



Ohio Respiratory Care Board  
77 S. High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108

(614) 752-9218 - Office  
(614) 728-8691 - Fax  
www.respiratorycare.ohio.gov

# Respiratory Care Professional License Reinstatement for Lapsed or Inactive Licenses

**PLEASE CAREFULLY READ INSTRUCTION BELOW BEFORE YOU CONTINUE!**

Incomplete or incorrect applications will be returned!

## 1 CONTACT INFORMATION (Please print or type)

Full Name (First, Middle and Last Name)	
Street Address (Number and street or rural route)	
City, State and Zip Code	
PHONE NUMBER REQUIRED:	County of Residence
Home	Work
EMAIL ADDRESS:	

## 2 SOCIAL SECURITY NUMBER \* (last four digits)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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\* 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.

By providing the last four digits of your Social Security Number on this application and signing this application, you are confirming this information matches the Social Security Number you submitted on your original application for a Respiratory Care Professional license.

## 3 EMPLOYER INFORMATION (List full business name and address.) DO NOT abbreviate. If unemployed, indicate "NOT EMPLOYED".

Employer Name
Street Address (Number and street or rural route)
City, State and Zip Code

## 4 CRIMINAL CONVICTIONS

Complete this section by initialing Yes or No to the following question. (See page 3 for instructions)

Since your last license renewal date with the Ohio Respiratory Care Board or since your initial licensure date, have you 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?

IF YOU INITIALED "YES" TO QUESTION #4, PLEASE SUBMIT CERTIFIED COPIES OF THE COURT JUDGMENT OR JOURNAL ENTRY.

### Initial One

YES NO

Initial	Initial
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## 5 RESPIRATORY CARE CONTINUING EDUCATION (select one of the following)

Complete this section and then attach RCCE documents, proof of exam, or state verification as required (See page 3 for instructions)

Pursuant to OAC rule 4761-8-01(G), if your license has been expired/lapsed or inactive for less than five years, you are required to complete continuing education to renew this license. The amount of continuing education is based on the length of time since your last renewal date. (See instructions: Section 5)

Have you completed your entire continuing education requirements in compliance with OAC 4761-9-02?

**or**

If you have been inactive or expired/lapsed for more than five years, you are required to retake and pass a recognized examination in accordance with OAC 4761-5-01 or demonstrate current licensure in a state whose standards for licensure are at least equal to those in effect in Ohio. (See instructions: Section 5)

Have you taken a recognized examination in compliance with OAC 4761-5-01 or are you currently licensed in a state(s) whose standards for licensure are at least equal to those in effect in Ohio?

### Initial One

YES NO

Initial	Initial
Initial	Initial

## 6 PRACTICE QUESTIONS

Since your last renewal, have you:

### Initial One

YES NO

A. Been denied a license to practice respiratory care or another healthcare profession by any state or U.S. territory (excluding license denials made by the Ohio Respiratory Care Board)?	Yes	No
B. Been disciplined in any state or U.S. territory you currently hold or have ever held a license to practice respiratory care or another healthcare profession (excluding disciplinary actions taken by the Ohio Respiratory Care Board)?	Yes	No



## Page 3, Respiratory Care Professional Reinstatement

**Purpose.** Complete this form if you would like to reinstate/renew your Respiratory Care Professional license to practice respiratory care in the State of Ohio.

### Instructions

Complete the entire form in **blue or black** ink. Incomplete applications may be returned and delay the processing of your application. Enclose a check or money order for the appropriate renewal fee and return in the enclosed envelope.

The Board assumes no responsibility for lost, late, delayed, torn, separated, misdirected mail or illegible and incomplete applications.

### Section 1: Your Information.

This is the official name and address appearing on the State's licensure system. If your information has changed or it is incorrect, please report any corrections in the space provided.

*Note: If your name has changed due to marriage or divorce, please submit a copy of your marriage license, divorce decree, or other document and complete Section 8 personal affidavit.*

### Sections 2: Social Security Number

This information 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.

**Your signature on this form affirms that you have been advised of these reporting requirements and the Board's use of this information for these purposes.**

### Section 3: Employer Information.

Please list your current employer. List the full and accurate name of the business and the full address of the business. If not employed, indicate "NOT EMPLOYED" on the employer name line.

### Section 4: Criminal Conviction.

All license holders must complete this section. If you answered "yes", submit a certified copy of the Court's journal entry of your conviction(s). You may obtain this from the Clerk of Court's office in the jurisdiction in which you were convicted. You need not report minor misdemeanor traffic offenses. Please direct any questions you may have regarding convictions to the Enforcement & Compliance Unit at 1(614) 752-8813 or write to: Respiratory Care Board, Attn: Enforcement & Compliance Unit, 77 S. High Street, 16<sup>th</sup> Floor, Columbus, Ohio 43215-6108.

### Section 5: Respiratory Care Continuing Education (RCCE) or Examination Requirements.

#### If a license has been inactive or lapsed for less than five years from the lapsed or expiration date on record:

You must provide proof of completing continuing education requirements due since the lapsed date or expiration date of your license on record. The Board staff can help you determine how many hours are due. **Contact us at (614) 752-9218.**

The current requirements are as follows:

A Respiratory Care Professional shall complete **twenty contact hours** of relevant RCCE each renewal period, unless a waiver is granted or an exception to the number of hours applies under paragraph (G)(2) rule OAC 4761-9-02. RCCE earned must include the following content requirement:

- (a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and
- (b) At least fifteen of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and
- (c) The remaining four contact hours may include indirectly related content, including, but not limited to, activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

#### If a license is lapsed or inactive for more than five years from the lapsed or expiration date on record:

You must provide proof of taking and passing a current examination pursuant to OAC 4761-5-01 or provide proof of current licensure in a state whose standards for licensure are at least equal to those in effect in Ohio.

### Section 6: Practice Questions

Answer each question by **initialing** the Yes/No box.

### Section 7: Payment Method.

Payment of fees must be made in the form of a check or money order, **DO NOT SEND CASH.** Make your check or money order payable to the **Treasurer, State of Ohio.**

**Note: Fees are non-refundable**

### Section 8: Affidavit of Name Change

Section 8 is for a name change only! This section must be completed in front of a Notary Public. When bringing this form to a Notary Public, you must present a certified record documenting your name change. The following are acceptable forms of documentation: 1) Certified marriage certificate/abstract, 2) Certified divorce/dissolution decree, 3) Certified court record indicating name change, or 4) Certified documentation from another state/country consistent with the laws of that jurisdiction reflecting the name change.

**Attach copy of document presented to renewal form!**

### Section 9: Applicant Certification and Notary

This section must be signed in front of a Notary Public. By signing and dating this form, you are affirming the accuracy and truthfulness of the information contained herein. In addition, you are authorizing your employer, educational institution or law enforcement agencies to release to the Board any information necessary to process this application. Last, you agree to permit the Board access to your information in accordance with OAC 4761-13-05(D) (2) (d) (ii).