



RESPIRATORY CARE BOARD OF CALIFORNIA

3750 Rosin Court, Suite 100, Sacramento, CA 95834

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RENEWAL DEFICIENCY NOTICE

Name: _____ RCP License No. _____

Address: _____

Phone Number: _____ Email: _____

Your application for renewal of your respiratory care practitioner license has been received and cashiered, however, a hold was placed on your license because your renewal was deficient.

YOU ARE NOT AUTHORIZED TO PRACTICE RESPIRATORY CARE UNTIL YOU HAVE A CURRENT AND VALID LICENSE.

Regardless of your specific renewal deficiency, please re-submit the information by completing all sections below. You must submit the completed form to the Respiratory Care Board via email, fax, or mail. Your renewed pocket license will be mailed to you once the completed form is received and reviewed, provided all requirements have been met. Please complete the following:

Section 1: Renewal Status

How would you like to renew your license?

- Active Inactive

Section 2: Conviction/Discipline Disclosure

Subsequent to the issuance of your license or since you last renewed, have you had any license discipline by a government agency, the USA or its territories, military court, a foreign government, or other disciplinary body, or have you been arrested, convicted or pled guilty or nolo contendere to any crime? (Do NOT list 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). Include all other arrests, pleas, and convictions for misdemeanors and felonies, and traffic infractions involving drugs or alcohol.)

- Yes No

Section 3: Continuing Education

Have you successfully completed the hours of continuing education as required for license renewal?

- Yes No

If yes, please provide the number of CE hours completed: _____

Section 4: Law and Professional Ethics

Have you successfully completed a Board-approved Law and Professional Ethics Course? You may skip this section if you are not required to complete the Ethics course for this renewal period.

- Yes No

If yes, please indicate the provider and the date completed:

Provider: CSRC AARC Date Completed: _____

Signature: _____ Date: _____

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Respiratory Care Board of California (RCB) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act (Civil Code section 1798 and following). The RCB uses this information, in accordance with DCA's **Privacy Policy**, principally to identify and evaluate applicants for licensure, to issue and renew licenses, and to enforce licensing standards set by law and regulation.

Mandatory Submission

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

Access to Personal Information

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

Possible Disclosure of Personal Information

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

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- 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, contact the RCB by mail at 3750 Rosin Court, Suite 100, Sacramento, CA 95834, by phone at (916) 999-2190, or by email at rcbinfo@dca.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.