



Breathing Matters



SPRING 2008

A BIENNIAL NEWSLETTER FROM THE RESPIRATORY CARE BOARD



Avoiding Renewal Deficiencies and License Delays

If you've recently renewed your license, you may have noticed that the renewal application has been revised to incorporate the law and professional ethics course requirement which is being phased in beginning with licenses that expired January 31, 2008, through December 31, 2009. In addition to reporting the number of continuing education units (CEUs) earned, each licensee must also complete a statement specific to compliance with the required ethics course, including provider information and the date the course was completed.

Often, when a new requirement results in the revision of a familiar form such as the renewal application, there is a noticeable increase in the number of forms identified as deficient due to the omission of the newly required information. These deficiencies can substantially delay the issuance of a renewed license.

The Board recognizes that the current renewal application form has some shortcomings, including the limited amount of space available to report address changes, employer information, and compliance with CE requirements. However, there are certain limitations that affect the design and format of not only the respiratory care practitioner license

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Board Conducts Strategic Planning

In March 2008, the Board engaged in a strategic planning session to update and expand on the goals and objectives of its previous plan to adequately represent the critical role of respiratory care services within California's healthcare system. At a time when healthcare reform and a demand for disaster preparedness and recovery have become paramount issues on both state and national levels, the Board recognizes the importance of remaining steadfast in its mandate to ensure consumer protection and competent, licensed practitioners.

In formulating the plan, the Board set out to challenge itself to create aggressive but attainable goals aimed at ensuring consumer protection. Some highlights of the plan include:

- Studying the feasibility of establishing standards for clinical training.
- Redefining mandatory reporting requirements to encompass traveling and registry RCPs.
- Reviewing practice issues during declared emergencies and making recommendations for improved procedures.
- Developing an outreach campaign that includes an event to recognize the 25-year licensure anniversary.
- Making available a training resource for operating the LTD-1200 ventilator which was selected for mass quantity purchasing by the Department of Public Health as part of a statewide effort to prepare for responding to the pandemic bird flu or other virus which attacks the respiratory system.

The plan represents the future of the Board, and members and staff are enthusiastic about dedicating their energies toward its successful achievement. It is anticipated the final version will be available mid-summer at which time it will be posted on the Board's web site under the "Publications" link on the "Media and Outreach" page.

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President's Message

I regret having to begin my message with sad news, but to not acknowledge one of the most respected cardiopulmonary consultants I have ever known would be unforgivable. On February 9, 2008, the Central Valley medical community, and the entire respiratory and cardiopulmonary profession, lost one of its brightest clinicians. At the young age of 60, Mr. David Walker passed away following a hard-fought battle with cancer.

Those of us who knew him experienced first-hand the significant impact his knowledge and passion for respiratory care made upon our profession as well as, on the international medical community. Mr. Walker constantly pushed the envelope of science and technology as he embarked on new and innovative ways to successfully treat critical care patients, especially children. Mr. Walker was praised as a self-effacing man, so knowledgeable in medical technology and science that he advised physicians around the world.

Mr. Walker called the Central Valley home, and was a well-respected clinician for many years at Children's Hospital of Central California. It is professionals like

David that bring great pride to the profession, and push each of us to continue impacting the profession we have come to love.

Although I did not know David well, I am confident his contributions, and written literature for enhancing mechanical ventilation and bronchodilator strategies, will continue to live on for many years to come. We thank David for his many contributions. I know of many friends and colleagues that will miss his tutelage and his friendship.

In March, the Board conducted its regular meeting as well as its strategic planning session. Our goal was to review our current strategic plan, analyze its successes, and re-focus our efforts on the future. To assist our planning we utilized the information obtained in the Workforce Study prepared by the Institute for Social Research at California State University, Sacramento. As in the past, the day was very dynamic as the Board strategized about its future goals and direction. Many ideas and plans surfaced as we evaluated the information gathered from members, and from many of the Board's stakeholders, including: the California Society for Respiratory Care, the National Board for Respiratory Care, the Department of Consumer Affairs, as well as many others.

The information from this strategic planning session will now be summarized and presented at our June 13, 2008 meeting in Sacramento. Your opportunity to see and offer comments prior to its final approval can be achieved by attending this meeting. We would love to hear from you and see you there.

Our discussion and effort around obtaining improved patient safety as it relates to sleep disorders testing continues. At present, two bills to address our concerns have been drafted and await review and approval by the California Senate and Assembly. We remain hopeful that our efforts to improve patient safety will reach a successful conclusion.



Larry L. Renner, BS, RRT, RPFT, RCP
President

Respiratory Care Board of California

Larry L. Renner, BS, RRT,
RPFT, RCP
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RCP, RRT
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Stephanie Nunez
Executive Officer

Online License Renewal and Application Filing

Almost every day a member of our licensing staff responds to the question, "Can't I use a credit card to pay for my renewal?" The Board recognizes that the ability to accept alternate payment methods (i.e., credit card, electronic checks, etc.), and to conduct various business transactions via the internet, is very important to its stakeholders. We are hopeful that soon this will be a reality! The Department of Consumer Affairs is currently pursuing a project which, upon implementation, will offer the following online services:

- Initial application filing
- License renewal
- Address change requests
- Duplicate license requests
- Related fee payments

The online system will provide applicants and licensees with real-time or near real-time information regarding their license application and renewal status, and will provide the ability to update information online.

According to the current timeline, these online services will be available sometime within the next 24 months. We'll keep you posted!

Mission Statement

To protect and serve the consumer by enforcing the Respiratory Care Practice Act and its regulations, expanding the delivery and availability of services, increasing public awareness of respiratory care as a profession and supporting the development and education of all respiratory care practitioners.

Respiratory Care Board Mandate

The Respiratory Care Board of California's mandate is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care.

Protection of the public shall be the highest priority for the Respiratory Care Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

E-mail Update Feature

The Board recently established an e-mail service to provide updates that include meeting agendas, advisory notices, disciplinary actions, and special bulletins. Anyone can subscribe to this free service by visiting the Board's Web site and clicking on the link entitled "Join our Mailing List." Sign up today to begin receiving updates from the Board!

2008 Board Meetings

The Respiratory Care Board of California's meetings for 2008 are tentatively scheduled as follows:

Friday, June 13, 2008 in Sacramento
Thursday, November 20, 2008 in Los Angeles

All meetings are open to the public. The Board welcomes and encourages your attendance! Please visit our Web site at www.rcb.ca.gov for more information on meeting dates, times and locations.

Agendas for upcoming meetings are posted 10 days prior to the meeting dates.

Avoiding Renewal Deficiencies and License Delays (continued from page 1)

renewal form, but also the various renewal forms of many of the other boards and bureaus that utilize the Department of Consumer Affairs' licensing system. In fact, this is one of the key areas driving the implementation of a more user-friendly and technologically advanced system by the Department. In the meantime, to familiarize licensees with the new reporting format and to help prevent future deficiencies, below is a sample of the ethics course statement as it appears on the renewal application form. Each area requiring information to be reported has been identified with an instruction box specific to that section.

Enter your total number of CEU's here.

Place an "X" next to the letter "H" to certify that you've completed the required ethics course.

CONTINUING EDUCATION: I successfully completed C. _____ hours of continuing education as required for license renewal. H. I successfully completed a Board-approved Law & Professional Ethics Course provided by the (check one) California Society for Respiratory Care OR American Association for Respiratory Care on the following date: / / .

CONVICTIONS: Since you last renewed your license, have you been convicted of, diverted for, or pled guilty or nolo contendere/no contest to any violation of any law of any state, the United States or a foreign country? F. YES G. NO

I swear under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

D. Signature _____

Date _____

Enter the date you completed the required ethics course here.

Indicate whether you've completed the law and professional ethics course offered by the CSRC or the AARC.

As a reminder, the information that must be provided to document compliance with the ethics course requirement is in addition to the other required information that must be provided and/or completed as part of the renewal process (i.e., conviction statement, employer information, signature, etc.). Renewal requirements and document formatting are always subject to change. While the Board strives to relay updated information in an effort to alleviate any confusion that may result from updated mandates, because license renewal only occurs once every two years, licensees are strongly encouraged to carefully review the detailed instructions before completing the renewal application form and submitting it for processing. A few extra minutes of review can help to avoid countless days in which licensees are prohibited from working until deficiencies can be rectified.

In addition, because the Department of Consumer Affairs is responsible for processing thousands of renewal payments for various licensing boards and bureaus on a monthly basis, it can often take a substantial amount of time before a renewal payment is posted to a licensing record. Renewal notices are mailed to the last address of record approximately 75 days prior to the license expiration date. To ensure receipt of a renewed license in a timely manner, licensees are urged to submit their **complete** renewal applications **at least** 30 days prior to their license expiration date.

For questions regarding the law and professional ethics course requirement, or any other issues related to license renewal, please do not hesitate to contact the Board's office at (916) 323-9983 or toll-free at (866) 375-0386.

License Verification Available Online!

You can verify licensure status online via the Board's Web site at www.rcb.ca.gov. The online license verification system is available 24 hours a day, seven days a week. Records are updated daily (M-F).



Much-Needed Regulation Proposed for Sleep Techs

The Respiratory Care Board of California (RCB) is mandated to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. The practice of respiratory care is coiled throughout the relatively new and emerging practice of polysomnography. Over the last several years, the RCB has reviewed this matter in detail weighing such factors as: 1) the level of harm of unlicensed practice by various credentialed and non-credentialed technicians, 2) existing industry standards, 3) the demand for sleep studies, 4) the demand for respiratory therapists, and 5) the position statements and comments from interested parties. As a result, the RCB found the most effective alternative to protect the public from the unlicensed and/or unqualified practices of respiratory care and polysomnography is to establish a new licensure category for Polysomnographic Technologists.

In recent years, there has been an explosion of new sleep testing programs. It is believed that sleep labs are opening regularly because there are no requirements for the set-up or operation of facilities, there is a demand for sleep testing, and there is significant income to be gained. Results to a survey issued by the Board in 2004 indicate that over half of respondents agreed that the demand for polysomnography services is greater than California facilities can currently provide.

The rising number of new sleep programs and demand for sleep services has contributed to the growing number of **unlicensed personnel** practicing respiratory care as it relates to polysomnography. In California, it is estimated that at least 65% of the "sleep technicians" are unlicensed personnel, while 30% of the workforce are licensed respiratory care practitioners (and 5% are other licensed healthcare workers).

The health, safety, and welfare of California consumers is being jeopardized as a result of the rapid growth of sleep medicine outstripping qualified practitioners. Without regulatory oversight, a growing number of unlicensed and unqualified personnel are providing an array of sleep-related diagnostic and therapeutic services to the consumers, often under the supervision of equally unlicensed and unqualified persons in non-medical facilities such as hotels.

In May 2007, headlines were made when an unlicensed sleep technician was arrested while working in a sleep lab at a hospital for allegedly sexually molesting adult patients. Similar incidents have also surfaced and been brought to the attention of law enforcement in the states of Florida and Pennsylvania.

Licensure provides many safeguards for consumers but also technologists in the field. Licensure provides standards for ALL personnel including 1) competency, 2) education, 3) training, and 4) supervision. Currently, RCPs and registered nurses are licensed and regulated to ensure accountability, competency, and enhance public safety protections. They are required to be knowledgeable of and follow consumer safety laws and regulations, such as infection control guidelines, and are subject to criminal background checks and discipline. Further, they must meet the education standards established for their professions and successfully pass licensure examinations to ensure they are competent. These individual may have also successfully completed the examination given by the Board of Registered Polysomnographic Technologists (BRPT) and obtained a credential in polysomnography.

Unlicensed practitioners, such as the electroneurodiagnostic technicians may be educated, trained, and even credentialed by the BRPT, but they are not regulated. They are not held accountable by a regulatory board for their actions nor are they required to be competent, knowledgeable of California law, or to protect the public's safety. The unlicensed, uneducated, and untrained individuals who are performing polysomnography are accountable only to their employers.

With that said, it is highly likely that the majority of credentialed personnel (unlicensed individuals holding RPSGT credential) are ethical, conscientious, and competent, and many are the most qualified people to conduct sleep studies. However, without regulation, it is not possible to determine who may have a criminal background. Further, while the BRPT may revoke a credential, it holds no legal weight as to whether the person can continue to practice.

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Much-Needed Regulation Proposed for Sleep Techs (continued from page 5)

In October 2007, the Board began receiving numerous calls and e-mails from the sleep community, initially in response to the news (which spread by word of mouth) that a hospital had been cited by the Department of Health Services for failing to use licensed personnel in its sleep lab to perform respiratory care-related tasks. Following this initial spark of interest, came the Board's newsletter, wherein the front cover noted that the Board would begin enforcing its authority to cite and fine unlicensed personnel for illegally practicing respiratory care as it relates to polysomnography. Rightfully so, many physicians, sleep owners, and unlicensed personnel have grown very concerned.

For over five years, the Board has been reaching out to the sleep community to get their input about how to best address the issue that accelerated technology advances have placed upon patient safety and testing for sleep patients. Unfortunately, our efforts were met with little to no interest by the sleep association, CTS, and other influential groups.

The Board was successful in securing an author to carry language that would require all persons currently performing polysomnography to become licensed. Senate Bill (SB) 1125, authored by Senator Denham, includes language that was carefully crafted to ensure that patient care would not be interrupted, to be all inclusive, and at the same time provide legal standards for the field (across the board) and consumer protection safeguards (criminal background checks, competency testing, etc.).

In response to the Board's efforts to improve consumer safety in this area, the sleep associations sponsored Senate Bill 1526 (Perata), which proposes certification for sleep technicians under the Medical Board of California.

Overall, the Board is very pleased that it has made headway by gaining the Legislature's much-needed attention to this issue.

For more information regarding the status and history of SB 1125 and/or SB 1526, or to obtain a copy of either bill, please visit www.leginfo.ca.gov.

Asthma Camp Volunteers Needed!

Yosemite Ridge is a non-profit organization that provides traditional camp experiences for children with chronic illness. In partnership with the American Lung Association of California, Yosemite Ridge will be providing their annual asthma camp for children and teens ages 9-17 which will take place August 6-10, 2008. Campers participate in traditional camp activities such as archery, rock wall, high ropes, swimming, hiking, and arts and crafts. Campers also participate in educational sessions to learn how to manage their asthmas better. All camps take place inside beautiful Yosemite National Park and are free of charge to all participants. Volunteer medical and non-medical staff is needed. For more information, please e-mail Melanie Sue Ruvalcaba at msue@yosemiteridge.org or visit their Web site at www.yosemiteridge.org.

Satisfaction Survey

Your opinion is valuable to our ongoing commitment to customer service. If you have the opportunity, we would appreciate your taking a moment to log on to our web site to complete a brief satisfaction survey.

Thank you in advance for your input.

Each issue of *Breathing Matters* contains important information about the profession, and the activities of the Board. For your convenience, all issues of *Breathing Matters* for the past seven years are available on the Board's Web site at http://www.rcb.ca.gov/media_outreach/newsletters.shtml.



I've been selected for a CE audit . . . What should I do?

Receiving a letter notifying you that the Respiratory Care Board is auditing your continuing education (CE) is probably not what you would consider a cause for celebration. No one likes to be audited, but following these tips can help you weather the process.

Respiratory Care Practitioners licensed by the Board must complete 15 continuing education units (CEUs) each renewal period, and may have their records audited at any time to verify compliance (B&P 3719 and CCR 1399.353).

The Board conducts random audits to ensure that licensees are completing the required CEUs. If you are selected for an audit, the Board will send a letter to your address of record. Your response must be received by the date specified on the letter (generally 30 days from the date of the audit) and should contain a record of course completion, such as copies of certificates and/or transcripts.

Failing to produce a record of completion when requested by the Board can result in disciplinary action. In many instances, the result may be a citation and fine. Falsifying CEU completion will likely result in more serious discipline.

Quick fact about the audit process

Licensees are required to maintain a copy of their certificates of completion for a period of four years. If an audit of your CEUs reveals a deficiency, you may have an opportunity to correct it, though this may involve taking more CE courses.

Suggestions for a smooth audit

- Organize your CE documents (certificates, transcripts, etc.) by renewal cycle. Licensees cannot carry over excess units of CE from one renewal cycle to the next.
- When requested to submit copies of CE certificates, use a "priority" mailing service, especially one with a tracking feature. Tracking the mailing will decrease the likelihood of documents getting lost in the mail.
- Upon request, submit only copies of CE certificates. Do not send originals.

National Board for Respiratory Care Grants Amnesty Period for RRT Eligibility

The National Board for Respiratory Care (NBRC), the voluntary health certifying board that evaluates the professional competence of respiratory therapists, recently passed a resolution that may impact your credential.

The NBRC Board of Trustees has granted an extension to individuals who graduated from an advanced-level respiratory therapy education program with an associate degree (prior to January 1, 2005) to take and pass the Registry Examination for Advanced Respiratory Therapists (RRT).

The new deadline to earn the RRT credential is February 28, 2009.

The NBRC's mission is to evaluate the competency of respiratory therapists and to support the professions of respiratory care. It's a role that they take very seriously. This is especially important during a time when there is a shortage of qualified respiratory therapists to provide the excellent care that patients expect. Advanced-level graduates who earn the RRT credential are in high demand nationwide and can help to fill this shortage.

For additional information regarding the amnesty period for RRT eligibility, please contact the NBRC at:

National Board for Respiratory Care
18000 W. 105th Street
Olathe, KS 66061-7543
Telephone: (913) 895-4900
Toll Free: (888) 341-4811
www.nbrc.org



MEDWATCH - The FDA Safety Information and Adverse Event Reporting Program

The FDA's MedWatch "E-List" delivers clinically important medical product safety alerts and concise, timely information about drugs and devices. Subscription to this service is free and may provide life-saving information for you, your family, or your patients. The following are a few of FDA's recent alerts:

Singular (montelukast), 03/27/2008

The FDA informed healthcare professionals and patients of the Agency's investigation of the possible association between the use of Singular and behavior/mood changes, suicidality (suicidal thinking and behavior) and suicide. Singular is a leukotriene receptor antagonist used to treat asthma and the symptoms of allergic rhinitis, and to prevent exercise-induced asthma. Patients should not stop taking Singular before talking to their doctor if they have questions about the new information. Healthcare professionals and caregivers should monitor patients taking Singular for suicidality (suicidal thinking and behavior) and changes in behavior and mood.

This early communication is in keeping with FDA's commitment to inform the public about its ongoing safety reviews of drugs. Due to the complexity of the analyses, FDA anticipates that it may take up to 9 months to complete the ongoing evaluations. As soon as this review is complete, FDA will communicate the conclusions and recommendations to the public.

Tiotropium (marketed as Spiriva HandiHaler), 03/18/2008

Boehringer Ingelheim and the FDA notified healthcare professionals that ongoing safety monitoring has identified a possible increased risk of stroke in patients who take Spiriva. This product contains tiotropium bromide and is used to treat bronchospasm associated with chronic obstructive pulmonary disease. Boehringer Ingelheim reported to the FDA that it has conducted an analysis of the safety data from 29 placebo controlled clinical studies ("pooled analysis"). Based on data from these studies, the preliminary estimates of the risk of stroke are 8 patients per 1000 patients treated for one year with Spiriva, and 6 patients per 1000 patients treated for one year with placebo. This means that the estimated excess risk of any type of stroke due to Spiriva is 2 patients for each 1000 patients using Spiriva over a one year period.

It is important to interpret these preliminary results with caution. FDA is working with Boehringer Ingelheim to further evaluate the potential association between Spiriva and stroke. FDA has not confirmed these analyses and while pooled analyses can provide early information about potential safety issues, these analyses have inherent limitations and uncertainty that require further investigation using other data sources. Patients should not stop taking Spiriva HandiHaler before talking to their doctor, if they have questions about this new information. This early communication is in keeping with FDA's commitment to inform the public about its ongoing safety reviews of drugs.

Spiriva (tiotropium bromide inhalation powder) Capsules and Foradil (formoterol fumarate inhalation powder) Capsules, Posted 02/29/2008

The FDA informed healthcare professionals and consumers of the correct way to use Spiriva and Foradil inhalation powder capsules. FDA and the American Association of Poison Control Center's (AAPCC) National Poison Data System have received many reports of patients swallowing Spiriva and Foradil capsules rather than placing the capsules in the inhalation devices. Both products are to be used in the HandiHaler (Spiriva) and Aerolizer (Foradil) devices to deliver the medicine to the lungs to improve breathing in patients with asthma, and in individuals affected by chronic obstructive lung disease and bronchitis. Both products will not treat a patient's breathing condition if the contents of a capsule are swallowed rather than inhaled. Healthcare professionals should discuss with patients how to correctly use the Spiriva HandiHaler or Foradil Aerolizer. See the Public Health Advisory for important information on the correct use of both products.

If you would like more information on any of these product safety alerts, or to review all alerts, visit the FDA's MedWatch Web site at fda.gov/medwatch/index.html. To receive immediate updates, subscribe to the "E-List" at <http://www.fda.gov/medwatch/elist.htm>.

We Want to Hear from You

If you have issues, concerns, or ideas you think would better serve the consumers of California or the respiratory care profession, we want to hear from you. E-mails can be addressed to rcbinfo@dca.ca.gov.



Mandatory Reporting

Respiratory Care Practitioners and their employers are required by law to report violations of the Respiratory Care Practice Act and the regulations governing the practice of respiratory care to the Board.

RCPs are required by law to report to the Board any person that may be in violation of, or has violated, any of the laws and regulations administered by the Board. Licensees are required to make this report to the Board within 10 calendar days from the date he or she knows or should have reasonably known that a violation or probable violation occurred.

Employers are required by law to report to the Board, within 10 days from the date of a suspension or termination, any RCP in their employment for any one or more of the following causes:

- Use of controlled substances or alcohol that impairs an RCP's ability to safely practice;
- The unlawful sale of controlled substance(s) or prescription item(s);
- Neglect, physical harm, or sexual contact with a patient;
- Falsification of medical records;
- Gross incompetence or negligence; and
- Theft from patients, other employees, or the employer.

RCPs are subject to discipline and can be fined up to \$2,500. Employers are subject to a fine up to \$10,000 for failure to make a report as required. Consideration is given to mitigating and aggravating circumstances surrounding the case.

Mandatory reporting complaint forms are available on the Board's Web site at www.rcb.ca.gov or can be mailed to you, upon request, by contacting the Board toll free at (866) 375-0386.

Additionally, California Penal Code (PC) section 11166 requires you, as a person licensed under Division 2 of the Business and Professions Code, to report known or reasonably suspected child abuse or neglect to:

- Any police or sheriff's department (not including a school district police or security department);
- The county probation department (if designated by the county to receive mandated reports); or
- The county welfare department.

For more information on the Child Abuse and Neglect Reporting Act, refer to PC sections 11164 *et seq.*

California Welfare and Institutions (W&I) Code section 15630 requires you, as a health care professional, to report known or suspected elder or dependent adult abuse to:

- If the abuse occurred in a long-term care facility (except a state mental health hospital or state developmental center), the report shall be made to the local ombudsman or the local law enforcement agency.
- If the abuse occurred in a state mental health hospital or state developmental center, the report shall be made to the designated investigators of the State Department of Mental Health or the State Department of Developmental Services, or to local law enforcement agencies.
- If the abuse occurred in any other setting, the report shall be made to adult protective services agency or local law enforcement agencies.

For more information on the Elder Abuse and Dependent Adult Civil Protection Act, refer to W&I Code sections 15600 *et seq.*



Notice on Collection of Personal Information

The Respiratory Care Board of California of the Department of Consumer Affairs collects personal information requested on many of its forms as authorized by Sections 30 and 3730 of the Business and Professions Code. The Board uses this information principally to 1) identify and evaluate applicants for licensure, 2) issue and renew licenses, 3) enforce licensing standards set by law and regulation, and 4) collect outstanding costs ordered in final decisions resulting from enforcement action.

Mandatory Submission. Submission of the requested information is mandatory. The 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 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);
- 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.

Address of Record. Please be advised that your address of record will be disclosed to the public.

Contact Information. For questions about this notice or access to your records, you may contact the Respiratory Care Board at 444 North 3rd Street, Suite 270, Sacramento, CA 95811; Toll-free: (866) 375-0386, or e-mail: rcbinfo@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Information Security and Privacy Protection, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or e-mail privacy@oispp.ca.gov.

Enforcement Actions Definitions

Revoked or Surrendered means that the license and all rights and privileges to practice have been rescinded.

Placed on Probation/Conditional License means the Board has approved a conditional or probationary license issued to an applicant or licensee with terms and conditions.

A **Public Reprimand** is a lesser form of discipline that can be negotiated for minor violations.

A **Statement of Issues** is the legal document wherein the charge(s) and allegation(s) against an applicant are formally pled.

Application Withdrawn means the application was withdrawn as part of the disciplinary proceeding.

An **Accusation** is the legal document wherein the charge(s) and allegation(s) against a licensee are formally pled.

An **Accusation and/or Petition to Revoke Probation** is filed when a licensee is charged with violating the terms or conditions of his or her probation and/or violations of the Respiratory Care Practice Act.

A **Citation and Fine** may be issued for violations of the Respiratory Care Practice Act. Payment of the fine is satisfactory resolution of the matter.

Suggest an Article for Breathing Matters

Is there an article you would like to see in *Breathing Matters*? The Board welcomes suggestions for future issues. Please send your ideas via e-mail to rcbinfo@dca.ca.gov or by mail to Respiratory Care Board, 444 North 3rd Street, Suite 270, Sacramento, CA 95811.



Enforcement Actions July 1, 2007 - December 31, 2007

REVOKED OR SURRENDERED

Bailey, Parker T., RCP 5730
 Bleye, Wayne A., RCP 6855
 Block, Jonathan M., RCP 12375
 Cunningham, Kim M., RCP 16251
 Glover, Shannon V., RCP 23372
 Gravitt, Elaina M., RCP 18448
 Herrera, Damien M., RCP 20799
 Hester, Daniel L., RCP 18816
 Hughes, Telly S., RCP 20040
 Mery, Waldo E., RCP 5451
 Ponders, Chelsea M., RCP 26048
 Robinson, Colonda Y., RCP 16705
 Rocero, Wes A., RCP 19520
 Rohde-Crout, Michelle, RCP 1296
 Schimke, Carrie J., RCP 22201
 Tapia, Jess, RCP 13165
 Vernon, Dennis A., RCP 23924
 Watson, Mitchell P., RCP 9271
 Zuniga, Luis A., RCP 14214

PLACED ON PROBATION/ CONDITIONAL LICENSE

Asai, Teri T., RCP 5655
 Clemens, Donald W., RCP 6604
 Davis, Alden G., RCP 26416
 Forrester-Johnson, Tracey S., RCP 26463
 Garcia, Timothy D., RCP 7575
 Gardner, Tatia H., RCP 19312
 Hidalgo, Ken, RCP 24669
 Jones, Margaret E., RCP 2386
 Keck, Thomas F., RCP 19362
 Kelton, Edward F., RCP 16970
 Martin, Eric J., RCP 18222
 Munoz, Joe, RCP 14010
 Mushok, Lorraine S., RCP 320
 Naval, Joven G., RCP 18948
 Schimke, Carrie J., RCP 22201
 Stepanyants, Sergey, RCP 26417
 Tang, Sam S., RCP 15399
 Thoman, Bobbie J., RCP 22535
 Whalen, Kathleen J., RCP 26765
 Wiatrak, John P. III, RCP 26462
 Zaragoza, Miguel E., RCP 23684

PUBLIC REPRIMANDS

El-Mosalamy, Hesham D., RCP 12989
 Ibarra Jacob, RCP 20564
 Joseph, Dominic, RCP 14605
 Miller, Michael B., RCP 20529
 Underhill, Allan H., RCP 3980

STATEMENTS OF ISSUE

Armenta, Maximo, Applicant
 Black, Nicolas M., Applicant
 Gill, Sharnjit K., Applicant
 Hayes, Eric J., Applicant
 Jager, Daryle A., Applicant
 Johnson, Gerald E., Applicant
 Jones, Cindy M., Applicant
 Lopez, Paul L., Applicant
 Navarro, Joshua A., Applicant

APPLICATION WITHDRAWN

Middaugh, Khristopher R., Applicant

ACCUSATIONS

Barton, Robert L., RCP 9512
 Berry, James, RCP 3230
 Calaunan, Lawrence P., RCP 24169
 Carlson, Richard D., RCP 8164
 Chormicle, Brian A., RCP 19563
 Green, Keturah C., RCP 20709
 Griffin, Janine D., RCP 20644
 Huddleston, John C., RCP 12514
 Johnson, Angie M., RCP 23652
 Lazzopina, Michael J., RCP 2419
 Lockett, Clara M., RCP 12633
 Madrid, Glenn G., RCP 19150
 Michael, Michelle S., RCP 20231
 Paredes, Miguel G., RCP 5946
 Santos, Kristen M., RCP 25858
 Trejos, Duke R., RCP 8499
 Trinidad, Don Carlo M., RCP 25143
 Valenzuela, Robert M., RCP 18345

ACCUSATIONS AND/OR PETITIONS TO REVOKE PROBATION

Meyers, Sarah A., RCP 25152
 Nielson, Jody M., RCP 23913
 Vinson-Upshur, Deidra D., RCP 4143

CITATIONS AND FINES

Afuwape, Samuel A., RCP 20829
 Alford, Angela M., RCP 22192
 Baes, Ares Emmanuel R., RCP 21273
 Beals, Jeanette, RCP 12741
 Blackwell, Bill W., RCP 24272
 Brannigan, Lorinda M., RCP 7702
 Guerra, Juan, Jr., RCP 16067
 Hale, Jody S., RCP 23902
 Holliday, Caryn G., RCP 9837
 Kasper, Rebecca A., RCP 24395
 Kerlin, Roberta A., RCP 10760
 Kirch, Martin M., RCP 21697
 McCarthy, Michael R., RCP 10883
 Taylor, Oswald G., RCP 8894
 Tenbrink-Casteel, Marilee E., RCP 2831

All pleadings associated with, and decisions processed after January 2006, are available for downloading on the Board's web site at www.rcb.ca.gov.

To order all other copies of legal pleadings, disciplinary actions, or penalty documents, please send a written request, including the respondent's name and license number (if applicable), to the Board's Sacramento office or e-mail address at rcbinfo@dca.ca.gov.



Respiratory Care Affiliated Resources: Functions, Upcoming Events, and Contact Information

American Association for Respiratory Care (AARC)

The AARC is the leading national and international professional association for respiratory care. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients, their families, the public, the profession, and the respiratory therapist.

Upcoming Events:

2008 Summer Forum
July 11-13, 2008
Phoenix, AZ

54th International Respiratory Congress
December 13-16, 2008
Anaheim, CA

Contact Information:

Telephone: (972) 243-2272
Web site: www.aarc.org
E-mail: info@aarc.org

California Society for Respiratory Care (CSRC)

The CSRC is an affiliate of the American Association of Respiratory Care and a nonprofit professional organization. The CSRC's mission is to represent and encourage excellence in the art and science of cardiopulmonary support. The CSRC is committed to health, healing, and disease prevention in the California community and extends these concepts to its members, students, healthcare professionals, and the public, through education and clinical practice.

Upcoming Events:

2008 Annual Convention
May 29 - June 1, 2008
San Jose, CA

Contact Information:

Telephone: (831) 763-2772
Toll-free (888) 730-2772
Web site: www.csrc.org
E-mail: webmaster@csrc.org

Respiratory Care Board of California (RCB)

The RCB is the State licensing agency mandated to protect and serve consumers by administering and enforcing the Respiratory Care Practice Act and its regulations in the interest of the safe practice of respiratory care.

Upcoming Board Meetings:

June 13, 2008
Sacramento, CA

November 20, 2008
Los Angeles, CA

Contact Information:

Telephone: (916) 323-9983
Toll-free: (866) 375-0386
Web site: www.rcb.ca.gov
E-mail: rcbinfo@dca.ca.gov

Respiratory Care Board of California
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You must notify the Board in writing within 14 days of an address change.

Failure to do so could result in fines ranging from \$25 to \$250, and delay your receipt of important materials.

Your written request must include your RCP number, your previous address, your new address, and your signature.

The Board office will accept requests received by U.S. mail, fax, and changes made via the Board's Web site.