Respiratory Care Board of California

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

☐ Please check here if you are the spouse or domestic partner of someone on active duty in the armed forces or the California National Guard

Respiratory Care Practitioner
APPLICATION FOR LICENSURE

Paste 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.

1. Applicant Category and Applicable Fee *(Check one)*:
   - ❑ Examination Candidate (Application fee: $300)
   - ❑ NBRC Credentialed (Application fee: $300)
   - ❑ Education Waiver Candidate (Application fee: $300) [Please see instructions. Must meet the waiver criteria set forth in California Code of Regulations section 1399.330]

Make fees noted above, payable to the RCB and submit with this application. If submitting fingerprint cards (in lieu of Live Scan), add $49.

2. Name _____
   Last First Middle

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 (optional): ____ _____

7. Date of Birth: _____/_____/_____ Social Security Number: _____

8. **PROGRAM DIRECTOR CERTIFICATION** *(Please have your respiratory care program director complete this section ONLY if you will have earned your Associate Degree and completed your respiratory therapy program in the next 90 days.)*

   The undersigned certifies that the records of this institution show that _____
   Student's Name
   has attended _____ and is scheduled to
   Institution Name
   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 _____ this _____ day of _____, _____
   Program Director Signature Day Month Year

9. Completed Respiratory Education Program Information

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

10. 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: _____

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.

11. 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) _____

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 question from number 12 through number 15, provide complete information in the following chart *(List additional information on a separate sheet of paper and submit with application)*:

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

If you 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 (Web site: www.nbrc.org /telephone: (913) 599-4200) and request a "credential verification" be sent directly to the Board.

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

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 above.

ATTENTION TO 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.

18. Have you ever been convicted* in any state court, federal court or foreign country of of:

(a) a citation (including Vehicle Code citations**) _____Yes _____No

(b) a misdemeanor (including ALL Vehicle Code violations) _____Yes _____No

(c) a felony (including ALL Vehicle Code violations) _____Yes _____No

** A conviction following a plea of nolo contendere is deemed a conviction*

*** You are not required to report minor traffic violations (i.e. speeding, running traffic stop, illegal parking, etc.) unless the violation was a misdemeanor or felony. Do not disclose juvenile court or convictions two years or older under H&S Code sections 11357(b), (c), (d), (e), or section 11360(b). You are, however, required to include any other violation that is in any way related to drugs or alcohol (i.e., reckless driving, wet reckless, driving under the influence, etc.) Any other citation that was not a violation of the Vehicle Code must be reported. If in doubt, report the information to avoid perjuring your application.*

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 under sections 11357 (b), (c), (d), (e), or setion 11360(b) of the California Health and Safety code which are two years or older, have you had any other charge or conviction that was set aside or later expunged from the record of the court? _____Yes _____No

20. Do you have a FXUUHQW medical condition or does your FXUUHQW use of chemical substances LQDQ way impair or limit your ability to conduct with safety to the SUDFWWH RI respiratory care? _____Yes _____No

21. 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

22. Have you ever resigned from a medical facility or registry in lieu of disciplinary action? _____Yes _____No

23. 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

24. 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

25. 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

26. 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 26, you MUST submit a full and complete explanation for each YES answer or each conviction on the enclosed "BACKGROUND STATEMENT" form.

In addition, in order to process your application, you must submit <u>certified copies</u> of all applicable:

- **arrest records that resulted in convictions**
- **court records and other legal documents stating convictions, final disposition and order**
- **if still serving any type of probation, letters of compliance from probation officers**
- **dates of treatment, intake/exit assessments, letters from counselors verifying successful completion of substance abuse program(s)**
- **letters and legal documentation related to the denial or disciplinary action against any registration, certificate or license**
- **any other legal and rehabilitative documents**

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:_____

_____

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 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