



# Ohio Respiratory Care Board

77 South High Street, 16th Floor • Columbus, Ohio 43215-6108

Tel. (614) 752-9218 • Fax (614) 728-8691 – *Corey C. Schaal, Executive Director*

## Instructions: Application for Initial License/Limited Permit

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

**Note:** It is the applicant's responsibility to have all required documentation attached to the application or separately sent to the Ohio Respiratory Care Board. All questions regarding this application should be directed to the Board at (614) 752-9218. 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 at no charge on the board's website at [www.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov).

- 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. Unreadable applications may be returned at the discretion of the reviewer.
- STEP 2** Sign and **date** the application.
- STEP 3** Have the application **Notarized**.
- STEP 4** We accept only personal checks, cashier's checks or money orders. **DO NOT SEND CASH**. Make checks payable to the [Treasurer, State of Ohio](#). **All fees are non-refundable.**
- STEP 5** Mail the application, documentation, and fees to the following address:

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

### ◆ HOW TO COMPLETE THE APPLICATION

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

**PART A** Choose one of the selections and submit appropriate fee based on the following information (\*):

(\*) OAC 4761-12-01 provides for a fifty-percent discount for veterans or persons on active duty military service.

“Active duty military service” means any person currently serving in the branches of the armed forces as defined in section 145.30 of the Revised Code.

“Veteran” means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

### RCP Licenses qualifications

Chapter 4761.04 of the Ohio Revised Code provides the basic qualifications for licensing. This section states:

(A) *Except as provided in division (B) of this section, no person is eligible for licensure as a respiratory care professional unless the person has shown, to the satisfaction of the Ohio respiratory care board, all of the following:*

- (1) *That the person is of good moral character;*
- (2) *That the person has successfully completed the requirements of an educational program approved by the board that includes instruction in the biological and physical sciences, pharmacology, respiratory care theory, procedures, and clinical practice, and cardiopulmonary rehabilitation techniques;*
- (3) *That the person has passed an examination administered by the board that tests the applicant's knowledge of the basic and clinical sciences relating to respiratory care theory and practice, professional skills and judgment in the utilization of respiratory care techniques, and such other subjects as the board considers useful in determining fitness to practice.*

**(B) The board may waive the requirements of division (A) of this section with respect to any applicant who presents proof of current licensure in another state whose standards for licensure are at least equal to those in effect in this state on the date of application. The board may waive the requirements of divisions (A)(2) and (3) of this section with respect to any applicant who presents proof of having successfully completed any examination recognized by the board as meeting the requirements of division (A)(3) of this section. (Emphasis added)**

Rule 4761-5-01 of the Ohio Administrative Code amplifies the Board's waiver authority. The following is a summary of the qualifications under this rule and is not the actual rule:

1. The Board will waive the requirements of paragraph (A) of Section 4761.04 of the Ohio Revised Code (**see above**) if you demonstrate proof of current licensure in another state whose standards for licensure are at least equal to those in effect in the state of Ohio on the date of application as follows:
  - a. On the date of application you hold an active and valid license issued by another state or states and the license issuance was based in whole or in part upon successful completion of either of the following examinations offered by the National Board for Respiratory Care, Inc.:
    - i. The Certified Respiratory Therapist examination taken prior to January 1, 2015; or
    - ii. The Registered Respiratory Therapist examination consisting of both the written and clinical simulation portions.

and
  - b. Each state of origin requires its licensees to complete at least as many contact hours of continuing education as the state of Ohio and you are current on obtaining and reporting the completed continuing education to each state of origin based on the renewal schedule of each state. If you hold a license in a state that does not require as many contact hours of continuing education as the state of Ohio, the board will require you to complete needed contact hours to make up the difference.

or
2. The Board will waive the requirements of paragraph (A)(2) and (3) of Section 4761.04 of the Ohio Revised Code (**see above**) according to the following:
  - a. On and after January 1, 2015, the board recognizes successful completion of both portions of the R.R.T. examination administered by the NBRC or its successor organization as meeting the requirements of division (A)(3) of section 4761.04 of the Revised Code if the examination was passed within three years prior to the date of application for an Ohio license.; or
  - b. Prior to January 1, 2015, the board recognizes successful completion of the CRT examination administered by the NBRC as meeting the requirements of division (A)(3) of

section 4761.04 of the Revised Code if the examination was passed within three years prior to the date of application for an Ohio license.

The three-year examination recognition period will be waived for persons demonstrating regular employment in the practice of respiratory care by an agency of the United States government and provides respiratory care solely under the direction or control of the employing agency.

### **Limited Permit qualifications**

Chapter 4761.05 (B) of the Ohio Revised Code states:

(B)(1) *The board shall issue a limited permit to any applicant who meets the requirements of division (A)(1) of section 4761.04 of the Revised Code, files the prescribed application form, pays the fee required under section 4761.07 of the Revised Code, and meets either of the following requirements:*

- (a) *Is enrolled in and is in good standing in a respiratory care educational program approved by the board that meets the requirements of division (A)(2) of section 4761.04 of the Revised Code leading to a degree or certificate of completion or is a graduate of the program;*
- (b) *Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989. (Emphasis added)*

A graduate of a recognized program is only eligible to practice under a limited permit for no more than one year after the date of graduation from the respiratory care educational program.

**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** Must be completed by all applicants. 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 or the official transcript must be mailed in a sealed envelope. If you are a student, you **must** submit a **Verification of Education Form**. A form can be obtained by going to the Forms and Applications-Respiratory page on the Board’s website.

**PART F** This section must be completed by all applicants. **A credential verification letter from the NBRC is required for all applicants, except Ohio residents that took and passed a qualifying examination in the state of Ohio. If you are an Ohio resident, the NBRC will send pass/fail lists directly to the Board on a weekly basis.**

**A credential verification letter** can be obtained from the NBRC by going to:  
<http://www.nbrc.org/Pages/Credentialed-Practitioners.aspx>

**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 the Forms and Applications-Respiratory page on the Board’s website.

**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** If you are a veteran, active duty military member, spouse of active duty military member or veteran or surviving spouse of active duty military member or veteran, please complete this section.

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

**PART J** 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.

**Application for Initial License/Limited Permit Checklist**

◆ **DOCUMENTS WE NEED FOR:**

**RESPIRATORY CARE PROFESSIONAL LICENSE**

- Criminal Background Check (both BCI and FBI) - See directions on page 5. ***Pursuant to OAC rule 4761-5-07, a new criminal background check will be required if the applicant's criminal background check report on file with the board is greater than one year old based on the filing date of the report with the board.***
- Application - Completed entirely.
- Initial fee (nonrefundable) - \$75.00. Send a valid personal check, cashier's check, or money order made payable to "**Treasurer, State of Ohio**". ***All fees are non-refundable.***
- NBRC Credential Verification Letter - See PART F instructions or go to <http://www.nbrc.org/Pages/Credentialed-Practitioners.aspx>.
- Copy of NBRC Score Report - If available.
- State License Verification(s) See PART G instructions or obtain form from Board website. Each state may charge a fee for this service. Please contact the state(s) of origin to determine costs.
- Certified Court Documents - If Applicable.
- Proof of R.C. employment and continuing education – If Applicable.
- If you hold a license in a state that does not have standards equal to those in effect in Ohio at time of application, the Board may require additional documentation. This may require additional continuing education, including one contact hour of continuing education in professional/medical ethics.
- 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.

**LIMITED PERMIT**

- Criminal Background Check - See directions on page 5.
- 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 the Forms and Applications-Respiratory page on the Board's 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.

## **Notice on Collection of Personal Information**

The Ohio Respiratory Care Board collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Section 4761 of the Ohio Revised Code. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate application. Information submitted to the Board, excluding confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order.

Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4761.031, and/or as otherwise required by state and federal law.

Licensees may request to review the information maintained by the Ohio Respiratory Care Board. Questions should be directed to the Board office.

### **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 "Web Check" 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. Indicate to the Webcheck vendor to select **'Respiratory Care Board' from the Direct Copy drop down list at the Webcheck workstation.**
5. Reason Fingerprinted: **Required for licensing/permit ORC 4761.051.**
6. Code - **1AB002** (if requested)

#### **Instructions for Non-Residents 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, (740) 845-2375.

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 (740-845-2375). Do not send cards 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 to 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 cards (supplied by BCI&I for both the "Civilian Background Check" and the FBI background check) and fees directly to Ohio BCI&I. 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: BCI&I, c/o Special Requests Desk, P.O. Box 365, London, Ohio 43140, (740) 845-2375.

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.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov)

**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 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. In addition, 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.

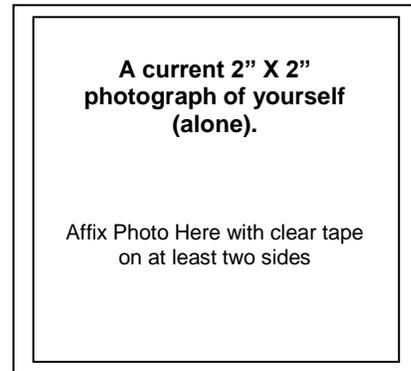
## PART A - AUTHORIZATION REQUESTED & FEES: Check One (See Part A instructions)

<b>Please Check One</b>	<input type="checkbox"/>	<b>Military Status</b>	<b>Veteran/Active Duty Military Status</b>	By checking this box, you are claiming that you meet the definition of a Veteran or person in Active Duty Military Service (See Part A, page 1 for definitions). Attach copy of DD 214 form or copy of current military I.D. card.	<b>If checked pay ½ of the applicable fee below</b>
	<input type="checkbox"/>	<b>RCP License</b>	<b>Reciprocity of existing state license(s)</b>	You are licensed in another state whose standards are at least equal to those currently in effect in Ohio and which is based on passing a qualifying NBRC examination. Complete the required Verification of State Licensure form(s) and obtain an NBRC credential verification letter (see Part F instructions on page 3).	<b>\$75.00</b>
	<input type="checkbox"/>	<b>RCP License</b>	<b>Passed qualifying NBRC examination</b>	You have passed a qualifying NBRC examination, but do not hold a current license in another state. Obtain an NBRC credential verification letter, if required (see Part F instructions on page 3).	<b>\$75.00</b>
	<input type="checkbox"/>	<b>Limited Permit</b>	<b>Based on Student Enrollment</b>	You are currently enrolled in and in good standing in an accredited respiratory care educational program. Complete a Verification of Education form (see Part E instructions on page 3).	<b>\$20.00</b>
	<input type="checkbox"/>	<b>Limited Permit</b>	<b>Based on Graduation</b>	You must request an official final transcript from the degree granting institution where you completed your major in respiratory care studies (see Part E instructions on page 3).	<b>\$20.00</b>

## PART B - RECENT PHOTOGRAPH

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

Photograph must be less than six months old, passport type photo, clear, front view, and full face and shoulders without hat or dark glasses. Side view, grainy, poor quality, less than 2" X 2" photos, photos with other persons in view, or full length photos will be rejected. Polaroid, cell phone, or photocopies will not be accepted.



Date of Photograph \_\_\_\_\_

## PART C - 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: Attach separate sheet, if needed.												
3. Residential 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: _____				

\* Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4761.031, and/or as otherwise required by state or federal law.

(Print Name)

**PART D – RESPIRATORY EMPLOYMENT HISTORY: To be completed by all applicants – respiratory related employment only (Attach separate sheet if needed) Check here if Not Applicable:  N/A**

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

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

**PART E - RESPIRATORY CARE EDUCATIONAL HISTORY: To be completed by all applicants, even if you are not a graduate.**

Name of Institution	City	State	Name of Certificate/Degree <input type="checkbox"/> Certificate <input type="checkbox"/> AAS <input type="checkbox"/> Bachelor	Dates of Attendance to
Name of Institution	City	State	Name of Certificate/Degree <input type="checkbox"/> Certificate <input type="checkbox"/> AAS <input type="checkbox"/> Bachelor	Dates of Attendance to

If you are applying for a limited permit as a graduate from an accredited respiratory care program within one (1) year from your graduation date, you must have a **FINAL OFFICIAL TRANSCRIPT** sent directly to the Board.

If you are a student applying for a limited permit, you must submit a completed and current **VERIFICATION OF EDUCATION FORM**.

**PART F - RESPIRATORY CARE EXAMINATION HISTORY: To be completed by all applicants – see instructions on page 3**

Please Check One	Examination Type (mark only one)	State Exam was taken in	Date NBRC Credential was awarded	Scaled Score attained (attach score report, if available)
	<input type="checkbox"/> CRT – Certified Respiratory Therapist Examination			
	<input type="checkbox"/> RRT – Registered Respiratory Therapist (Written & Simulation Examinations)			
	<input type="checkbox"/> OHIO – state credentialing examination	OHIO		
	<input type="checkbox"/> Not Applicable – current student or recent graduate			

**PART G – OTHER STATE LICENSES: List all states in which licenses are held or have been held. A complete Verification of State Licensure form(s) must be obtained from each state. See form link on page 3.**

Respiratory Care Licenses held (*)	Use two character state abbreviation (e.g. OH) Check here if Not Applicable: <input type="checkbox"/> N/A						
	_____	_____	_____	_____	_____	_____	_____
Other professional licenses	Type of license _____						

\* Use additional paper, if needed

**PART H – MILITARY STATUS: Please check all boxes that apply. Check here if Not Applicable:  N/A**

Military Status	<input type="checkbox"/> Active Duty Military Member Attach copy of current military I.D. card (DD form 2).	<input type="checkbox"/> Veteran Attach copy of DD 214 form.	<input type="checkbox"/> Spouse of Active Duty Military Member Attach copy of current military I.D. card (DD form 2).
	<input type="checkbox"/> Spouse of Veteran Attach copy of your spouse's DD 214 form.	<input type="checkbox"/> Surviving spouse of Veteran Attach copy of your spouse's DD 214 form.	

(Print Name)

**PART I – LICENSURE QUESTIONS: Boxes must be Initialed, not checked!**

**CAUTION: False and/or misleading information provided by an applicant may result in the denial of license or permit!**

<b>Reponses must be <u>initialed</u>, not checked</b>	<b>Yes</b>	<b>No</b>	<b>Please answer the following questions by “initialing” the appropriate box</b>
			1. Have you ever, for any reason, been denied an application, issuance or renewal of a license, certification, registration, or the privilege to take an examination, in any state (including Ohio), commonwealth, territory, province, or country?
			2. Has any board, bureau, department, agency, or other public body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license or certificate granted to you; placed you on probation, imposed a fine, censured or issued a reprimand against you; or have you ever voluntarily surrendered, resigned, or forfeited any professional license, certificate, or registration? If Yes, please list state(s): _____
			3. Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, received intervention or treatment in lieu of conviction, or received diversion in lieu of conviction for a criminal offense (felony or misdemeanor) in any state in violation of any federal, state, or municipal ordinance, excluding minor misdemeanor traffic offenses?
			4. Have you ever violated any provision of the Ohio Revised Code Chapter 4761 or any rule of the Ohio Respiratory Care Board?
			5. Have you ever been found guilty of or charged with any violation in the practice of respiratory care?
			6. Are you currently engaged in the use of illegal drug(s), controlled substances or chemical substances?  For this question "currently" means recently enough to have an impact on one's functionality as a licensee or permit holder within the past two years. "Illegal" means the use of controlled substances or chemical substances obtained illegally (e.g. heroin, cocaine, or methamphetamine), which are not prescribed and taken under the direction or a licensed physician or authorized healthcare practitioner working under a practice agreement with a licensed physician.
			7. Have you ever accepted commissions, rebates or other forms of remuneration for patient referrals?
		8. Have you ever employed, directed, or supervised a person who is not authorized to practice respiratory care under Ohio Revised Code Chapter 4761 <b>(AFTER MARCH 14, 1990)</b> ?	

NOTE:

- IF YOU INITIALED “YES” TO ANY OF THE QUESTIONS #1 – #8, YOU ARE REQUIRED TO FURNISH COMPLETE DETAILS, INCLUDING DATE, LOCATION, REASON AND DISPOSITION OF THE MATTER. YOU MAY USE THE SPACE BELOW. IF NEEDED, PROVIDE ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH APPLICATION.**
- IF YOU INITIALED "YES" TO QUESTION #3, PLEASE SUBMIT CERTIFIED COPIES OF THE COURT JUDGEMENT OR JOURNAL ENTRY.**
- IF YOU INITIALED "YES" TO QUESTION #1 or #2, PLEASE FILE A LICENSE VERIFICATION FORM WITH EACH STATE.** (Note: Some states charge a fee for processing licensure verification. You are responsible for any fees charged by other states.)

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**PART J - AFFIDAVIT: Application must be notarized**

**AFFIDAVIT**

I, \_\_\_\_\_ (Full Legal Name), affirm I am the person filing this application and the statements made herein are true. 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 and OAC 4761).

I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4761-13-05(D)(2)(d) (ii).

_____ SIGNATURE OF APPLICANT	_____ DATE	_____ NOTARY SIGNATURE	_____ DATE
		County _____	
		Commission Expires: _____	
		<b>SEAL</b>	

(Print Name)

DO NOT WRITE BELOW THIS LINE - FOR ORCB USE ONLY

**Criminal Background Check information – for office 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

**Documents received – for office use only!**

**RESPIRATORY CARE PROFESSIONAL LICENSE**

- Criminal Background Check
- Completed Application
- Initial fee - \$75.00, unless Veteran/Active Duty Military applies. If so, pay 50% of required fee.
- NBRC Credential Verification Letter  N/A
- Copy of NBRC Score Report
- State License Verification(s)  N/A
- Certified Court Documents  N/A
- Proof of R.C. employment and continuing education  N/A
- Recent 2"X 2" Photograph

**LIMITED PERMIT**

- Criminal Background Check
- Completed Application
- Initial fee - \$20.00, unless Veteran/Active Duty Military applies. If so, pay 50% of required fee.
- Official Transcript(s) - **graduates** only.  N/A
- Verification of Education Form - **students** only  N/A
- Certified Court Documents - If Applicable  N/A
- Recent 2"X 2" Photograph

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