Respiratory Care Board of California
3750 Rosin Court, Suite 100, Sacramento, CA 95834
Phone: (916)999-2190 Toll-Free: (866)375-0386
Website: www.rcb.ca.gov E-mail: rcbinfo@dca.ca.gov

Attach a color passport style 2" X 2" photograph here.

Photograph must have been taken within the last 60 days.
Group or cropped pictures will NOT be accepted.

Respiratory Care Practitioner
APPLICATION FOR LICENSURE

The application fee is $300. A check or money order can be made payable to the RCB and should be submitted with this application.
If you are submitting fingerprint cards (in lieu of Live Scan), add $49.

- Are you the spouse or domestic partner of someone on active duty in the armed forces or the California National Guard? Yes ☐ No ☐
- Have you ever served or are you currently serving in the Unites States Military? Yes ☐ No ☐

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1. Applicant Category (check one):

☐ Examination Candidate ☐ NBRC Credentialed ☐ Education Waiver Candidate [Please see instructions. Must meet the waiver criteria set forth in California Code of Regulations section 1399.330]

Personal Information:

2. Name: _____ _____ _____ _____
Last First Middle Suffix

3. Mailing Address: _____
Number/Street/Route City State Zip

4. Residence Address:
(If different than above) _____
Number/Street/Route City State Zip

5. Day Telephone No.: ( ) _____ Alternate No. (optional): ( ) _____

6. E-Mail Address: _____

7. Date of Birth: _____/_____/_____ (MM DD YYYY) Federal Taxpayer ID Number or Social Security Number: _____ (XXX - XX - XXXX)

8. If you have ever been known by any other name(s), including your maiden name, please list the full name(s) and date(s) of use below *(List additional names and dates of use on a separate sheet of paper and submit with application)*:

Full name: _____ Dates of Use (to/from): _____

Full name: _____ Dates of Use (to/from): _____

Full name: _____ Dates of Use (to/from): _____

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9. Program Director Certification *(Please have your respiratory care program director complete this section ONLY if you will earn your Associate Degree and complete your respiratory therapy program within the next 90 days.)*

The undersigned certifies that the records of this institution show that _____ (Student's Name) has attended _____ (Institution Name) and is scheduled to complete his/her respiratory care program on _____ and will have/has met all the requirements for the awarding of an Associate Degree on/as of _____ (provided all course work currently enrolled in is satisfactory and complete).

EMBOSS SCHOOL SEAL HERE

I declare under penalty of perjury under the laws of the State of California that the student listed above will complete our respiratory care program and has met the requirements for the awarding of an Associate Degree on the dates specified above. I understand that should the student not graduate, he/she is ineligible for the licensing examination and the Board should be notified.

Signed _____ (Program Director Signature) this _____ (Day) day of _____ (Month), _____ (Year)

Education and Additional License Information:

An OFFICIAL copy of your transcript (from each institution reflecting completion of your respiratory care program and the awarding of a minimum of an Associate Degree) must be sent from the institution DIRECTLY to the Board. Please complete both #10 and #11 regarding education information.

10. Respiratory Education Program Information:

Institution Name: _____ Date (to be) Completed: _____

11. Degree Information *(List additional degree information on a separate sheet of paper and submit with application.)*

Institution Name: _____ Degree (to be) Awarded: _____

Major: _____ Date (to be) Awarded: _____

Institution Name: _____ Degree (to be) Awarded: _____

Major: _____ Date (to be) Awarded: _____

If you have ever held a registration, certificate or license in another state you must contact the issuing agency and request a "license verification" be sent directly to the Board. If you hold a CRT or RRT credential, you must contact the NBRC [Website: www.nbrc.org / Phone: (888) 341-4811] and request a "credential verification" be sent directly to the Board. Please answer the questions below.

12. Have you previously applied for or been issued a certificate or license with the Respiratory Care Board of California? _____ Yes _____ No

13. Have you ever applied for or been issued a registration, certificate, or license to practice respiratory care in any other state? _____ Yes _____ No

14. Have you ever applied for or been issued a registration, certificate, or license to practice any other healing art in California or any other state? _____ Yes _____ No

15. Have you previously taken the CRT or RRT credentialing exam or any other licensing exam? _____ Yes _____ No

16. If you answered YES to any of the questions numbered from 12 to 15, provide complete information in the following charts *(List additional information on a separate sheet of paper and submit with application)*:

(#12-14)

Registration, Certification, License Type	Approximate Date of Application	Approx. Date of Reg., Cert., Lic. Issuance	State or Country where Reg., Cert., or Lic. was Issued

(#15)

Exam Name or Type	Passed / Failed	Approximate Exam Date	State or Country where Exam was Taken

Driver License Information:

17. List ALL Driver License Numbers issued within the last 10 years (current or expired):

Original Department of Motor Vehicles (DMV) printout(s) showing 10-year histories (unless the license was held for a shorter period of time) MUST be submitted with the application for all licenses noted below. *(List additional licenses on a separate sheet of paper and submit with application.)*

License No.: _____ Issuing State: _____ Expiration Date: _____

License No.: _____ Issuing State: _____ Expiration Date: _____

License No.: _____ Issuing State: _____ Expiration Date: _____

ATTENTION APPLICANTS EVER ISSUED A DRIVER LICENSE IN CALIFORNIA: Approximately 50% of all DMV records submitted to the Board as part of the application process for respiratory care licensure are not accepted. This delays the processing of your application and you will be required to resubmit a request to DMV to obtain the correct record. You must request and obtain the "H-6" Driving History Record from DMV and submit with your application.

Background Information:

18. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or a foreign country? **This includes every citation, infraction, misdemeanor and/or felony, including any traffic violation. 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. Proof of Dismissal: 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.** _____ Yes _____ No

19. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code, or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court? _____ Yes _____ No

20. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? _____ Yes _____ No

21. Do you have a medical condition or does your current use of chemical substances in any way impair or limit your ability to conduct with safety to the public the practice of respiratory care? _____ Yes _____ No

22. Has any disciplinary action ever been taken by any federal, state, or other governmental agency or other country against any professional or vocational registration, certificate, or license you now hold or have held in the past? _____ Yes _____ No

23. Have you ever been terminated by or resigned from a medical facility or registry in lieu of disciplinary action? _____ Yes _____ No

24. Have you ever been denied registration, a certificate or a license to practice a business or profession by any federal, state, or other governmental agency or other country? _____ Yes _____ No

25. Have you ever been denied permission to practice respiratory therapy or any other healing arts profession by any federal, state, or other governmental agency or other country? _____ Yes _____ No

26. Have you ever been denied permission to take a registration, certification, or licensing examination by any federal, state, or other governmental agency or other country? _____ Yes _____ No

27. Have you ever voluntarily surrendered a license to practice in the healing arts in this state or any other state? _____ Yes _____ No

If you answered YES to any questions numbered from 18 through 27, you MUST submit a full and complete explanation for each YES answer or each conviction on the enclosed "Background Statement" form. You must also submit certified copies of all applicable documentation stated on the "Background Statement" for the Board to process your application.

Statement of Understanding:

I, _____, the undersigned do hereby read and understand the following:
Name

Please initial each numbered paragraph on page 4. *By initialing the following numbered paragraphs, and by signing the bottom of page 4 of this application, you certify under penalty of perjury that you have read and understand this statement of understanding. You have also received a copy of the current statutes and regulations governing the practice of respiratory care. Further, you understand that violations of law, unauthorized or unlawful practice and misrepresentation are grounds for disciplinary action.*

28.	The Respiratory Care Board of California (Board) has statutory authority regarding the enforcement and administration of the Respiratory Care Practice Act (RCPA).	
29.	No respiratory care practitioner applicant may begin practice until a VALID work permit is obtained from the Board.	
30.	During the application period, the applicant shall be identified as a "RESPRIATORY CARE PRACTITIONER APPLICANT" and may only practice with a valid work permit while under the direct and immediate supervision of a licensed respiratory care practitioner.	
31.	If an applicant FAILS the Therapist Multiple Choice examination, the work permit becomes INVALID exactly one week from the date the examination was taken.	
32.	No person who has not been licensed by the Board shall engage in the practice of respiratory care despite holding a CRT or RRT credential.	
33.	No person shall engage in the practice of respiratory care or represent him/herself as such through verbal claim, sign advertisement, letterhead, business card, badge/name tag, or other representation unless he or she holds a valid license issued by the Board.	
34.	On or before the birthday of a licensed practitioner in every other year, following the initial licensure, the Board shall mail a renewal notice to the latest address of record. A license that is not renewed by the expiration date becomes invalid and subject to delinquent fees.	
35.	To renew a license, each respiratory care practitioner shall report compliance with the continuing education requirement. The license shall not be renewed or reinstated until such verification is received. Each licensee may be selected to participate in a random CE audit and must provide evidence of compliance as disclosed.	
36.	To renew an expired license within three (3) years of the date of expiration, the applicant shall provide documentation of completion of the required continuing education and pay all past renewal and delinquent fees. Once a license has expired for three years, the license is deemed cancelled and cannot be renewed.	
37.	No person or corporation shall knowingly employ a person who alleges he/she is a respiratory care practitioner without a license granted under the RCPA.	
38.	If a licensee has knowledge that another person may be in violation of, or has violated, any of the statutes or regulation administered by the Board, the licensee shall report this information to the Board in writing and shall cooperate with the Board in furnishing information or assistance as may be required.	
39.	Any employer of a respiratory care practitioner shall report to the Board the suspension or termination for cause of any practitioner in their employ. "Suspension of termination for cause" is defined to mean suspension or termination from employment for any of the following reasons: 1) Use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice respiratory care. 2) Unlawful sale of controlled substances or other prescription items. 3) Patient neglect, physical harm to a patient, or sexual contact with a patient. 4) Falsification of medical records. 5) Gross incompetence or negligence. 6) Theft from patients, other employees, or the employer.	
40.	Each applicant and licensee must report, in writing, any and all changes of address to the Respiratory Care Board within 14 days of such a change.	

Optional Question:

Where did you first learn about the respiratory care profession? *(Please check all that apply)*

_____ Career Fair _____ High School _____ Personal Experience _____ College _____ Other

Comments:_____

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Penalty of Perjury Certification: I declare under penalty of perjury under the laws of the State of California that the information contained in this application and copies of all documents submitted with the application are true and correct and that I have read and understand the disclosure statements provided in the directions for this application. I understand that if I do not pass the Therapist Multiple Choice examination on my first attempt, all rights and privileges to practice as a respiratory care practitioner applicant automatically cease. I understand that I must possess a valid license to practice respiratory care in the State of California. I hereby grant the Board permission to verify any information contained in this application.

_____ _____

Applicant's Signature Date