is too poor for archiving purposes, the entire application will be returned.**
- Print name at the top of each page of the application.

◆ HOW TO COMPLETE THE APPLICATION

To review the qualifications for a limited permit, read O.R.C. Section 4761.05 and O.A.C. rule 4761-6-01. To qualify for a limited permit, you **must** possess good moral character, be a student enrolled and in good-standing in a recognized respiratory care educational program or a graduate of a recognized educational program no more than one-year after the graduation date from the program.

Recognized programs are defined in rule 4761-4-01 of the Ohio Administrative Code, to wit:

- (1) Are accredited by or are under a letter of review from the committee on accreditation for respiratory care (CoARC) under the auspices of the commission of accreditation of allied health educational programs (CAAHEP) or their successor organization(s); and
- (2) Require a minimum of an associate degree or it's equivalent with a major in respiratory care.

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

HOW TO COMPLETE THE APPLICATION

PART A You will select Limited Permit based on student enrollment or Limited Permit based on graduation.

PART B Recent 2”X 2” passport type photograph, un-mounted full face (head shot) that is less than 6 months old. Polaroid, cell phone, or photocopied photographs will not be accepted.

PART C All boxes must be completed. **Providing your birth date and social security number is required.** Your residential address is where you reside and would like us to send your mail. Your permanent address may be the same as your residential 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 D This section must be completed, including zip codes, counties, and dates of employment. Use extra paper if necessary. You must provide the full name and address of each employer. Use a separate piece of a paper, if needed.

PART E This part must be completed by all applicants.

PART F This section must be completed by all applicants. **You will select “Not Applicable.”**

PART G You must list each state in which you have held or currently hold a respiratory care or other professional license.

A “[State License Verification Form](#)” must be completed by each state in which a license is held or has ever been held. A form can be obtained by going to Forms and Applications on the Board’s website or by clicking on the active link above.

Each state may elect to use its own formatted letter; however, it must meet the requirements of O.A.C. rule 4761-5-04.

PART H Answer all questions by initialing a Yes or No box. To qualify for a license in Ohio, you are required to establish proof of good moral character.

PART I Sign and date the application before a notary public.

◆ 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.