



Office of Licensing & Records
 77 S. High Street, 16th Floor
 Columbus, OH 43215-6108
 (614) 752-9218 - Office
 (614) 728-8691 - Fax
 www.respiratorycare.ohio.gov

Limited Permit Renewal 2013

PLEASE CAREFULLY READ INSTRUCTION BELOW BEFORE YOU CONTINUE!

Incomplete or incorrect applications will be returned

1 YOUR INFORMATION ON RECORD

CORRECTED INFORMATION (Please print or type)

Full Name (First, Middle and Last Name)

Street Address (Number and street or rural route)

City, State and Zip Code

PHONE NUMBER REQUIRED:

County of Residence

Home _____ Work _____

EMAIL ADDRESS:

2 SOCIAL SECURITY NUMBER * (last four digits)

* Your Social Security Number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4761.031, and/or as otherwise required by state and federal law.

By providing the last four digits of your Social Security Number on this application and signing this application, you are confirming that this information matches the Social Security Number you submitted on your original application for a Respiratory Care Professional license.

3 EMPLOYER INFORMATION ON RECORD

If section below is blank, update changes to the right. If unemployed, write "UNEMPLOYED".

CORRECTED INFORMATION (Please print or type)

Employer Name

Street Address (Number and street or rural route)

City, State and Zip Code

4 CERTIFICATION OF ENROLLMENT - See reverse for instructions.

Complete this section if your license number is a type "L1-STU" permit (See above).

I certify the individual whose name appears in Section 1 of this application is enrolled in the respiratory education program and is in good standing at:

Name of School (Please print or type):

Program Director's Name (Please print or type)

PROGRAM DIRECTOR'S SIGNATURE REQUIRED.

Date:

5 CERTIFICATION OF SUPERVISION - See reverse for instructions.

All permit types must complete this section.

I certify the individual whose name appears in SECTION 1 will be supervised by the following individual in accordance with all applicable laws & rules governing the practice of respiratory care in the State of Ohio.

Name of Employing Organization (Please print or type):

Name and license no. of supervisor (Please print or type):

Name:

License No.

DIRECTOR OF RESPIRATORY THERAPY DEPT. SIGNATURE REQUIRED.

Date:

6 GRADUATION FROM RESP. CARE PROGRAM

Complete this section if your license number is a type "L1-STU" permit.

By initialing "Yes" in this section, you are certifying that you have graduated from an approved respiratory care program and that you still qualify to hold a limited permit. See reverse for terms of eligibility. You are required to attach an OFFICIAL FINAL TRANSCRIPT or cause an OFFICIAL FINAL TRANSCRIPT to be sent to the Board.

Initial One

YES NO

Initial

Initial

7 CRIMINAL CONVICTIONS

If "YES," Certified Copy of Judgment Entry Required - See reverse for instructions.

Since your last limited permit renewal date in 2012 or since your initial permit issuance date, if issued an original limited permit after January 1, 2012, have you been convicted of any felony or misdemeanor offenses in any state or jurisdiction, or are you under court order for intervention in lieu of a conviction?

Initial One

YES NO

Initial

Initial

PROCEED TO REVERSE PAGE AND COMPLETE.

Section 4: Certification of Enrollment.

Complete this section only if your permit type is L1-STU and you are currently enrolled in a Board approved respiratory care program

Your program director or appointed designee must complete and sign this section.

Section 5: Certification of Supervision.

This section must be completed by all permit holders and signed by your department director.

Section 6: Graduation from a Respiratory Care Program. If you have graduated, read eligibility conditions above. If eligible, **submit a final "Official" transcript from your institution** along with this application. Your transcript must indicate the type of degree you were awarded and the date conferred. Transcripts stamped "Student Copy" or "Issued to Student" will not be accepted.

Section 7: Criminal Conviction.

All permit holders must complete this section. If you answered "yes", submit a certified copy in the Court's journal entry of your conviction(s). You may obtain this from the Clerk of Court's office of the jurisdiction in which you were convicted. You need not report speeding or parking tickets. Please direct any questions you may have regarding convictions to the Enforcement & Compliance Unit at 1(800) 338-9888 (Ohio residents only) or write to: Respiratory Care Board, Attn: Enforcement & Compliance Unit, 77 S. High Street, 16th Floor, Columbus, Ohio 43266-07.

Section 8: Respiratory Care Continuing Education (RCCE)

Complete this section only if your permit type is L1-EMPL or L2-EMPL.

An applicant for renewal of a limited permit shall complete **ten contact hours** of relevant RCCE every year, beginning with the limited permit renewal date and ending on the limited permit expiration date, unless a waiver is granted under paragraph (G)(2) rule OAC 4761-9-02. RCCE earned must include the following content requirement:

(a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and

(b) At least seven of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and

(c) The remaining two contact hours may include indirectly related content, including, but not limited to activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

Section 9: Affidavit of Name Change

Section 9 is for a name change only! This section must be signed in front of a Notary Public. When bringing this form to a Notary Public, you must present a certified record documenting your name change. The following are acceptable forms of documentation:

- 1) Certified marriage certificate/abstract, 2) Certified divorce/dissolution decree, 3) Certified court record indicating name change, or 4) Certified documentation from another state/country consistent with the laws of that jurisdiction reflecting the name change.

Attach copy of document presented to renewal form!

Section 10: Payment Method.

Payment of fees must be made in the form of a check or money order, **DO NOT SEND CASH.** Make your check or money order payable to the: **Treasurer, State of Ohio**

Section 11: Signature and Date

By signing and dating this form, you are affirming the accuracy and truthfulness of the information contained herein. In addition, you are authorizing your employer, educational institution or law enforcement agencies to release to the Board any information necessary to process this application. Last, you agree to permit the Board access to your information in accordance with OAC 4761-13-05(D) (2) (d) (ii).

| Permit Type | Renewal Fees | |
|--------------------------|---------------------------------------|--------------------------------|
| | Postmarked On or Before June 30, 2013 | Postmarked After June 30, 2013 |
| L1-STU or L1-GRAD | \$10.00 | \$15.00 |
| L2-EMPL or L1-EMPL | \$50.00 | \$75.00 |

Note: Renewal fees are non-refundable