

# APPLICATION FOR REINSTATEMENT OR REACTIVATION



**OHIO RESPIRATORY CARE BOARD**  
**77 S. High Street**  
**Columbus, Ohio 43215-6108**  
**614.752.9218**  
**www.state.oh.us/rsp**

**INSTRUCTIONS:** This application is for the reinstatement of an expired, revoked or suspended license/limited permit or the reactivation of an inactive license. 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:** Fees must be submitted in the form of a check, money order, cashier's check or certified check and made payable to the Treasurer, State of Ohio. **All fees are non-refundable.**

**IMPORTANT:** If your license has been lapsed for more than five years, please refer to note under PART C before proceeding.

## SECTION A - PERSONAL INFORMATION

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>			
<i>Mailing Address:</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Permanent Address:</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Home Telephone No. (Include Area Code)</i>	<i>E-Mail Address</i>	<i>Social Security No. (required*)</i>	<i>Date of Birth (mm/dd/yy)</i>		
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\* Provision of your Social Security Number is mandated for child support enforcement purposes, pursuant to Ohio Revised Code 2301.373(E) 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).

## SECTION B - EMPLOYER INFORMATION

<i>Present Employer</i>					
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>	
<i>Position Title</i>	<i>Dates of Employment</i>			<i>Average hours per week</i>	
<i>Supervisor=s Name</i>			<i>Telephone No. (Include Area Code)</i>		

## SECTION C - REQUIRED DOCUMENTS/FEEES: Please check one and submit documentation

Current License Status	Fee	CEU's	Other Documentation
<input type="checkbox"/> Inactive License	\$100.00		
<input type="checkbox"/> Expired License	\$150.00		
<input type="checkbox"/> Expired Limited Permit (Employment)	\$75.00		Employment Verification Letter
<input type="checkbox"/> Expired Limited Permit (Student)	\$15.00	N/A	Verification of Education Form

**NOTE:** Pursuant to OAC rule 4761-8-01 (F) and 4761-5-01, if you are applying for reinstatement of a license that has been lapsed for more than five years, you must provide proof of one of the following:

- (1) successfully passing a recognized examination within three years from the date of this application;
- (2) current licensure in another state whose standards for licensure, including CEU requirements, are equivalent to those in effect in Ohio; or
- (3) acceptable employment in a non-licensed state in the practice of respiratory care within three years of the date of this application.

### FOR OFFICE USE ONLY

Date Received	Check/Money Order No.	Check Amount	Agency Control No.	Audit No.	License No.

RCB-023 (Rev. 05/2004)

**SECTION D: Please answer the following questions by marking the appropriate box**

Yes	No	Question
		Have you been convicted of any felony or misdemeanor offense in violation of any federal, state or municipal ordinance, since your last renewal, except for a traffic offense? ➤If "YES" please complete SECTION E and submit certified copies of all court documents (i.e. journal entry, sentencing entry).
		Have you held a license in any other state since your last active term in the state of Ohio? ➤If "YES" please complete and submit a VERIFICATION OF LICENSE form for each state. List States: _____
		Have you practiced respiratory care in any state since your last active term in the state of Ohio? ➤If "YES" please provide name(s) of state(s) and employer information on a separate sheet of paper.

**SECTION E: Use additional paper if needed**

∨Please provide the Board with details related to your conviction in the following space:

**SECTION F: Please answer the following applicable questions, use additional paper if needed**

☛If your license/limited permit has lapsed, been revoked or suspended, please provide an explanation in the following space:

☛Please provide the Board with reasonable justification why you should be considered for reinstatement (include any support documentation that you feel is worthy of consideration):

**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 understood 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 the information and statements contained in this application are true and correct to the best of my knowledge.

**Date:**

*Signature of Applicant*

**Date:**

*Notary Signature & Seal*