



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone (501) 296-1802 Fax (501) 296-1972 www.armedicalboard.org

Mandi Roberge, LRCP Licensing Coordinator, (501) 296-1978, adr@armedicalboard.org

RESPIRATORY THERAPY LICENSURE INFORMATION PACKET

This packet contains all of the documents you will need to apply for a Respiratory Therapy license in Arkansas. This packet, as well as each of its components, is available in the Forms & Publications section of our web site, www.armedicalboard.org/forms.aspx. If you received this packet from a source other than directly from the Arkansas State Medical Board or its official website, the application may be outdated or not an official version. Please be advised that outdated or unofficial versions of the application cannot be accepted.

*** IMPORTANT INFORMATION - PLEASE READ CAREFULLY ***

PROCESSING TIME. Processing delays are almost always attributable to lengthy work histories and delays in receiving the verification documents you request. If you have a history of malpractice, disciplinary action, impairment history, etc., additional time will be required for our investigation. Processing a permanent license application will take several weeks to complete. Please plan for this. Do not make commitments, purchase a home, or relocate your family before your Arkansas Respiratory Therapy license has been granted. Applications are processed in the order in which they are received in our office. The board does NOT accelerate one applicant over another. Upon receipt of your completed application, it will be entered into our system and then routed to the Licensing Coordinator. The Licensing Coordinator will send you a letter of acknowledgement within 7-10 business days after receipt of your application. The letter will advise you of anything that is needed to complete your file at that point.

APPLICATION FEES. The fee for a Respiratory Therapy license is **\$75**. There is an additional **\$35** fee if you are requesting that a temporary license be issued prior to full licensure. Fees must be included with your application at the time of submission. Payment may be made by check or money order payable to **ASMB**.

ARKANSAS RESPIRATORY CARE ACT. The Arkansas Respiratory Care Act (Arkansas Code §17-99-101, et seq.) must be read in its entirety prior to submitting an application for a Respiratory Therapy license to the Arkansas State Medical Board. You **MUST** complete the Rules and Regulations Affidavit included in this packet. Applications received without this form will be returned. A copy of the Arkansas Respiratory Care Act is included in this packet and is part of the Arkansas Medical Practices Acts & Regulations, which can be viewed and downloaded in the Forms & Publications section of our web site, <http://www.armedicalboard.org/Professionals/pdf/mpa.pdf>.

CRIMINAL BACKGROUND CHECK. Act 1249 of 2005 authorizes the Arkansas State Medical Board to conduct criminal background checks (both state and federal) on ALL applicants for licensure.

Arkansas Code §17-95-306 states:

(a) (1) Beginning July 1, 2005, every person applying for a license or renewal of a license issued by the Arkansas State Medical Board shall provide written authorization to the board to allow the Arkansas State Police to release the results of a state and federal criminal history background check report to the Board.

(2) The applicant shall be responsible for payment of the fees associated with the background checks.

Upon receipt in this office of your completed application and fee, a CBC packet, including forms and instructions, will be sent to you for completion. The Federal portion of this background check can take two weeks or more to process. ASMB will NOT accept a previously obtained criminal background check, regardless of how recently it was performed or what organization provides it.

COMPLETING THE APPLICATION. READ THE INSTRUCTIONS FOR EACH QUESTION BEFORE ANSWERING. The application may NOT be submitted electronically, as we do require your original signature on the hard copy. Please type or print legibly in dark blue or black ink. Provide exact dates (mm/dd/yyyy) whenever possible. ANSWER ALL QUESTIONS/SECTIONS, even if your answer is “n/a,” “Not Applicable,” or “None.” All signatures must be the applicant’s: stamped signatures, signatures by proxy, and signatures by power of attorney are NOT accepted for documentation or verification purposes. Make sure all required seals are affixed on the application, all questions have a response, and all documentation has been certified. Your application and verifications will be returned to you if they are incomplete or if photos are not attached where required.

TIME GAPS. Any time gaps of more than 60 days must be explained in writing. You will be notified of any unexplained time gaps and asked to provide an explanation. To avoid processing delays, please include these with your original application.

“YES” RESPONSES. A “Yes” response in the attestation portion of the application does not mean your application will be denied. If you have responded “Yes” to any of these questions, additional time will be required for the gathering and assessment of pertinent information. You will be required to provide a separate, signed and complete explanation for each “Yes” response; you can expedite this process by including these with your original application.

VERIFICATIONS. It is the policy of this board that ALL education and professional affiliations and other activities since graduation from Respiratory Therapy school be verified by the primary source and reviewed by the full board prior to issuance of a permanent license. It is the applicant’s responsibility to request verifications and to follow up with organizations to ensure verifications are returned. All verifications can be faxed or e-mailed unless specifically requested to be mailed. To fax, send to (501) 296-1972, Attn: Mandi Roberge. To e-mail, the document must be attached as an Adobe PDF file and sent to support@armedicalboard.org with “Attn: Mandi Roberge” in the subject line. Note that if the attachments are not sent in this format and to this address, they will be stripped at the firewall and will never be received by the intended recipient.

CHECKING THE STATUS OF YOUR APPLICATION. Please be considerate of your Licensing Coordinator and minimize the number of phone calls to check on the status of your application. Repeated, unnecessary calls will only delay the processing time for all applicants. You may authorize the Arkansas State Medical Board to discuss the status of your application with ONE person other than yourself. The form for designating a secondary contact person is included in this packet.

APPLICATION REVIEW. The application review process is defined by the requirements set forth in state law. The Board and its staff must comply with those laws in processing applications. Applications are processed in the order in which they are received in our office. THE BOARD DOES NOT ACCELERATE ONE APPLICANT OVER ANOTHER.

TEMPORARY PERMITS. You may request that a temporary permit be granted only if you meet the educational requirements and have not passed the NBRC examination, so that you can begin working in Arkansas before the Board considers your request for a permanent license. Temporary permits can be issued only when every detail of the application process has been completed and is ready for Board approval. Temporary permits must be requested in writing and the required fee of \$35 must accompany your request. Temporary permits are valid for six months, and can be extended only by submitting a written request and an additional \$35 fee. Issuance of a temporary permit does NOT guarantee that a permanent license will be granted. Completed files are submitted to the Board each Tuesday for consideration of a temporary permit, and all temporary permits granted can be verified online (<http://www.armedicalboard.org/public/verify>) on the following Wednesday after 2:00pm.

APPEARING BEFORE THE BOARD. For your application to be placed on the Board Meeting agenda, it must be complete and all required documentation, including staff investigations, must be in this office by the deadline date. THERE ARE NO EXCEPTIONS TO THIS POLICY. Applicants who have disciplinary actions and/or impairment history may be required to make a personal appearance before the Board. If you are

required to make a Board Appearance, you will be notified of the time and date of your appearance prior to the next scheduled Board Meeting. Meeting dates may change at the discretion of the Board. Meeting dates and completed application deadlines will be provided to you by your Licensing Coordinator and are available on our website, www.armedicalboard.org.

U.S. POSTAL SERVICE. If you choose to utilize the U.S. Postal Service, please be advised that they do NOT guarantee delivery of first class mail, and they do NOT guarantee delivery of Certified mail. Based on the lengthy delays we have experienced in receiving mail that has been sent to us, we strongly recommend you utilize FedEx, UPS, or other *guaranteed* delivery service when sending your application or other documents to us. We further recommend that when sending verification requests to primary sources, you provide them with a prepaid FedEx, UPS or other delivery service envelope to ensure that their correspondence reaches us in a timely manner.

INACTIVE APPLICATIONS. Applications that are not complete after one (1) year will be classified as Inactive and will be removed from our system. Inactive files will be maintained for 30 days and then destroyed. No refunds will be given on inactive applications over one year old.

WITHDRAWN APPLICATIONS. Applications that are withdrawn by the applicant will be maintained for 30 days and then destroyed. No refunds are given on applications that are withdrawn.

LICENSE RENEWAL. Your Respiratory Therapy license, if granted, must be renewed annually on or before the last day of your birth month. There is no grace period. License renewal paperwork is mailed approximately 8 weeks before expiration, to the address you have specified as your "Renewal Address". Failure to receive a renewal notice is not considered an excuse for nonrenewal. Renewal applications received after expiration will be assessed a \$10 late fee.

CHANGE OF ADDRESS. Regulation 33 requires you to notify the Arkansas State Medical Board of any changes to your address within 30 days of such change. This includes your relocation to Arkansas, if applicable. A Change of Address form is available for download from the Board's website, www.armedicalboard.org.

RESPIRATORY THERAPY REQUIREMENTS FOR LICENSURE IN ARKANSAS

TO APPLY FOR A RESPIRATORY THERAPY LICENSE, A PRACTITIONER MUST:

- (1) Be at least 18 years of age;
- (2) Be of good moral character;
- (3) Complete a background check as defined in Arkansas Medical Practices Act Section 17-95-306.
- (4) Have been awarded a high school diploma or its equivalent;
- (5) Have satisfactorily completed training in a respiratory care program which has been approved by the Committee, to include adequate instruction in basic medical science, clinical science, and respiratory care theory and procedures;
- (6) Have passed the CRT exam;
- (7) Submit a completed application and all required forms with a licensure fee of \$75;
- (8) Present undisputable identification.

REQUIREMENTS FOR A TEMPORARY PERMIT TO PRACTICE (applicants who have not yet taken or passed the NBRC examination):

- (1) Completed application submitted to the Arkansas State Medical Board with an additional \$35 included for the temporary permit (total of \$110).
- (2) Applicant must have completed all educational requirements at an accredited Respiratory Therapy School/Program.
- (3) Applicant must request the Dean or Registrar's office to complete the Verification of Education form. They must also request an Official Transcript.
- (4) Certification of any other State or Country licenses the applicant may have had.
- (5) Signed and dated *Arkansas Medical Practices Acts and Rules and Regulations Affidavit*.
- (6) Confirmation of eligibility notice from NBRC to sit for the CRT exam. Copy of the notification is acceptable.

LICENSURE IS BY CREDENTIALS:

- Credentials must be verified from the originating source; verifications received from applicants will not be accepted.

LICENSING EXAMINATIONS THAT MEET THE BOARD'S REQUIREMENTS:

- NBRC

ARKANSAS STATE MEDICAL BOARD:

- Trent P. Pierce, M.D., Chairman
- Peggy Pryor Cryer, Executive Secretary
- Business Hours: Monday-Friday 8:00 AM - 5:00 PM
- Regulatory Phone: (501) 296-1802
- Regulatory Fax: (501) 296-1805
- Mailing and Physical Address: 1401 W. Capitol Ave., Suite 340
Little Rock, AR 72201

RESPIRATORY THERAPY COMMITTEE MEMBERS:

- Angela Sanders, MPH, RRT, AE-C, LRCP - Chairperson
- Erna Boone, Dr.P.H., M.Ed, RRT, LRCP
- Darrell Benham, RRT, LRCP
- Noel Lawson, M.D.
- James Phillips, M.D.

RESPIRATORY THERAPY LICENSING COORDINATOR:

Mandi Roberge
Phone: (501) 296-1978
Fax: (501) 296-1972
E-mail: adr@armedicalboard.org

ARKANSAS STATE MEDICAL BOARD WEB SITE: WWW.ARMEDICALBOARD.ORG

- Board Meeting Dates
- RT Committee Meeting Dates
- License Verifications
- Changes in Rules and Regulations
- Click on [Forms & Publications](#) to access the following at any time:
 - Arkansas Medical Practices Acts & Regulations
 - Application packet, including all required forms, and verification request forms

CURRENT FEES:

- Respiratory Therapy (RT) License - \$75
- Additional fee if requesting a temporary permit - \$35
- Temporary permit renewal - \$35
- RT Annual License Renewal - \$30
- Late Renewal Fee - \$10

LICENSE APPLICATION CHECKLIST

(Does not need to be returned to the Board)

USE THE FOLLOWING ADDRESS FOR ALL DOCUMENT SUBMISSION:

ARKANSAS STATE MEDICAL BOARD
ATTN: MANDI ROBERGE
1401 W CAPITOL AVE, SUITE 340
LITTLE ROCK AR 72201

You are required to provide the following documents to the Arkansas State Medical Board:

- Check or money order, made payable to *ASMB*, in the amount of \$75 (plus an additional \$35 if also requesting a temporary permit);
- Application (5 pages), signed, with photo attached and certification by Notary Public. Signature must be original and must be made in black or dark blue ink. Stamped signatures, signatures by proxy and signatures by Power of Attorney are NOT accepted;
- Signed and dated explanations for any "Yes" answers in Part IV of the Application;
- Signed and dated explanations for any time gaps of 60 days or more since the end of undergraduate education;
- Completed Respiratory Therapy Authorization and Release (form in packet);
- Completed Arkansas Medical Practices Acts and Rules and Regulations Affidavit (form in packet);
- Copy of Driver's License or Passport;
- Copy of name change documents, if applicable;
- Copy of proof of citizenship, naturalization or visa, if applicable (*if not born in the U.S.*);
- Copy of DD Form 214 (Certificate of Release or Discharge from Active Duty), if you have served in any branch of the U.S. Armed Forces at any time since respiratory therapy school;

You are required to request the following documents from their primary sources, and these documents must be sent from the primary source DIRECTLY to the Arkansas State Medical Board.

- NBRC Certification Verification** (if you have taken and passed the examination)
Go to www.nbrc.org to request a verification of certification be sent directly to this office.
- Verification of Education and Official Transcript** (form in packet)
Complete the top portion of this form and send to the Dean or Registrar of the respiratory therapy school/program you attended. The completed form and transcript must be sent directly from the source to this office.
- Verification of Licensure** (form in packet)
Board staff will obtain these for you online. However, in the event a state does not offer the license verification online, if there is a fee, or the website has not been updated, the applicant will be responsible for requesting and paying any fees. The ASMB must have verification of all licenses ever held, even temporary licenses, whether active or inactive.

- Verification of Hospital/Facility Affiliation** (form in packet)
Complete the top portion of this form, and then send to the Department Director or Administration Office of every facility that has granted you Respiratory Therapy privileges or has employed you as a Respiratory Therapist in the last five (5) years. The completed form or an equivalent verification letter must be sent directly from the source to this office.

- Verification of Military Service**
If you are still in the armed forces, request that your current Commanding Officer submit a verification letter directly to this office. If you are former military, you only need to provide a copy of your DD Form 214.

- Verification of Employment (Non-Therapy)** (form in packet)
Complete the top portion of this form, and then send one to the appropriate department at each place you have worked that is non-therapy-related within the last five (5) years, or since graduating from respiratory therapy school, whichever is shorter. The completed form or an equivalent verification letter must be sent directly from the source to this office.

- Physicians Health Committee Documents**
If you are now being or have ever been monitored by a Physician Health Committee in any state or country, ask the director of that program to furnish a copy of your contract and a letter verifying your status. If you are currently under a PHC contract, you must also contact the Arkansas Physicians' Health Committee:
Arkansas Physicians' Health Committee
Arkansas Medical Foundation
10 Corporate Hill, Suite 150
Little Rock, AR 72205
(501) 224-9911

INSTRUCTIONS FOR COMPLETING LICENSURE APPLICATION

READ CAREFULLY!

Request for Temporary Permit: Temporary Permits are available to applicants that have completed the educational requirements but have not passed the NBRC examination. Check “Yes” if you are requesting a Temporary License prior to full licensure (add \$35 to application fee). Check “Not at this time” if you are not requesting a Temporary License. Eligible applicants may request a Temporary License at any time by submitting the \$35 fee and a written request to the Board.

Question 1: Your Name

- Enter your legal name as listed on your driver’s license. If your name has changed due to marriage, divorce, adoption or naturalization, submit a copy of the pertinent documentation.
- Enter any other names used during your education or career, such as maiden name, nicknames, etc.

Question 2: Your identification

- Enter your social security number.
- Enter your driver’s license number and state abbreviation. *Send a copy of your driver’s license with your license application.*
- Check male or female.
- Enter your date of birth (mm/dd/yyyy).

Question 3: Birthplace/Citizenship

- Enter your place of birth (city and state or city and country).
- Enter the name of the country in which you hold citizenship. *If you are a U.S. citizen but you were born in a foreign country, you must submit proof of citizenship.*
- Indicate your immigration status. If you are a U.S. citizen, enter “n/a”. *If you are not a U.S. citizen, you must submit a copy of your current Visa.*
- Indicate how long you have lived in the U.S. If you are a U.S. citizen, enter “n/a”.

Question 4: Your contact information

- Enter your current residence address. This is your home address for use by the Arkansas State Medical Board ONLY. It is NOT available to the public under the Freedom of Information Act (FOI) UNLESS you also use this address as your mailing, directory, or renewal address.
- Enter the address you wish to use as your “Directory” address. This is the address that will appear on the ASMB website’s Online Directory, and is available to the public under FOI.
- Enter your current mailing address. This address appears on all printed reports and bulk data listings, including the free, online license verification, and is available to the public under FOI, and to credentialing organizations utilizing the ASMB website for license verification.

- Enter the address to which you wish to have your annual renewal packet mailed. While it is NOT published on our website or included in any of our standard reports or documents available to the public, it is considered public under FOI, and may be accessible to anyone requesting the opportunity to view documents in your file under FOI.
- Enter your home, work, fax, and mobile phone numbers in the appropriate spaces.
- Enter your e-mail address. This is the e-mail address through which your Licensing Coordinator will keep in touch with you.

Question 5: Intended Practice Location

- Enter the name of the hospital, clinic, group or private practice where you will be practicing. If you have not yet found employment, enter “Unknown.” If you are a traveling therapist, enter “traveling therapist only” in this space.
- Enter the mailing address of the hospital, clinic, group or private practice where you will be practicing. If you have not yet found employment, enter “Unknown.”

Question 6: Education

- Enter the full name of the respiratory therapy school/program where you completed your undergraduate education. *Complete the top portion of the “Verification of Education” form contained in the application packet and send one to the school. This form should only be completed and submitted after graduation; any forms submitted before graduation are invalid and must be submitted again.*
- Enter the mailing address of the school/program.
- Enter the date you started attending the school/program.
- Enter the date you graduated from the school/program.
- Answer “Yes” if you graduated, “No” if you did not graduate.
- Enter the degree you were awarded.

Question 7: Examinations

- Specify which exam you took (CRT, RRT, NPS, CPFT, RPFT or SDS)
- Enter the number of times you took the exam.
- Enter the number of times you failed the exam.
- Enter the date you passed the exam. If you have not taken and passed the exam, write “n/a” and *send a copy of the Eligibility to Examine Notice to our office. If you have passed the CRT exam, request the Certification Verification from NBRC be mailed directly to our office.*

Question 8: Licenses

- If you have never held a respiratory therapy license (including temporary or training permit) in another state or country, enter “None” in the first space and proceed to Question 9. If you have ever held a respiratory therapy license in another state or country,

enter the name of that state or country here. The application has space for six licenses; if you have held more than six, including temporary and training permits, additional sheets may be attached.

- b. Enter your respiratory therapy license number.
- c. Enter the date the respiratory therapy license was originally issued.
- d. Enter the date the respiratory therapy license expired or will expire.
- e. Enter "Yes" if this license is still active, "No" if it is not.

Question 9: Military Service

- a. Answer "Yes" if you have ever served in the armed forces of the U.S. or any other country since respiratory therapy school. Answer "No" if you have not. *If yes, send a copy of your separation papers (DD Form 214) with your application. If Active Duty or Active Reserves, have your current Commanding Officer submit a verification letter directly to this office.*
- b. Enter the country and branch you served.
- c. Enter the date you entered the armed forces.
- d. Enter the date you were discharged from the armed forces.
- e. Enter the type of discharge you received (Honorable, General, etc.)

Question 10: Work History

- a. The application has enough space for five work history entries; if you need more space, additional sheets may be attached. You must list all professional activities since graduation from respiratory therapy school. Do NOT enter "See résumé"--you must complete this section even if you are attaching your résumé. If you ever took a leave of absence of more than 60 days from an employer, or if there was a gap of 60 days or more between the end of one activity and the beginning of the next, you must provide a separate, signed and dated explanation for the time gap. *Complete the top portion of the "Verification of Hospital/Facility Affiliation" and send one to the appropriate department at each hospital, clinic, group or private practice where you worked as a Respiratory Therapist within the past five (5) years. Complete the top portion of the "Verification of Employment (Non-Therapy)" and send one to the appropriate department at each place you have worked that is non-therapy-related within the past five (5) years, or since graduating from respiratory therapy school, whichever is shorter. Verifications must be returned directly from the source to this office.*
- b. Enter the mailing address of the employer. *If the facility is closed, enter the last known address.*
- c. Enter the date your employment began.
- d. Enter the date your employment ended.
- e. Enter your title or position with this employer.
- f. Enter your current status with this employer (Active or Inactive).

Question 11: Professional References

- a. Enter the names of three (3) professional references (not related to you). These references must have worked with you and directly observed your work performance in the recent past. At least one of these

references must have had organizational responsibility for supervising your performance (i.e., department chief or training program director).

- b. Enter how this person is associated with you (instructor, program director, etc.).
- c. Enter the mailing address (including the organization they are with) for this reference.

QUESTIONS 12-19 (ATTESTATION QUESTIONS):

For each "YES" response to questions 12 through 19, you must provide a separate, signed and dated statement giving full details, including date, location, type of action, organization or parties involved, and specific circumstances. If you are not sure how to respond to a question, it is best to disclose all information and provide an explanation. Failure to answer these questions accurately may result in disciplinary action or denial of license application. If, during the application process, you become aware of any investigation, action, or other circumstance relating to questions asked in this section, you are required to report it to this office.

FOR QUESTIONS 12 and 13:

You must attach a copy of the original indictment, judgment or conviction, indicate whether paroled or placed on probation, and how probation was completed. If you have or had a record that was sealed, expunged or pardoned, you are still required to answer "Yes" to this question.

Affidavit of Applicant (Signature Page):

Read the affidavit completely before signing. Attach a recent photograph in the space shown. You must sign where indicated IN THE PRESENCE OF A NOTARY PUBLIC, swearing you are the person referred to in the application and that all statements contained therein are true and correct. The Notary seal should be affixed partially on the photograph. The Notary's date must match your signature date. *Applications received without a photo or the required Notary seal will be returned to the applicant for completion, thereby delaying the application process.*



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone (501) 296-1802 Fax (501) 296-1972 www.armedicalboard.org

Mandi Roberge, LRCP Licensing Coordinator, (501) 296-1978, adr@armedicalboard.org

APPLICATION FOR RESPIRATORY THERAPY LICENSURE IN ARKANSAS

1. Please read the IMPORTANT INFORMATION and ALL INSTRUCTIONS included in the application packet.
2. Type or print legibly (in dark blue or black ink) all application documents.
3. Provide exact dates whenever possible, in mm/dd/yyyy format.
4. All questions must be answered. If a question does not apply to you, please write "n/a" in the space provided.
5. Give careful thought to each question before answering; remember, you are certifying that the information you provide is truthful, complete and correct.
6. If you answer "Yes" to any question in Part IV of the application, you MUST submit a signed and dated explanation.
7. Failure to answer all questions completely and accurately, or the omission or falsification of information, may be cause for denial of your application or disciplinary action if you are subsequently granted a license. WHEN IN DOUBT, DISCLOSE AND EXPLAIN ALL INFORMATION.

REQUEST FOR TEMPORARY LICENSE

Are you requesting that a temporary license be issued prior to full licensure? Yes Not at this time

PART I - PERSONAL IDENTIFICATION INFORMATION

1a. Full Legal Name (Last, First, Middle, Suffix, Degree)			
1b. Other Names Used (including Maiden Name)			
2a. Social Security Number	2b. Driver's License State & Number	2c. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	2d. Date of Birth (mm/dd/yyyy) / /
3a. Place of Birth (City and State/Country)		3b. Country of Citizenship	
3c. Immigration Status (if not U.S. citizen)		3d. How long have you been in the U.S.? (if not U.S. citizen)	
4a. Residence Address (Street, City, State, Zip Code)			
4b. Directory Address (Street, City, State, Zip Code)			
4c. Mailing Address (PO Box or Street, City, State, Zip Code)			
4d. Renewal Address (Street, City, State, Zip Code)			
4e. Home Phone #	4f. Work Phone #	4g. Fax #	4h. Mobile Phone #
4i. E-mail Address			
5a. Intended Practice Location in Arkansas: Full Name Hospital, Clinic, Group or Private Practice			
5b. Mailing Address of Intended Practice Location (PO Box or Street, City, State, Zip Code)			

PART II - EDUCATION**UNDERGRADUATE EDUCATION**

List all respiratory therapy schools/programs you attended (attach additional sheets if necessary). Have each school complete and send the Verification of Education form directly to this office.

6a. Full Name of Institution and Program

6b. Mailing Address (Street Address, City, State, Zip Code)

6c. Start Date

/ /

6d. End Date

/ /

6e. Graduated?

 Yes No

6f. Degree Awarded, or reason why you did not graduate

6a. Full Name of Institution and Program

6b. Mailing Address (Street Address, City, State, Zip Code)

6c. Start Date

/ /

6d. End Date

/ /

6e. Graduated?

 Yes No

6f. Degree Awarded, or reason why you did not graduate

EXAMINATION HISTORY

Please specify exam (CRT, RRT, NPS, CPFT, RPFT or SDS). Attach additional sheets if necessary. Have NBRC (National Board of Respiratory Care) send a verification letter directly to this office.

7a. Exam

7b. Number of Attempts

7c. Number of times failed

7d. Date PASSED

/ /

7a. Exam

7b. Number of Attempts

7c. Number of times failed

7d. Date PASSED

/ /

7a. Exam

7b. Number of Attempts

7c. Number of times failed

7d. Date PASSED

/ /

7a. Exam

7b. Number of Attempts

7c. Number of times failed

7d. Date PASSED

/ /

PART III - PROFESSIONAL**PROFESSIONAL LICENSURE**

List all states or territories of the United States, provinces of Canada, or other countries in which you hold or have ever held a Respiratory Therapy license, including all temporary, instructional and training permits/licenses. Attach additional sheets if necessary.

8a. Jurisdiction (State, Country)

8b. License No.

8c. Issue Date

/ /

8d. Expiration Date

/ /

8e. Active? (Yes/No)

8a. Jurisdiction (State, Country)

8b. License No.

8c. Issue Date

/ /

8d. Expiration Date

/ /

8e. Active? (Yes/No)

8a. Jurisdiction (State, Country)

8b. License No.

8c. Issue Date

/ /

8d. Expiration Date

/ /

8e. Active? (Yes/No)

8a. Jurisdiction (State, Country)

8b. License No.

8c. Issue Date

/ /

8d. Expiration Date

/ /

8e. Active? (Yes/No)

8a. Jurisdiction (State, Country)

8b. License No.

8c. Issue Date

/ /

8d. Expiration Date

/ /

8e. Active? (Yes/No)

8a. Jurisdiction (State, Country)

8b. License No.

8c. Issue Date

/ /

8d. Expiration Date

/ /

8e. Active? (Yes/No)

MILITARY SERVICE

Submit a copy of your separation papers (DD Form 214) with your application. If Active Duty, have your current Commanding Officer submit a verification letter directly to this office.

9a. Have you served in the armed forces since completion of RT school? Yes No *If yes, complete questions 9b-9e.*

9b. Country & Branch of Service

9c. Date of Entry

/ /

9d. Date of Discharge

/ /

9e. Type of Discharge

WORK HISTORY

Please provide a chronological listing of all therapy and non-therapy activities, institutional affiliations or places of employment since graduation from respiratory therapy school. This includes hospitals, teaching institutions, HMOs, private practice, corporations, military assignments, government agencies, and Locum Tenens assignments. **You must provide explanations of any time gaps and leaves of absence of more than 60 days since graduation from respiratory therapy school. Do not write, "See résumé." You must complete this section even if you are attaching your résumé.**

10a. Name of Institution/Facility/Employer

10b. Mailing Address (Street or PO Box, City, State, Zip Code)

10c. Date From

/ /

10d. Date To

/ /

10e. Title/Position

10f. Status

10a. Name of Institution/Facility/Employer

10b. Mailing Address (Street or PO Box, City, State, Zip Code)

10c. Date From

/ /

10d. Date To

/ /

10e. Title/Position

10f. Status

10a. Name of Institution/Facility/Employer

10b. Mailing Address (Street or PO Box, City, State, Zip Code)

10c. Date From

/ /

10d. Date To

/ /

10e. Title/Position

10f. Status

10a. Name of Institution/Facility/Employer

10b. Mailing Address (Street or PO Box, City, State, Zip Code)

10c. Date From

/ /

10d. Date To

/ /

10e. Title/Position

10f. Status

10a. Name of Institution/Facility/Employer

10b. Mailing Address (Street or PO Box, City, State, Zip Code)

10c. Date From

/ /

10d. Date To

/ /

10e. Title/Position

10f. Status

PROFESSIONAL REFERENCES

These references cannot be related to you. They must have worked with you and directly observed your work performance in the recent past. At least one of these references/recommendations must have had organizational responsibility for supervising your performance (i.e., department chief or training program director), and two must be fully licensed respiratory care therapists.

11a. Name

11b. Association

11c. Mailing Address (Organization, Street or PO Box, City, State, Zip Code)

11a. Name

11b. Association

11c. Mailing Address (Organization, Street or PO Box, City, State, Zip Code)

11a. Name

11b. Association

11c. Mailing Address (Organization, Street or PO Box, City, State, Zip Code)

PART IV - ATTESTATION QUESTIONS

SPECIAL INSTRUCTIONS FOR QUESTIONS 12-19

- Please mark the appropriate box next to each question. Do not leave any questions blank.
- For each "Yes" response to questions 12-19, you must provide a separate, signed and dated statement giving full details including date, location, type of action, organization or parties involved, and specific circumstances. **If you are not sure about how to respond to a question, it is best to disclose all information and provide an explanation.**
- Failure to answer these questions accurately may result in disciplinary action or denial of license application.
- Confidentiality: The contents of licensing files are generally considered public records under the Freedom of Information Act. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. Be advised, however, that not all requests for confidentiality can be granted.

12. Have you ever been charged or convicted (including a plea of nolo contendere) of a misdemeanor or felony? (NOTE: You must answer "Yes" even if records, charges, or convictions have been pardoned, expunged, plead down, released, or sealed.) *If yes, explain.* No Yes
13. Have you had a DWI or DUI conviction in the last three (3) years? How many? _____ *If yes, explain.* No Yes
14. Do you have any physical, mental or emotional impairment that would hinder your ability to perform duties assigned in any healthcare profession including that of Respiratory Therapist? *If yes, explain.* No Yes
15. Have you ever been addicted to alcohol or drugs? *If yes, explain.* No Yes
16. Have you ever been treated for alcohol/substance abuse in a treatment center or hospital? *If yes, give name of institution, date and length of stay in your explanation.* No Yes
17. Has any medical or respiratory care licensing board or NBRC ever sanctioned you or your certification? *If yes, list name and address of board/entity in your explanation. If, during the application process, you become aware of any such investigation, you are required to report it to this office.* No Yes
18. Have you ever voluntarily surrendered your respiratory care license in any other jurisdiction, state or territory? *If yes, give name and address of board in your explanation.* No Yes
19. Have you ever previously made application to the Arkansas State Medical Board? *If yes, explain.* No Yes

continue to next page

DO NOT WRITE EXPLANATIONS IN THIS SPACE.

PART V - AFFIDAVIT OF APPLICANT

I, _____, hereby certify, after being duly sworn, that I have read the complete application and know the full content thereof. I declare, under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true, correct, current, and complete to the best of my knowledge. I certify that the photograph that appears below is a true likeness of me, taken within the past sixty (60) days. I understand that any falsification or misrepresentation of any item or response in this application, or any documentation supporting this application, even if submitted separately, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice as a Respiratory Therapist in the State of Arkansas.

AFFIX
PASSPORT-STYLE
PHOTOGRAPH
HERE

Applicant's Signature (in ink)

(must be signed in the presence of a Notary Public)

Date Signed

(must include the month, day and year signed)

.....
SUBSCRIBED AND SWORN TO before me, a Notary Public in and
for the State of _____, this

_____ day of _____, 20 _____.
(Notary date must be the same as the applicant's signature date above)

My commission expires: _____

Notary Signature

(Notary seal must overlie a portion of the photograph at left)

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Application Received: _____ / _____ / _____ Fee Received: \$ _____

Committee Signature/Temp: (1st) _____ (2nd) _____

1st Temp Permit #: _____ 1st Temp Issued: _____ / _____ / _____ 1st Temp Expires: _____ / _____ / _____

2nd Temp Permit #: _____ 2nd Temp Issued: _____ / _____ / _____ 2nd Temp Expires: _____ / _____ / _____

Committee Signature/Full License: _____

LRCP License #: _____ Full License Issued: _____ / _____ / _____



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone (501) 296-1978 Fax (501) 296-1972 www.armedicalboard.org

ARKANSAS MEDICAL PRACTICES ACT AND RULES & REGULATIONS AFFIDAVIT

Respiratory Therapist

I AFFIRM THAT I HAVE READ THE RESPIRATORY CARE ACT, ARKANSAS CODE §17-99-101, *et seq.*, AND THE RULES AND REGULATIONS OF THE ARKANSAS STATE MEDICAL BOARD.

Practitioner's Full Name (First Middle Last, Suffix, Degree)

Practitioner's Signature (no rubber stamps)

Signature Date

**THIS IS A REQUIREMENT FOR LICENSURE.
YOUR LICENSURE APPLICATION WILL NOT BE PROCESSED
WITHOUT THIS COMPLETED FORM.**

**YOU MUST COMPLETE THIS FORM AND RETURN IT TO:
ARKANSAS STATE MEDICAL BOARD
1401 W CAPITOL AVE, SUITE 340
LITTLE ROCK, AR 72201**



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone (501) 296-1978 www.armedicalboard.org

AUTHORIZATION AND RELEASE

To Whom It May Concern:

This document will authorize and direct any healthcare practitioners with whom I have been associated; employees and medical staff members of any medical facility or hospital where I have been employed, on staff, or associated; any employees of any malpractice insurance carriers; any state licensing boards where I have been licensed or have applied for a license; any medical clinics where I have been employed or associated; and any medical schools where I have attended, to give to, copy for, or permit the personal inspection by employees or representatives of the Arkansas State Medical Board of any and all personnel records, disciplinary records, work records, military records, professional performance reviews, and/or evaluations of my performances.

I hereby release and discharge you and any other individuals or organizations referred to in this Authorization, and release you of any confidentiality requirements that might bind you, so that you may carry out the purposes of this document.

A copy of this document may be provided to entities listed above, and this Authorization shall remain in effect for a period not to exceed two (2) years or until specifically revoked by me in writing.

Typed or Printed Name of Practitioner: _____

Social Security Number: _____

Signature of Practitioner: _____

Dark Blue or Black Ink Only - No Signature Stamps

Signature Date: _____



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SECONDARY CONTACT DESIGNATION FORM

So that the licensing process might be made easier for both you and the Board, your Licensing Coordinator will communicate with you and ONE other person of your choice regarding the status of your licensure application. However, please advise your designated contact that your Licensing Coordinator is working with over 100 applicants at any given time, and that repeated phone calls to check on the status of your application will only delay the processing time for all applicants. We appreciate your consideration of this.

I authorize the Arkansas State Medical Board to release any and all information regarding the status of my licensure application to the person listed below:

Print full name of Secondary Contact

Organization Name

Email address of Secondary Contact

Phone number of Secondary Contact

Print full name of Applicant

Signature of Applicant (no signature stamps)

Date Signed



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone: (501) 296-1978 Fax: (501) 296-1972 E-mail: support@armedicalboard.org

DATE OF REQUEST: _____

VERIFICATION OF RESPIRATORY THERAPY EDUCATION

PART I – INSTITUTION NAME AND MAILING ADDRESS

Institution Name: _____
 Department or Office: _____
 Address Line 1: _____
 Address Line 2: _____
 City, State, ZIP Code: _____

PART II – APPLICANT INFORMATION

Full Name (Last, First, Middle)	Social Security Number	Date of Birth (mm/dd/yyyy) / /
Other Names Used		Date of Graduation (mm/dd/yyyy) / /
<i>AUTHORIZATION & RELEASE: I hereby authorize the entity named above, its staff or representative, to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above-named entity for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.</i>		
Applicant Signature (no electronic or stamped signature)		Date Signed (mm/dd/yyyy) / /

PART III – VERIFICATION (TO BE COMPLETED BY DEAN, REGISTRAR or AUTHORIZED REPRESENTATIVE ONLY)

Please complete the information below (or your equivalent verification letter) and return **with an official transcript directly to the Arkansas State Medical Board**. Verifications sent to the applicant cannot be accepted for verification purposes. Please provide exact dates if possible.

Name of Respiratory Therapy School (if not correct above)		
Date R.T. Education Began / /	Date R.T. Education Ended / /	Degree Awarded (ex: Associate of Applied Science) <input type="checkbox"/> None
If program was not completed, or was completed in more or less than the customary time frame for such training, please provide explanation (use additional sheets if necessary)		
During this applicant's education, was he/she ever investigated or disciplined by the school for any reason? [Disciplinary actions include but are not limited to being placed on probation, issued a letter of reprimand, censured, suspended, restricted or otherwise disciplined. If you respond "Yes" to this question, please provide a detailed explanation on a separate sheet, signed and dated by the person whose signature appears below.]		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV - VERIFIED BY

Verification provided by (Signature)		Signature Date / /
Type or legibly print name	Position/Title	
Phone Number	Fax Number	E-mail Address

PLEASE RETURN THIS FORM WITH AN OFFICIAL TRANSCRIPT DIRECTLY TO THE ARKANSAS STATE MEDICAL BOARD BY MAIL, FAX OR E-MAIL (E-mail attachments must be in PDF format and sent to support@armedicalboard.org only)



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone: (501) 296-1978 Fax: (501) 296-1972 E-mail: support@armedicalboard.org

DATE OF REQUEST: _____

VERIFICATION OF LICENSURE

PART I – LICENSING AUTHORITY NAME AND MAILING ADDRESS

Name of Licensing Authority: _____

ATTN: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP Code: _____

PART II – APPLICANT INFORMATION

Full Name (Last, First, Middle)	Social Security Number	Date of Birth (mm/dd/yyyy) / /
Other Names Used		License Number for this state or country
<i>AUTHORIZATION & RELEASE: I hereby authorize the entity named above, its staff or representative, to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above-named entity for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.</i>		
Applicant Signature (no electronic or stamped signature)		Date Signed (mm/dd/yyyy) / /

PART III – VERIFICATION (TO BE COMPLETED BY LICENSING AUTHORITY STAFF ONLY)

Please complete the information below (or your equivalent verification letter) and return directly to the Arkansas State Medical Board. Verifications sent to the applicant cannot be accepted for verification purposes. Please provide exact dates if possible.

State/Country	Name of Licensing Authority (if not correct above)		
License Number	Original Issue Date (mm/dd/yyyy) / /	Expiration Date (mm/dd/yyyy) / /	
Current License Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____			
License Category <input type="checkbox"/> Unlimited <input type="checkbox"/> Educational <input type="checkbox"/> Other: _____			
Please answer the following questions and attach explanations and dates for any "Yes" answers			
Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction, or is any such investigation pending?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction, or is any such action pending?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, placed on probation, or in any other manner limited by a licensing or disciplinary authority in your state, or is any such action pending?			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV - VERIFIED BY

Verification provided by (Signature)		Signature Date / /
Type or legibly print name	Position/Title	
Phone Number	Fax Number	E-mail Address

**PLEASE RETURN THIS FORM DIRECTLY TO THE
ARKANSAS STATE MEDICAL BOARD BY MAIL, FAX OR E-MAIL
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1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone: (501) 296-1978 Fax: (501) 296-1972 E-mail: support@armedicalboard.org

DATE OF REQUEST: _____

CERTIFICATION VERIFICATION

**TO: NATIONAL BOARD FOR RESPIRATORY CARE, INC.
ATTN: CERTIFICATION VERIFICATION
18000 W. 105TH ST.
OLATHE, KS 66061-7543**

APPLICANT INFORMATION

Full Name (Last, First, Middle)	Social Security Number	Date of Birth (mm/dd/yyyy) / /
<i>AUTHORIZATION & RELEASE: I hereby authorize and request the NBRC, National Board for Respiratory Care, Inc., having control of any documents, records, and other information pertaining to me, to furnish to the Arkansas State Medical Board all information requested and any pertinent information regarding final actions taken against my license to practice Respiratory Care Therapy.</i>		
Applicant Signature (no electronic or stamped signature)		Date Signed (mm/dd/yyyy) / /

APPLICANT:

If you have passed the CRT exam, mail this form with appropriate fees (\$5.00 if your certification is active, \$20.00 if it is inactive) to the National Board for Respiratory Care at the address listed above.

NBRC:

Please send a Certification Verification directly to the Arkansas State Medical Board by mail, fax or e-mail. (E-mail attachments must be in PDF format and sent to support@armedicalboard.org only).



ARKANSAS STATE MEDICAL BOARD

RESPIRATORY THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone: (501) 296-1978 Fax: (501) 296-1972 E-mail: support@armedicalboard.org

DATE OF REQUEST: _____

VERIFICATION OF HOSPITAL/FACILITY AFFILIATION

PART I – FACILITY NAME AND MAILING ADDRESS

Name of Facility: _____

ATTN: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP Code: _____

PART II – APPLICANT INFORMATION

Full Name (Last, First, Middle)	Social Security Number	Date of Birth (mm/dd/yyyy) / /
Other Names Used		
<i>AUTHORIZATION & RELEASE: I hereby authorize the entity named above, its staff or representative, to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above-named entity for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.</i>		
Applicant Signature (no electronic or stamped signature)		Date Signed (mm/dd/yyyy) / /

PART III – VERIFICATION (TO BE COMPLETED BY FACILITY AUTHORIZED STAFF ONLY)

Please complete the information below (or your equivalent verification letter) and return directly to the Arkansas State Medical Board. Verifications sent to the applicant cannot be accepted for verification purposes. Please provide exact dates if possible.

Name of Facility (if not correct above)		
Current Staff Status <input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other _____		
Date Affiliation Began (including temp or provisional) / /	Date Affiliation Ended / /	<input type="checkbox"/> If exact dates are not available, please check here. If currently appointed, please write "Present" in the space for end date.
Note: Breaks in appointment should be listed as separate entries. If the applicant was there intermittently, a listing of each time period he/she was appointed to your facility's ancillary staff should be provided, either by copying this form for each time period, or by attaching a separate sheet detailing appointment dates. Thank you.		
Current or most recent Position/Title		
To your knowledge, during the stated period of time, was the Employee in good standing? If No, please explain (attach additional sheets if needed) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unable to comment, Reason:		

PART IV - VERIFIED BY

Verification provided by (Signature)		Signature Date / /
Type or legibly print name	Position/Title	
Phone Number	Fax Number	E-mail Address

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1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

Phone: (501) 296-1978 Fax: (501) 296-1972 E-mail: support@armedicalboard.org

DATE OF REQUEST: _____

VERIFICATION OF EMPLOYMENT (Non-Therapy)

(for verification of employment that did not involve respiratory therapy)

PART I – EMPLOYER NAME AND MAILING ADDRESS

Name of Employer: _____

ATTN: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP Code: _____

PART II – APPLICANT INFORMATION

Full Name (Last, First, Middle)	Social Security Number	Date of Birth (mm/dd/yyyy) / /
<i>AUTHORIZATION & RELEASE: I hereby authorize the entity named above, its staff or representative, to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above-named entity for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.</i>		
Applicant Signature (no electronic or stamped signature)		Date Signed (mm/dd/yyyy) / /

PART III – VERIFICATION (TO BE COMPLETED BY EMPLOYER AUTHORIZED STAFF ONLY)

Please complete the information below (or your equivalent verification letter) and return directly to the Arkansas State Medical Board. Verifications sent to the applicant cannot be accepted for verification purposes. Please provide exact dates if possible.

Name of Employer (if not correct above)		
Employment Status <input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other _____		
Date Employment Began / /	Date Employment Ended / /	<input type="checkbox"/> If exact dates are not available, please check here. If currently employed, please write "Present" in the space for end date.
Note: Breaks in employment should be listed as separate entries. If the Employee was there intermittently, a listing of each time period he/she was employed at your facility should be provided, either by copying this form for each time period, or by attaching a separate sheet detailing employment dates. Thank you.		
Current or Most Recent Position/Title		
To your knowledge, during the stated period of time, was the Employee in good standing? If No, please explain (attach additional sheets if needed) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unable to comment, Reason:		

PART IV - VERIFIED BY

Verification provided by (Signature)		Signature Date / /
Type or legibly print name		Position/Title
Phone Number	Fax Number	E-mail Address

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ARKANSAS STATE MEDICAL BOARD



ARKANSAS MEDICAL PRACTICES ACTS & REGULATIONS FOR RESPIRATORY THERAPISTS

RESPIRATORY CARE PRACTITIONERS SUBCHAPTER 1 - GENERAL PROVISIONS

17-99-101. Title.

This chapter shall be cited as the “Arkansas Respiratory Care Act.”

History. Acts 1969, No. 168, § 19; A.S.A. 1947, § 72-1618; Acts 1987, No. 952, § 17.

17-99-102. Definitions.

As used in this chapter, unless the context otherwise requires:

(1) (A) “Respiratory care” means the practice of the principles, techniques, psychology, and theories of cardiopulmonary medicine under the verbal or written direction or prescription of a licensed physician and/or under the supervision of a qualified medical director.

(B) Respiratory care will include, but not be limited to, the following:

(i) Evaluation and treatment of individuals whose cardiopulmonary functions have been threatened or impaired by developmental defects, the aging process, physical injury or disease, or anticipated dysfunction of the cardiopulmonary system;

(ii) Evaluation techniques including cardiopulmonary function assessment, gas exchange evaluation, the need and effectiveness of therapeutic modalities and procedures, and assessment and evaluation of the need for extended care and home care procedures and equipment; and

(iii) (a) The professional application of techniques, equipment, and procedures involved in the administration of respiratory care such as:

- (1) Therapeutic gas administration;
- (2) Prescribed medications;
- (3) Emergency cardiac, respiratory, and cardiopulmonary resuscitation measures;
- (4) Establishing and maintaining artificial airways;
- (5) Cardiopulmonary function tests;
- (6) Testing and obtaining physiological evaluation of arterial and venous blood samples;
- (7) Exercises designed for the rehabilitation of the cardiopulmonary handicapped;
- (8) Maintaining postural drainage, vibration and chest percussion, aerosol administration, breathing exercises, artificial and mechanical ventilation; and
- (9) Cleaning and sterilization of cardiopulmonary function equipment and its maintenance.

(b) Those techniques may be applied in the treatment of the individual or patient in

groups or through health care facilities, organizations or agencies;

(2) “Respiratory care practitioner” means a licensed person who practices respiratory care as defined in this chapter under the prescription and direction of a licensed physician;

(3) “Board” means the Arkansas State Medical Board;

(4) “Committee” means the Arkansas State Respiratory Care Examining Committee;

(5) “Qualified Medical Director” means a licensed physician who is the medical director of any inpatient or outpatient respiratory care service, department or home care agency, or long-term care facility.

(5) “Licensed allied health practitioner” means any person formally trained and tested in an allied health field, qualified to deliver medical care to the public, and licensed in the State of Arkansas.

History. Acts 1969, No. 168, § 1; A.S.A. 1947, § 72-1601; Acts 1987, No. 952, § 1; 1995, No. 1094, § 1; 2001, No. 1049, § 2.

17-99-103. Penalty - Injunction.

(a) Any person violating the provisions of this chapter shall be guilty of a misdemeanor. Upon conviction, that person shall be punished by a fine of not less than one hundred dollars (\$100) nor more than one thousand dollars (\$1,000) or by imprisonment in the county jail for a period of not less than one (1) month nor more than six (6) months, or by both fine and imprisonment. Each day of violation shall constitute a separate offense.

(b) The courts of record in this state having general equity jurisdiction are vested with jurisdiction and power to enjoin the unlawful practice of respiratory care in the county in which the alleged unlawful practice occurred or in which the defendant resides. The issuance of an injunction shall not relieve a person from criminal prosecution for violation of this chapter, but the remedy of injunction shall be in addition to liability from criminal prosecution.

History. Acts 1969, No. 168, §§ 15, 16; A.S.A. 1947, §§ 72-1615, 72-1616; Acts 1987, No. 952, §§ 13, 14.

SUBCHAPTER 2 - REGULATORY AGENCIES

17-99-201. Medical board - Powers and duties.

(a) The Board shall administer the provisions of this chapter.

(b) The board, with the advice and assistance of the Arkansas State Respiratory Care Examining Committee, shall:

- (1) Pass upon the qualifications of applicants for licensure;
- (2) Provide for a nationally standardized examination;
- (3) Determine the applicants who successfully pass the examinations; and
- (4) License those applicants who meet the qualifications provided in this chapter.

(c) In addition to the other powers and duties set out elsewhere in this chapter, the board shall:

- (1) Adopt and put into effect rules and regulations to carry this chapter into effect;

- (2) Investigate reported violations of this chapter and take such steps as may be necessary to enforce the chapter;
- (3) (A) Keep a record of its proceedings and a record of all persons registered under this chapter.
- (B) The register shall show:
 - (i) The name of every registrant;
 - (ii) His last known place of business;
 - (iii) His last known place of residence; and
 - (iv) The date and number of his license;
- (4) (A) Compile a list, which shall be printed annually, of all respiratory care practitioners who are licensed to practice respiratory care in the State of Arkansas.
- (B) It shall furnish a copy of the list to all persons requesting it upon the payment of such a fee as may be fixed by the board to compensate for the cost of printing the list;
- (5) (A) With the advise and assistance of the Arkansas Respiratory Care Examining Committee, adopt rules and regulations for issuance of temporary permits for students and graduates of approved training programs to practice limited respiratory care under the supervision of a licensed respiratory care practitioner or physician.
- (B) Rules and regulations shall be adopted defining for the purposes of this chapter the terms 'students', 'limited', 'supervision', and 'approved training programs'; and
- (6) With the advice and assistance of the Arkansas Respiratory Care Examining Committee, adopt rules and regulations for the issuance of licenses for respiratory care practitioners and put them into effect.

History. Acts 1969, No. 168, §§ 2, 6; A.S.A. 1947, §§ 72-1602, 72-1606; Acts 1987, No. 952, §§ 2, 4; 1995, No. 1094, § 2.

17-99-202. Medical Board - Meetings.

- (a) The board shall hold its regular meetings on the fourth Thursday in November and the fourth Thursday in June and shall have the power to call special meetings at such times as it deems necessary.
- (b) It may meet at such places as a majority may agree upon, consulting the convenience of the board and applicants for examination and certificates.

History. Acts 1969, No. 168, § 4; A.S.A. 1947, § 72-1604.

17-99-203. Arkansas State Respiratory Care Examining Committee.

- (a) There is created the Arkansas State Respiratory Care Examining Committee to assist the board in carrying out the provisions of this chapter.
- (b) The examining committee shall consist of five (5) members, appointed by the Governor for a term of three (3) years:
 - (1) One (1) member shall be a board certified anesthesiologist. The Governor shall appoint that member upon the advice and recommendation of the Arkansas State Medical Board;
 - (2) One (1) member shall be a member of the American College of Chest Physicians. The Governor shall appoint that member upon the

advice and recommendation of the Arkansas State Medical Board;

- (3) Three (3) members shall be licensed under this chapter. The Governor shall appoint those members upon the advice and recommendation of the Arkansas Society for Respiratory Care.
- (c) (1) The examining committee shall meet with the board at its regular meetings and assist in conducting all examinations and shall have the power to call special meetings at such times as it deems necessary.
- (2) A majority of the committee shall have the power to call a special meeting.

History. Acts 1969, No. 168, §§ 3, 5; A.S.A. 1947, §§ 72-1603, 72 1605; Acts 1987, No. 952, § 3; 1995, No. 1094, § 3.17-99 204.

17-99-204. Board responsibility for finances - Compensation for committee.

- (a) All fees and penalties provided for in this chapter shall be received by the Arkansas State Medical Board and shall be expended by them in furtherance of the purposes of this chapter and in accordance with the provisions of Sec. 17-95-305.
- (b) The members of the Arkansas State Respiratory Care Examining Committee shall receive as compensation for their services such sums as the board shall deem appropriate.
- (b) It shall not be lawful for the board or any member of the board, in any manner whatever, or for any purpose, to charge or obligate the State of Arkansas for the payment of any money whatever.

History. Acts 1969, No. 168, § 17; A.S.A. 1947, § 72-1617; Acts 1987, No. 952, § 15; 1997, No. 250, § 171.

17-99-205. Continuing education.

The board, in cooperation with the Arkansas Society for Respiratory Care, shall develop and implement rules and regulations for continuing education.

History. Acts 1969, No. 168, § 20, as added by Acts 1987, No. 952, § 16; 2001, No. 1049, § 1.

SUBCHAPTER 3 - LICENSING

17-99-301. License required - Exceptions.

- (a) It shall be unlawful for any person to practice respiratory care or to profess to be a respiratory care practitioner or to use any initials, letters, words, abbreviations, or insignia which indicate that he is a respiratory care practitioner, or to practice or to assume the duties incident to respiratory care without first obtaining from the board a license authorizing the person to practice respiratory care in this state.
- (b) (1) Nothing in this chapter shall be deemed to prohibit any person licensed under any act in this state from engaging in the practice for which he is licensed.
- (2)(A) A licensed physician or a licensed advanced practice nurse shall be exempt from the requirement of obtaining a license to practice respiratory care.
- (B) A licensed registered nurse or a licensed practical nurse qualified in and engaged in respiratory care under the supervision of a licensed physician or a licensed advanced

practice nurse within the terms of their collaborative agreement shall be exempt from the requirement of obtaining a license to practice respiratory care.

- (C) A licensed allied health practitioner who passes an examination that included content in one or more of the functions included in the definition of respiratory care in § 71-99-102 shall not be prohibited from performing such procedures as he or she was tested
- (3) Nothing in this chapter shall be construed to prohibit or to require a license hereunder with respect to:
 - (A) The rendering of services in case of an emergency; and
 - (B) The administration of oxygen or other resuscitation procedures to participants in or spectators at athletic events;
 - (C) Any person pursuing a course of study leading to a degree or certificate in respiratory care at an accredited or approved educational program by the Committee, if the activities and services constitute a part of the supervised course of study and the person is designated by a title which clearly indicates the student or trainee status;
 - (D) Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold himself out to be a respiratory care practitioner;
 - (E) The respiratory care practitioner who demonstrates advances in the art and techniques of respiratory care learned through formalized or specialized training;
 - (F) Any person working in the military service or federal health care facilities when functioning in the course of their assigned duties;
 - (G) Any person who has demonstrated his competency in one or more areas covered by this chapter who performs only those functions that he is qualified by examination to perform. The Committee and the Board shall have the authority to evaluate the standards of examinations and examining organizations and to reject qualification by inadequate examinations and examining organizations;
 - (H) Medically trained personnel employed in a designated critical access hospital licensed as such by the Department of Health.
 - (I) The practice of Respiratory Care, when done in connection with the practice of the religious principles or tenets of any well-recognized church or denomination which relies upon prayer or spiritual means of healing.

History. Acts 1969, No. 168, § 15; A.S.A. 1947, § 72-1615; Acts 1987, No. 952, § 13; 1995, No. 1094, § 4; 2001, No. 1049, § 3.

17-99-302. Qualifications and examination of applicants – Fees - Waiver.

- (a) The board shall register as a respiratory care practitioner and shall issue a license to:
 - (1) any person who satisfactorily passes the examination provided for in this chapter and who

otherwise meets the requirements for qualification contained herein and pays a fee not to exceed one hundred and fifty dollars (\$150.00);

- (2) any person who furnishes sufficient and satisfactory written evidence to the Board that the person has received registration and/or certification by the National Board for Respiratory Care, or successor organization, and who shall, at the time of his or her application, pay the Board a fee not to exceed one hundred and fifty dollars (\$150.00);
- (3) any person, whether or not he has passed the examination provided for in this chapter, who through a notarized affidavit, submitted to the Board by January 1, 1996, demonstrates that he, as of September 1, 1995, or within the three (3) year period prior to September 1, 1995, is or was providing respiratory care as defined in Arkansas Code 17-99-102, and who submits an application and a fee not to exceed one hundred and fifty dollars (\$150.00).
- (b) Each applicant must:
 - (1) Be at least eighteen (18) years of age;
 - (2) Be of good moral character;
 - (3) Have been awarded a high school diploma or its equivalent;
 - (4) Have satisfactorily completed training in a respiratory care program which has been approved by the Committee, to include adequate instruction in basic medical science, clinical science, and respiratory care theory and procedures; and
 - (5) Have passed a written examination approved by the board and the committee, unless exempted by other provisions of this chapter.
- (c) All examinations of applicants for a license to practice respiratory care shall be held in designated areas of the state at a time and place published by the testing board.
- (d) Applicants shall be given written examinations on the following subjects:
 - (1) Clinical data;
 - (2) Equipment; and
 - (3) Therapeutic procedures.
- (e) A fee not to exceed the sum of the prevailing rate set by the National Board for Respiratory Care or successor organization must accompany the application.
- (f)
 - (1) Any person, whether or not he or she has passed the examination provided for in this chapter, who through a notarized affidavit, submitted to the board by January 1, 2002, demonstrates that he or she has been engaged in the practice of respiratory care for at least two (2) years during the three (3) consecutive years prior to September 1, 2001 and who submits an application and a fee not to exceed one hundred fifty dollars (\$150.00).
 - (2) Any person licensed under this provision must complete the entry-level requirements for certification in respiratory care and must, no later than January 1, 2005, pass the examination provided for in this chapter.

History. Acts 1969, No. 168, §§ 7, 10; A.S.A. 1947, §§ 72-1607, 72-1610; Acts 1987, No. 952, §§ 5, 8; 1993, No. 1219, § 15; 1995, No. 1094, § 5; 2001, No. 1049, § 4

6.

17-99-303. Issuance and recording.

- (a) The board shall register as a respiratory care practitioner each applicant who provides evidence of his fitness for licensure under the terms of this chapter.
- (b) It shall issue to each person registered a license which shall be prima facie evidence of the right of the person to practice respiratory care, subject to the conditions and limitations of this chapter.
- (c) Proof of licensure must be made upon request.
- (d) Whenever the Board determines, for any reason, not to issue a license it shall enter an order denying the application. Whenever the Board determines, for any reason, to suspend, revoke, or refuse to renew a license, it shall enter an order taking that action. All review proceedings shall be governed by the Administrative Procedure Act, Arkansas Code 25-15-201, et seq.

History. Acts 1969, No. 168, § 8; A.S.A. 1947, § 72-1608; Acts 1987, No. 952, § 6; 1995, No. 1094, § 6.

17-99-304. Reciprocity.

- (a) A legally licensed practitioner who has been issued a license to practice respiratory care in another state or territory whose requirements for registration and licensure were, at the time of his registration or licensure, equal to the requirements contained in this chapter may be registered and issued a license by the board if the state or territory from which the applicant comes accords a similar privilege of registration and licensure to persons registered and licensed in the State of Arkansas by the board.
- (b) The issuance of the license by reciprocity by the board shall be at the sole discretion of the board, and the board may provide rules and regulations concerning such admission as it may deem necessary or desirable.

History. Acts 1969, No. 168, § 11; A.S.A. 1947, § 72-1611; Act 1987, No. 952, § 9.

17-99-305. Temporary permits.

- (a) In cases of emergency, the executive secretary of the board may issue a temporary permit without examination to practice respiratory care to persons who are not licensed in other states but who otherwise meet the qualifications for licensure set out in this chapter.
- (b) Such emergency temporary license shall expire at the date of the next Board meeting unless the Board ratifies or extends the action of the executive secretary.

History. Acts 1969, No. 168, § 9; A.S.A. 1947, § 72-1609; Acts 1987, No. 952, § 7; 1995, No. 1094, § 7.

17-99-306. Annual registration - Failure to re-register.

- (a) (1) A license or re-registration fee not to exceed fifty dollars (\$50.00) shall be paid to the board by each respiratory care practitioner who holds a license to practice respiratory care in the State of Arkansas.
- (2) The re-registration fee shall be paid before the birth month of the license holder beginning in 1998, and each year thereafter. During the implementation year of 1998, fees shall be prorated.

- (3) Failure to re-register and pay the fee by the last day of the birth month of the license holder shall cause the license of any person so failing to re-register to expire automatically.

- (b) (1) Any delinquent license of less than five (5) years may be reinstated by paying all delinquent fees and a penalty not to exceed fifty dollars (\$50.00) for each year or part of year it has been delinquent.
- (2) Any person who shall fail to re-register and pay the annual license fee for five (5) or more consecutive years shall be required to be reexamined by the board before the license may be reinstated.

History. Acts 1969, No. 168, § 12; A.S.A. 1947, § 72-1612; Acts 1987, No. 952, § 10; 1995, No. 1094, § 8; 1997, No. 313, § 3.

17-99-307. Denial, suspension, or revocation - Grounds.

The board, after due notice and hearing, may revoke, suspend or refuse to renew any license or permit or place on probation or otherwise reprimand a licensee or permit holder, or deny a license to an applicant who:

- (1) is habitually drunk or who is addicted to the use of narcotic drugs;
- (2) is, in the judgment of the board, guilty of immoral or unprofessional conduct;
- (3) has been convicted of any crime involving moral turpitude;
- (4) is guilty, in the judgment of the board, of gross negligence in his practice as a respiratory care practitioner;
- (5) has obtained, or attempted to obtain, registration by fraud or material misrepresentations;
- (6) has treated, or undertaken to treat, ailments of human beings other than by respiratory care and as authorized by this chapter, or who has undertaken to practice independent of the prescription and direction of a licensed physician; or
- (7) has been found to have violated any provisions of this chapter or rules and regulations of the Committee or Board.

History. Acts 1969, No. 168, § 13; A.S.A. 1947, § 72-1613; Acts 1987, No. 952, § 11; 1995, No. 1094, § 9.

17-99-308. Denial, suspension, or revocation - Procedure.

- (a) The procedure on all refusals, revocations, and suspensions of registration shall be prescribed by the Medical Practices Act, Sec. 17-95-201 et seq.
- (b) (1) Any person may file a complaint with the board against any person having a license to practice respiratory care in this state charging the person with having violated the provisions of Sec. 17-99-307.
- (2) The complaint shall set forth a specification of charges in sufficient detail so as to disclose to the accused fully and completely the alleged acts of misconduct for which he is charged.
- (3) When the complaint is filed, the secretary of the board shall mail a copy to the accused by registered mail at his last address of record, with a written notice of the time and place of hearing, advising him that he may represent in person and by counsel, if he so desires, to offer evidence and be heard in his defense.

- (c) (1) At the time and place fixed for a hearing before the board, the board shall receive evidence upon the subject matter under consideration and shall accord the person against whom charges are preferred a full and fair opportunity to be heard in his defense.
- (2) The board shall not be bound by strict or technical rules of evidence but shall consider all evidence fully and fairly. However, all oral testimony considered by the board must be under oath.
- (d) (1) Appeal may be had by either of the parties from the decision of the board as now provided by law.
- (2) All evidence considered by the board shall be reduced to writing and available for the purposes of appeal.
- (e) Nothing in this section shall be construed so as to deprive any person of his or her rights without full, fair, and impartial hearing.

History. Acts 1969, No. 168, §§ 13, 14; A.S.A. 1947, §§ 72-1613, 72-1614; Acts 1987, No. 952, § 12.

17-99-309. Out-of-state licenses.

- (a) A legally licensed practitioner who has been issued a license to practice respiratory care in another state or territory whose requirements for licensure were equal at the time of his licensure to the requirements contained in this chapter may be license by the Board, provided the state or territory from which the applicant comes accords a similar privilege of registration and licensure to persons licensed in the State of Arkansas by the Board.
- (b) The issuance of a license by reciprocity by the Board shall be a the sole discretion of the Board.

History. Acts 1995, No. 1094, § 10.

17-99-310. Medical Director - Powers and duties.

A qualified medical director shall:

- (1) be readily available to respiratory care practitioners employed by or providing services for the organization he directs; and
- (2) establish a policy that prohibits any person from ordering respiratory care for a patient except a physician who has medical responsibility for the patient.

History. Acts 1995, No. 1094, § 11.

17-94-101—17-94-113. [Repealed effective October 1, 1999.]

**REGULATION NO. 10
REGULATIONS GOVERNING THE
LICENSING AND PRACTICE OF
RESPIRATORY CARE PRACTITIONERS**

- 1. APPLICATION FOR LICENSURE. Any person who plans to practice as a licensed respiratory care practitioner (LRCP) in the state of Arkansas shall, in addition to demonstrating eligibility in accordance with the requirement of Arkansas Code Ann. 17-84-302 or 17-84-303, apply for licensure to the Board on forms and in such manner as the Board shall prescribe.
 - 1.1 FORMS. Application forms may be secured from the Arkansas State Medical Board.

- 2. EXAMINATION. All respiratory care practitioners shall be required to pass an examination for a license to practice the profession in Arkansas, except as otherwise stated in Arkansas Code Ann. 17-84-301. It is not the intent of the Board to examine for licensure as a respiratory care practitioner those individuals engaged solely in the practice of pulmonary function testing.
- 3. LICENSING. All respiratory care practitioners in the state of Arkansas must be licensed to practice, except as otherwise stated in Arkansas Code Ann. 17-84-301.
 - 3.1 BY EXAMINATION. The Board shall register as a respiratory care practitioner and shall issue a license to any person who satisfactorily passes the examination provided for in the Act and who otherwise meets the requirements for qualification contained herein and pays a fee as determined by the Board.
 - 3.2. BY WAIVER OF EXAMINATION. The Board shall waive the examination and grant a license as a licensed respiratory care practitioner (LRCP) to any person who meets the qualifications outlined in Arkansas Code Ann. 17-84-302.
 - 3.3 TEMPORARY LICENSE. The secretary of the Board may issue a temporary permit without examination to practice respiratory care to persons who are not licensed in other states but otherwise meet the qualifications for licensure set out in the Act. The temporary permit may be renewable at six (6) month intervals not to exceed a maximum of two (2) permits per applicant. *A temporary permit will be issued to respiratory care students based on the following criteria:
 - a. Students must be enrolled in an AMA approved Respiratory Care program as specified in Section 7.4, entering their last semester of technical training.
 - b. Students must submit a notarized copy of their current school transcript and a letter of recommendation that states the expected graduation date from their program director.
 - c. Students will practice limited respiratory care under the supervision of a licensed respiratory care practitioner, as specified in Section 7.2 & 7.3.
 - 3.4 RECIPROCITY. A licensed respiratory care practitioner who has been issued a license in another state or territory whose qualifications for licensure meet or exceed those prescribed in the Act shall be issued a license to practice respiratory care in the state of Arkansas upon payment of the prescribed fees if the state or territory from which the applicant comes accords a similar privilege of licensure to persons licensed in this state by the Board.
 - 3.5 RENEWAL. A license or re-registration fee of \$25.00 shall be paid to the Board by each respiratory care practitioner who holds a license to practice respiratory care in the state of Arkansas. Registration fee shall be paid by the last day of the birth month. The license of any person failing to re-register and pay said fee by the last day of the birth month shall expire automatically.
 - 3.6 REINSTATEMENT. Any delinquent license of less than five (5) years may be reinstated by paying all delinquent fees and a penalty of \$10.00 for each year or part of a year he has been delinquent. Any person who shall fail to re-register and pay the annual fee for

five (5) consecutive years shall be required to be re-examined by the Board, as per Rule 2, before his license may be reinstated.

3.7 REFUSAL, REVOCATION, AND/OR SUSPENSION OF LICENSE. The Board after due notice and hearing may deny or refuse to renew a license, or may suspend or revoke a license, of any licensee or applicant for licensure:

- (a) Who is habitually drunk or who is addicted to the use of narcotic drugs;
- (b) Who has been convicted of a violation of state or federal narcotic laws.
- (c) Who is, in the judgement of the Board, guilty of immoral or unprofessional conduct.
- (d) Who has been convicted of any crime involving moral turpitude;
- (e) Who is guilty, in the judgement of the Board, of gross negligence in his practice as a respiratory care practitioner.
- (f) Who has obtained or attempted to obtain registration by fraud or material misrepresentation;
- (g) Who has been declared insane by a court of competent jurisdiction and has not thereafter been lawfully declared sane;
- (h) Who has treated or undertaken to treat ailments to human beings other than by respiratory care and as authorized by this Act, or who has undertaken to practice independent of the prescription and direction of a licensed physician.

4. FEES. The fees are as follows:

Initial application for licensure by examination or by reciprocity: \$75.00

An applicant whose application is rejected shall be refunded all but \$25.00 of the paid application fee.

Application for temporary permit: \$35.00

Annual renewal: \$30.00

Reinstatement: All delinquent fees plus a penalty of \$10.00 per year for all years delinquent.

5. CONTINUING EDUCATION. All respiratory care practitioners licensed by the Board in the state of Arkansas must complete twelve (12) continuing education hourly units as a condition for renewal of a license. Each licensee will sign his renewal application verifying that he has completed said twelve hours and will maintain, for a period of three years, proof of the courses taken, should it be requested by the Board for audit purposes.

5.1 TYPES OF ACCEPTABLE CONTINUING EDUCATION.

The following categories of experience will be accepted for meeting the continuing education requirements:

- a. Courses completed in the techniques and application of respiratory therapy care provided through an approved respiratory care educational program.
- b. Participation in programs which provide for the awarding of continuing respiratory care education, continuing education units or equivalent credits which may be granted through national or state organizations such as the American Association of Respiratory Care, Arkansas Society for Respiratory Care, American Thoracic Society or the American College of

Chest Physicians, or their successor organizations.

- c. Instruction in programs as described in the preceding sections (a,b) provided such instruction is not related to one's employment responsibilities.
- d. Passage of the National Board for Respiratory Care credentialing or re-credentialing examinations for the entry level practitioner or the written or clinical simulation for advanced practitioners.
- e. Any activity completed within the 12 months prior to the issuance of the initial license.

5.3 DOCUMENTATION. All licensed practitioners shall submit documentation of completion of continuing education experiences on such forms as the Board shall supply, upon request by the Board. Acceptable documentation is as follows:

- a. Official transcripts documenting completion of respiratory care course work.
- b. A signed notarized certification by a program leader or instructor of the practitioner's attendance in a program by letter on letterhead of the sponsoring agency, certificate, or official continuing education transcript accompanied by a brochure, agenda, program, or other applicable information indicating the program content.
- c. A letter from a sponsoring institution on the agency's letterhead giving the name of the program, location, dates, subjects taught, and hours of instruction.
- d. A notarized copy of the official transcript indicating successful passage of the National Board of Respiratory Care credentialing or re-credentialing examinations for the entry level practitioner or the written or clinical simulation for advanced practitioners.

5.4 CONTINUING EDUCATION CREDIT. Continuing education credits will be awarded based on the following criteria:

- a. For completed applicable respiratory care course work, five (5) continuing education units will be awarded for each semester credit or hour successfully completed.
- b. For programs attended, continuing education units will be awarded as stated in the program literature or one (1) continuing education unit will be awarded for each hour of instruction.
- c. For instruction, three (3) continuing education units will be awarded for each clock hour of respiratory care instruction, signed by program director.
- d. For passage of the National Board for Respiratory Care credentialing or re-credentialing examinations for the entry level practitioner or the written or clinical simulation or advanced practitioner, six (6) continuing education units will be awarded.
- e. Any activity approved by the Arkansas Respiratory Care Examining Committee.

5.5 FAILURE TO COMPLETE THE CONTINUING EDUCATION REQUIREMENT. A practitioner who has failed to complete the requirements for continuing education as specified in Section 5:

- a. May be granted up to a three (3) month extension at which time all requirements must be met.

b. A practitioner may not receive another extension at the end of the new reporting period.

5.6 EXCESSIVE CONTINUING EDUCATION CREDITS.

Credits reported on the Board which exceed the required number as specified in Section 4.1 shall not be credited to the new reporting period.

5.7 HARDSHIP. The Board has considered hardship situation in formulating these sections.

5.8 The provisions of this Section (5-5.8) shall become effective January 1, 1989.

6. DEFINITIONS.

6.1 ACT DEFINED. The term Act as used in these rules shall mean Act 1094, the Arkansas Respiratory Care Act of 1995.

6.2 NATIONAL CREDENTIALS DEFINED. The National Board of Respiratory Care issues the credentials of C.R.T.T. (Certified Respiratory Therapy Technician) and R.R.T (Registered Respiratory Therapist). Persons holding these credentials meet the qualifications for licensure in the state of Arkansas until otherwise determined by the Board.

6.3 STATE CREDENTIALS DEFINED. Persons who have met the qualifications and obtained a license in the state of Arkansas shall be designated by the credentials of L.R.C.P. (Licensed Respiratory Care Practitioner).

7. OTHER DEFINITIONS.

7.1 STUDENT. A Person currently enrolled in an accredited, approved training program who is actively engaged in the clinical practice of respiratory care at the level of their clinical education.

7.2 LIMITED. The clinical practice of respiratory care shall be restricted to the level of current and progressive clinical training as provided by an accredited, approved training program in respiratory care. The definition applies to respiratory care students.

7.3 SUPERVISION. Supervision by a licensed respiratory care practitioner who is responsible for the functioning of the practitioner.

7.4 APPROVED TRAINING PROGRAM. Respiratory care programs approved by the Arkansas State Board of Higher Education or like organizations in other states.

8. Members of the Arkansas Respiratory Care Examining Committee will be paid the sum of \$35.00 per day per diem when they are meeting as a Committee.

History: History: Adopted May 25, 1988; Amended September 8, 1995, December 4, 1997; Revised March 5, 1999; *Revised February 4, 2000; Amended December 6, 2001; Amended October 6, 2005