RESPIRATORY CARE PRACTITIONER

APPLICATION INSTRUCTIONS WITH OVERVIEW & CHECKLIST

Respiratory Care Board of California
3750 Rosin Ct. Ste. 100, Sacramento, CA 95834
Telephone (916) 999-2190 Fax (916) 263-7311
Toll Free (866) 375-0386 E-Mail rcbinfo@dca.ca.gov
Website www.rcb.ca.gov

APPLICATION FOR LICENSURE OVERVIEW AND CHECKLIST

☐ Complete the Application for Licensure form.

☐ If you ever held or now hold a driver's license in California, complete the "Request for your own Driver License/Identification Card". It is recommended that you personally visit a DMV office, rather than mail the form, to receive the proper "H-6" DMV History Report. If you are not specific in requesting the "H-6" report, DMV will issue you a report that is not accepted by the Board. The fee for this report is approximately $5. If you have held a license in other state(s) you will also need to obtain your entire driving history directly from each state(s) Department of Motor Vehicles - up to 10 years.

☐ Complete the "Background Statement" form if you answered Yes to any question numbered 18-27 on the "Application for Licensure" form. You must also attach required documentation as directed.

☐ Approximately 2 weeks before you send your application to the Board, visit a participating law enforcement agency and request the fingerprint "Live Scan" service. The cost will vary, but is generally $66. Submit the second copy of the Live Scan form with your application. (Applicants outside of California may submit two completed fingerprint cards with a fee of $49 to the Board.)

☐ Obtain a 2 x 2 passport photo (photo must be taken within 60 days prior to filing your application). Attach the photo to the front of the "Application for Licensure" form as indicated. Group or cropped photographs will not be accepted. Approximate cost: $10.

☐ Submit your complete application to the Board either once you have met the education requirements or up to 90 days prior to meeting the education requirements (completion of an approved respiratory care program AND the awarding of a minimum of an Associate Degree). New graduates are encouraged to submit their applications as soon as possible (but not earlier than the 90-day time period) to allow ample time to process the application. Your complete application includes:

- → Application for Licensure form
- → H-6 DMV History Report (and all other driving history reports from other states, if applicable)
- → Second copy of Live Scan form (if applicable)
- → Background Statement form and all required documentation (if applicable)
- → Check or money order (for the appropriate fee as indicated on the "Application for Licensure" form)

☐ After you have met the education requirements, request your college or university to send "official transcripts" directly to the Board. Be sure the transcript(s) reflect(s) the awarding of a minimum of an Associate Degree and completion of your respiratory care program. Approximate cost: free or up to $15.

☐ If you have already taken and passed the CRT or RRT exam through the NBRC, or hold a registration, certificate or license in any state for any health care profession, contact the issuing agency and request a "Verification" of licensure or credentialing be sent directly to the Board. NBRC costs for credential verification is $5 with active membership and $20 if membership is non-active. Costs for verification of licensure vary greatly from state to state.

☐ If you need to take the exam, follow the instructions on the enclosed "Exam Scheduling Information" form. Once you meet the education requirements, you will need to schedule your examination.

☐ Work permits allow an applicant to work under the direct supervision of a licensed respiratory care practitioner. "Under direct supervision" means assigned to a licensed respiratory care practitioner who is on duty and immediately available in the assigned patient care area. Any person working with a work permit shall identify him/herself as a "Respiratory Care Practitioner Applicant."

A Work Permit will be issued for a period of 90 days, generally within 10 days from the time the Board receives:

- → a complete application (as provided in number 6),
- → the required fingerprint clearance(s) or if criminal, disciplinary or substance abuse exists, the Board's Enforcement Unit must determine that a work permit may be issued,
- → verification of graduation or certification of upcoming graduation by program director which is completed on the front page of the "Application for Licensure" form, and
- → verification of your credential if you have already taken and passed the CRT and/or RRT examinations.

If at the time the Board receives the above documentation and the application is complete, rather than issue a work permit, the Board will approve your application for licensure.

Work permits are issued for a 90 day period to allow you sufficient time to take your examinations and request your official transcript(s) be sent to the Board. Work permits will not be extended except in extremely rare situations.

☐ All applicants must successfully complete a Board-approved Law and Professional Ethics Course prior to licensure. The Board has approved two law and professional ethics courses, developed independently by the California Society for Respiratory Care (CSRC) and the American Association for Respiratory Care (AARC), which are available via the Internet (the CSRC also provides "live" sessions on designated dates). Each of the approved courses are unique, though they both are 3-hours in length and consist of the following subject areas:

- → Obligations of licensed respiratory care practitioners to patients under their care
- → Responsibilities of respiratory care practitioners to report illegal activities occurring in the workplace
- → Acts that jeopardize licensure and licensure status

Only ONE law and professional ethics course is required to be completed prior to licensure (either the CSRC's or AARC's course). Before deciding which course to take, you are encouraged to visit each provider's website to review additional information pertaining to the administration of each course. You can then select the course provider that best meets your individual needs.

Prior to licensure, you must provide the Board with a copy of a Certificate of Completion, from either the AARC or CSRC, verifying successful completion of the mandatory course. Links to both courses are available via the Board's website at www.rcb.ca.gov or you may contact each provider as follows:

AARC	**CSRC**
(972) 243-2272	(888) 730-2772
www.aarc.org	www.csrc.org

☐ Once the Board receives all required documentation for licensure, including passing exam scores and certification that you have completed the required ethics course, you will be issued your RCP license. Initial licenses are issued for a period of 13-24 months depending upon the issuing month of the license and the applicant's birth month.

☐ After your initial license period, the license must be renewed every two years to remain current. To continue to hold an "Active" license you must meet all current license renewal requirements. If you allow your license to expire, you will have 3 years from the expiration date to renew the license or the license becomes cancelled and cannot be renewed.

APPLICATION FOR LICENSURE FORM INSTRUCTIONS

1. Applicant Category

→ "*Examination Candidate*" is an applicant who has not taken and passed all parts of the NBRC's RRT examination.
→ "*NBRC Credentialed*" is an applicant who holds a Registered Respiratory Therapist (RRT) credential (or a Certified Respiratory Therapist (CRT) credential issued before January 1, 2015).
→ "*Education Waiver Candidate*" is an applicant who does not meet the current minimum education requirements, but qualifies for an education waiver based on a combination of prior licensure, education and/or work experience (for specific waiver criteria, please see California Code of Regulations section 1399.330). Supplemental information and forms will be sent to you upon receipt of your completed application.

2. - 8. Personal Information

Enter your personal information. All of the information is required except where noted. Disclosure of your Social Security number is mandatory. If you have been known by any other name(s) than the one stated in #2, please state all previous name(s) (including maiden name) and dates of use.

9. Program Director Certification

If you are applying based on an anticipated graduation, this section must be completed, signed and dated by your program director. Your program director must also emboss this section with the school's seal.

10. Completed Respiratory Education Program Information

Enter the name of the institution where you completed or will complete your approved respiratory care program, and the date you completed or will complete your program.

11. Degree Information

Enter the name of the institution (and other requested information) where you earned or will earn your degree(s). You are not required to list every school you ever attended, just those schools where you earned a degree.

12. - 16. Other Registrations, Certificates, and Licenses

If you respond "Yes" to any of the questions numbered 12 - 15, be sure to complete the chart in number 16.

17. Driver License Numbers

If you have ever been licensed to drive in the State of California or any other state, an ENTIRE driving history must be obtained from each state. These printouts must come directly from the Department of Motor Vehicles and be included with the application package when submitted to the Board. <u>Online driving histories obtained via the internet will not be accepted.</u>

18. - 27. Disciplinary, Criminal, Substance Abuse Questions

Each and every one of these questions must be answered. If you answer "Yes" to any of these questions, you must complete the "Background Statement" form. **You must include every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed. <u>Proof of Dismissal</u>: If you have obtained a dismissal of your conviction(s) pursuant to sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.**

28. - 40. Statement of Understanding

Each applicant must enter his/her name on page 3, and initial each box of each paragraph numbered 28-40 on page 4.

Penalty of Perjury Certification

Each applicant must sign under penalty of perjury that all information contained within the application and documentation submitted is true and correct.

Perjury or falsification by an applicant is automatic grounds for denial of the license.

FINGERPRINT CLEARANCE REQUIREMENT

The Board requires each candidate for licensure to submit his or her fingerprints for state and federal processing. Applicants are required to use Live Scan, an electronic imaging process that doesn't require fingerprint cards, in order to comply with the criminal record check. Please complete the enclosed Live Scan form and take it to your local Police, Sheriff, or Department of Justice (DOJ) office in your area for processing. You are encouraged to contact the Live Scan agency directly to determine if an appointment is necessary and to confirm what method of payment is accepted at the particular facility. You can view a listing of locations at: http://ag.ca.gov/fingerprints/publications/contact.pdf.

Problematic fingerprint imaging may result in delayed processing by either the DOJ or the Federal Bureau of Investigations (FBI). You should be notified of this fact within two weeks of the imaging date. In the event Live Scan service is not available (i.e., out-of-state applicants), fingerprint cards can be requested by contacting the Board.

The Board must receive a clearance from the DOJ before any applicant is considered for an Applicant Work Permit. For out-of-state applicants, the Board must also receive a clearance from the FBI prior to the issuance of an Applicant Work Permit. The DOJ's average processing time for Live Scan responses is 1-2 weeks.

MOST COMMON DEFICIENCIES

Your application will be delayed if any of the requested information or documentation is not submitted. The most common deficiencies are:

- → Failure to complete the "Application for Licensure" form and respond to each and every question.
- → Failure to submit the appropriate "H-6" California driver's license history.
- → Failure to submit an appropriate and recent 2 x 2 photo.
- → Failure to complete and submit the "Background Statement" form (if applicable).
- → Failure to submit all court and arrest records for each conviction (if applicable).

APPLICATION COMPLETION TIMELINE

Applicants have one year from the time they file their initial application to complete the application process.

ADDRESS CHANGES

Each person holding a license or any person with an application for licensure pending, shall file, in writing, with the Board his or her proper and current mailing address, and shall give written notice within 14 days, to the Board at its Sacramento office. Address changes can also be made through your online profile at www.breeze.ca.gov.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Respiratory Care Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30 and 3730 and the Information Practices Act. The Respiratory Care Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The Respiratory Care Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Respiratory Care Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- → In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- → To another government agency as required by State or Federal law; or,
- → In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Respiratory Care Board at 3750 Rosin Court Suite 100, Sacramento, CA 95834, by phone at (916) 999-2190, or by e-mail at rcbinfo@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.

DISCLOSURE OF SOCIAL SECURITY NUMBER

Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorizes collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a $100.00 penalty against you. Further, the Respiratory Care Board is prohibited from processing any application without a SSN. Therefore, if you do not disclose your SSN, you will not be permitted to take the examination or be issued a license to practice respiratory care in the State of California.

REPORTING OF SUSPECTED INSTANCES OF CHILD ABUSE

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Health practitioner" includes physician and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code. RCP's are licensed under Division 2 of the Business and Professions Code.