



Division of Public Health
Licensure Unit
301 Centennial Mall South
PO Box 94986
Lincoln NE 68509-4986

Effective: 08/14/2011
Revised: 07/18/2014

Respiratory Care Applicants:

- Type or print legibly with black or blue ink only.
- Disclosure of your U.S. social security number is mandatory. The disclosure is mandated by the Nebraska Child Support Law. Your social security number will be held in confidence.
- You must submit an original application with signature. We do not accept copies, faxed or e-mailed applications.
- Applications must be completed in its entirety and submitted with the appropriate application fee. Incorrect fees will be returned.
- Proof of Age - date of birth must be readable. Submit a copy of your driver's license, birth certificate or marriage certificate with your application.
- Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a copy of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);Any of the following documents provide proof of lawfully admitted/present in the United States:
 - (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
 - (3) A Form I-94 (Arrival-Departure Record);
- If you have been convicted of a misdemeanor or felony, all convictions must be listed in item 7 of the application. Failure to disclose any such convictions, regardless of when the conviction occurred, could result in disciplinary action, including but not limited to a minimum of \$500 civil fine. Submit all documentation listed in item 7 of the application. **NOTE: Applications with convictions will be reviewed by the Respiratory Care Board.**
- If you have been/are licensed in any states, all states must be listed in Section C4
- Official transcripts must be **mailed directly from the respiratory care program**. We will not accept faxed transcripts.
- A verification/certification of **all** states you have/had a license (Active or Expired) is required. (See Attachment A-1) Contact information for other state Respiratory Care Boards are located on the NBRC website at: <http://www.nbrc.org/>
- Your application must be signed and dated.
- All pages of the application (1 thru 5) must be submitted.
- **You may drop off your application, however, we require five business days for processing and reviewing, therefore, your license will not be issued while you wait.**

Basis for application:

- If you passed the licensure examination more than three (3) years prior to your application and are not currently practicing at the time of application, you must submit proof of at least 60 hours of acceptable continuing education obtained within the three (3) years immediately preceding your application. The minimum of 15 hours are required in each of the following categories:
 - A. Pharmacology;
 - B. Mechanical ventilation;
 - C. Non-invasive ventilation support; and
 - D. Practice of respiratory care.
- Active license in another jurisdiction – not currently practicing. If you have an active license in another jurisdiction, but are not practicing at the time of application, you must submit proof of a minimum of 20 hours of acceptable continuing education that was obtained within the three years immediately preceding your application.
- If you hold an active license to practice respiratory care in another jurisdiction and are currently practicing – current practice information must be filled out on your application.



State of Nebraska
Department of Health and Human Services
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

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Print or type application and mail to the address on the left.
Print the application pages one (1) sided only.
Do not print application-double sided

Check below the basis for application:

- ☐ Examination After July 17, 1986 (For new graduates who have never held licensure)
☐ Examination Before July 17, 1986 (For applicants who have never held licensure)
☐ Active License in Another Jurisdiction (state) – Current Practice
☐ Active License in Another Jurisdiction (state) – Not Currently Practicing
☐ Passed Examination More Than Three Years – Not Currently Practicing

APPLICATION FOR RESPIRATORY CARE LICENSURE

SECTION A – LICENSE FEE

The initial Respiratory Care application fee is \$118.00. If your license is issued within 180 days of the expiration date of June 1st even-numbered years, the application fee is prorated and will be \$29.50. **Make your check payable to “Licensure Unit” and mail with your application.**

All respiratory care licenses expire June 1 of even-numbered years.

Even Year	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
	\$29.50	\$29.50	\$29.50	\$29.50	\$29.50	\$118	\$118	\$118	\$118	\$118	\$118	\$118
Odd Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$29.50

SECTION B – PERSONAL INFORMATION (All applicants must complete this section.)

1	Name	Last:	First:	Middle/Maiden:
	Maiden Name	Name:	Other names you are known as (AKA)	
2	Mailing Address	Street/PO/Route/APT NO:		
		City:	State:	Zip:
Additional information requested: (The following information is not displayed on the internet.) Submit evidence of age, i.e.,: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation. A U.S. birth certificate will satisfy the requirement for proof of age and proof of U.S. citizenship.				
3	Date of Birth:	Age:		
4	Place of Birth:	City/County/State/Country:		
5	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number (“A#”); or	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94#	
		If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.		
6	Phone #: (optional)	Fax # (optional)	E-Mail Address: (optional)	
	If you provide us with the optional information, it will allow our office to expedite communication if there is a problem with your application.			

THIS BOX IS FOR OFFICIAL USE ONLY

BACKGROUND CHECK		
BOARD REVIEW		
LICENSE #		

SECTION C – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation listed below.

1	Have you ever been convicted of a misdemeanor or felony? (Use additional sheet if space is inadequate.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Charge/Crime	Date of Charge/Crime	Name/Location of Court
	If you answered YES to the question above, you must submit the following documents with your application: <ul style="list-style-type: none"> • Copy of the court record(s), which includes charges and disposition; • Written explanation from you of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s); • All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; • A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation. 		
2	Have you practiced in Nebraska as a respiratory care practitioner prior to licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, how many days have you practiced in Nebraska as a respiratory care practitioner prior to licensure?	Number of days: _____	
	Name of Business:		
	Location/Address of Business:		
	Phone Number of Business:		
3	Have you previously held a respiratory care license in Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you or have you been credentialed to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction (state)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	List all other states where you hold active or expired credentials. (Continue on reverse side or use additional sheet if space is inadequate.)		
	State	Type of Credential	License Number
			Date Issued
			Expiration Date
	Request to have certification of your credential(s) from all states listed above (except Nebraska) be sent to our office. Refer to Attachment A-2 "Certification of Credential" form to be completed by other states.		
5	Has any disciplinary action ever been taken against your credential(s) by a state licensing agency, or is any currently pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, list the type of action; date of action; type of credential; and the name and address of entity taking such action:		
	Action	Date of Action	Type of Credential
			Name/Address of Entity
	Submit a copy of the disciplinary action(s), including charges and disposition.		
6	Have you been denied a credential or denied the right to take a credentialing examination? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION D – Examination (All applicants must complete this section)

1	Have you taken and passed the National Board for Respiratory Care Certified Respiratory Therapist (CRT) Examination and/or the Registered Respiratory Therapist (RRT) Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Date CRT Examination passed	(month/day/year): _____	
3	Date RRT Examination passed	(month/day/year): _____	
Submit a <u>notarized "copy"</u> of your original two page score report to our office or have NBRC send a letter to our office verifying that you have passed the certification examination. This letter must be sent by NBRC to the address on the first page of this application.			
4	If you have not taken the CRT examination, please indicate the date you plan to take it: _____ (After you have passed the CRT, submit a notarized copy of your score report or have NBRC send a letter to our office verifying that you have passed the certification examination.)		

SECTION E – EDUCATION – Complete this section if you graduated from an approved Respiratory Care Program.

Submit an official transcript for proof of completion of an approved respiratory care program. A transcript is considered official when it is issued by the institution where the training program was completed and affixed with its seal.

Name Respiratory Care College or University:	_____
Address of Respiratory Care College or University:	_____
Type of Respiratory Care Degree Awarded: (Certificate, Associate, Bachelor's, etc.)	_____
Date Degree Awarded (month/day/year)	_____

SECTION F – Passed NBRC examination more than three years prior to Application date—not currently practicing This section must be completed by the following applicants:

- A. If you passed the NBRC examination more than three years prior to the date of this application and are not currently practicing; or
- B. If you passed the NBRC examination more than three years prior to the date of this application, have not held a credential to practice respiratory care in another jurisdiction (state) and you are not currently practicing.

1	Continuing Education Requirements – If you passed the examination more than three years prior to this application and are not currently practicing, or have passed the NBRC examination more than three years prior to the date of this application and have not held a credential to practice respiratory care in another jurisdiction (state), you must submit proof of at least 60 hours of acceptable continuing education with a minimum of 15 hours in each of the categories below. Continuing education must be within the three years preceding this application.				
	<p>A. Pharmacology;</p> <p>B. Mechanical ventilation;</p> <p>C. Non-invasive ventilation support; and</p> <p>D. Practice of respiratory care</p>				
	List your continuing education below for each required category. Continue on reverse side or use an additional sheet if space is inadequate. Submit your certificates of attendance and course outline(s) or course brochure(s) for the 60 hours you list below.				
	A.	Pharmacology Course Title	Course Presenter	Date completed	Hrs. earned
	B.	Mechanical Ventilation Course Title	Course Presenter	Date completed	Hrs. earned
	C.	Non-invasive Ventilation Support Course Title	Course Presenter	Date completed	Hrs. earned
	D.	Practice of respiratory care Course Title	Course Presenter	Date completed	Hrs. earned

SECTION G - LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION. (State) (If you hold an active license to practice respiratory care in another jurisdiction and are currently practicing or not currently practicing, you **MUST** complete this section G-1, G-2, G-3 and G4A. **NOTE:** If you are currently practicing, you must list the current practice facility name, address and begin and end dates. If your end date is prior to your application for licensure, you are **not currently practicing and must list continuing education in Section G4B and submit documentation.**

1	Name of Agency Issuing License:				
	Address:	Street/PO/Route:			
		City:	State:	Zip:	
2	Date Issued:				
3	Name of Written Examination:				
4A	License in another jurisdiction (state) – current practice				
	Have you been in the active and continuous practice of respiratory care immediately preceding the date of application for Nebraska license?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Give location, address, and dates actively engaged in practice of respiratory care. (Continue on reverse side or use an additional sheet if space is inadequate.)				
	Facility	Address	Dates (Beginning and Ending)		
4B	Hold current license in another jurisdiction (state) – not currently practicing				
	If you have an active license in another jurisdiction, but are not practicing at the time of this application, you must have obtained 20 acceptable continuing education hours pursuant to 172 NAC 1620-006.01A through 162-006.01D. Continuing education must be within the three (3) years immediately preceding the date of this application. List your continuing education below. (Continue on reverse side or use an additional sheet if space is inadequate.) Submit your certificates of attendance and course outlines or course brochures for the 20 hours you list below. Refer to Attachment A-1 for the list of acceptable continuing education.				
	Course Title	Course Presenter	Date Completed	Hrs. earned	
	Submit signed certificate of attendance; course outline, brochure of course for each of the courses listed above with your application.				

SECTION H – Attestation (All applicants must complete this section.)

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

Please check the appropriate box below:

- ☐ I am a citizen of the United States; or
☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.; or
☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s).

SEE NOTES BELOW FOR ADDITIONAL DOCUMENTATION TO BE SUBMITTED.

Print Name: _____

Signature: _____ Date: _____

NOTE: You must submit the following documentation:

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript that provides date of birth, US State ID card, Military ID, or similar documentation);
 2. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
 3. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
 4. **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
 5. **Citizenship, lawful permanent residence, and/or immigration status** Information: You must submit a copy of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
- Any of the following documents provide proof of lawfully admitted/present in the United States:
- (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"); or
 - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
 - (3) A Form I-94 (Arrival-Departure Record);
6. **Education:** An official college/university transcript;
 7. **Fee:** The required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

RESPIRATORY CARE ACCEPTABLE CONTINUING EDUCATION

This section applies to applicants who hold current license in another jurisdiction (state) – not currently practicing (Section G - 4B of the application)

In order for a learning experience to be accepted for renewal of a license, the learning experience must relate to the theory or clinical application of theory pertaining to the practice of respiratory care and it may focus on research, treatment, documentation, management or education. Acceptable continuing education activities are:

1. Programs at State and National association meetings which relate to the theory or clinical application of theory pertaining to the practice of respiratory care;
2. Formal education courses/presentations in which:
 - a. Courses or presentations are formally organized and planned instructional experiences;
 - b. Courses have a date, location, course title, number of contact hours, signed certificate of attendance, and are open to all licensees;
 - c. The objectives relate to the theory or clinical application of theory pertaining to the practice of respiratory care; and
 - d. The instructor has specialized experience or training to meet the objectives of the course.
3. University or college sponsored courses relating to the theory or clinical application of theory pertaining to the practice of respiratory care;
4. Home study where the content of home study activity relates to the theory or clinical application of theory pertaining to the practice of respiratory care whether the subject is research, treatment, documentation, education, or management, e.g. videotapes, internet courses, and/or correspondence courses. The program must have a testing mechanism scored by the named study provider.
5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of respiratory care. A respiratory care practitioner may complete a **maximum of four hours** of continuing education utilizing management courses.
6. Nationally recognized specialty certification examinations. A licensee will earn contact hours for successful completion of nationally recognized specialty certification examinations related to an area of specialty practice in the field of respiratory care each 24 month renewal period. A licensee's documentation must include a copy of the certification that shows the date of the examination. Continuing education hours will be awarded as follows:
 - a. Certified Pulmonary Function Technologist (CPFT), ten hours;
 - b. Registered Polysomnographic Technologist (RPSGT), ten hours;
 - c. Neonatal Pediatric Specialist (NPS), ten hours;
 - d. Registered Pulmonary Function Technologist (RPFT), ten hours; and
 - e. Registered Respiratory Therapist (written and clinical simulation examinations, 15 hours).
7. Basic cardiac life support or advanced cardiac life support for adults and pediatric or neonatal courses.
 - a. Maximum of one hour credit for the Basic Cardiac Life Support course;
 - b. Maximum of 12 hours credit for initial ACLS certification course or six hours credit for re-certification;
 - c. Maximum of 8 hours credit for initial Neonatal Advanced Life Support certification course or four hours credit for recertification.
 - d. Maximum of 12 hours credit for Pediatric Advanced Life Support certification course or six hours credit for recertification.
8. One hour credit will be awarded for each hour of scientific presentation by a licensee acting as an essayist or lecturer to licensed respiratory care practitioners if the program relates to the theory or clinical application of theory pertaining to respiratory care. A licensee may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations.
9. In-services that meet the requirements for formal education as outlined in item #2 above that cover:
 - a. Therapeutic respiratory care procedures; or
 - b. Respiratory care equipment.
10. One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks, lunch, or dinner.



Attachment A-2

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

CERTIFICATION OF CREDENTIAL IN ANOTHER JURISDICTION

All applicants applying for a Nebraska Respiratory Care credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state) must have the jurisdiction(s) (state) complete and submit this form directly to our office. **Section A must be filled out by the applicant and forwarded to the appropriate jurisdiction(s) to complete Sections B, C and D.**

SECTION A – This section must be completed					
Applicant's Name:					
Credential Type:		Credential Number:		Credential Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
Date of Issue:				Date of Expiration:	
SECTION B – This section must be completed only if it is a certification of a Respiratory Care Credential.					
Credential was issued on the basis of:					
<input type="checkbox"/> NBRC Examination Date of Examination: _____ Score: _____ <input type="checkbox"/> State Examination Date of Examination: _____ Score: _____ <input type="checkbox"/> Other. Please explain: _____					
Graduation from an accredited Respiratory Care Program					
Name of Respiratory Care School: _____ Date of graduation: _____					
SECTION C – This section must be completed					
Based on the records of this Department, the applicant's credential:					
<input type="checkbox"/> Is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement <input type="checkbox"/> Has been disciplined. Please explain any disciplinary action: _____ Submit supporting document of disciplinary action.					
Does the applicant have any pending complaints:					
<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please explain: _____ _____					
SECTION D – This section must be completed					
SIGNATURE:				AGENCY SEAL	
DATE:					
NAME (PRINT)					
TITLE:					
LICENSING AGENCY NAME AND ADDRESS:					

RETURN THIS FORM TO:
LICENSURE UNIT
ATTN: RESPIRATORY CARE
P.O. BOX 94986
LINCOLN, NE 68509-4986