



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

# Respiratory Care Professional 2014 License Renewal

**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:**

Home \_\_\_\_\_ Work \_\_\_\_\_

County of Residence

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 CRIMINAL CONVICTIONS**

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

Since your last license renewal date in 2012 or since your initial licensure date, if issued an original license 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

**5 RESPIRATORY CARE CONTINUING EDUCATION (see below)**

Complete this section (See reverse for instructions)

Pursuant to OAC rule 4761-8-01 and OAC rule 4761-9-02, you are required to complete twenty contact hours of continuing education to renew this license, unless you meet an authorized waiver. (See instructions: Section 5) Have you completed your entire continuing education requirements in compliance with OAC 4761-9-02? If "NO", you must complete all required number of contact hours of RCCE on or before June 30, 2014.

Initial One

YES NO

Initial

Initial

**6 PRACTICE QUESTIONS**

Since your last renewal, have you:

Initial One

YES YES

A. Been denied a license to practice respiratory therapy or another healthcare profession by any state or U.S. territory (excluding license denials made by the Ohio Respiratory Care Board)?	Yes	No
B. Been disciplined in any state or U.S. territory you currently hold or have ever held a license to practice respiratory care or another healthcare profession (excluding disciplinary actions taken by the Ohio Respiratory Care Board)?	Yes	No
C. Surrendered a license to practice respiratory care or another healthcare profession in any state or U.S. territory (excluding the Ohio Respiratory Care Board), in lieu of an administrative proceeding before the regulatory authority?	Yes	No
D. Used drugs, narcotics, or alcohol to the extent that it impairs your ability to practice respiratory care?	Yes	No
E. Been revoked, suspended, restricted, or had your clinical privileges terminated by the United States Department of Defense or the United States Department of Veterans Affairs?	Yes	No
F. Please list all states in which you currently hold or have ever held a license (list one state per box) :		

**7 AFFIDAVIT OF NAME CHANGE - NOTARY PUBLIC REQUIRED**  
**(See instructions below) – attach copy of presented document**

Any applicant who knowingly makes a false statement on this form is guilty of a misdemeanor of the first degree under Section 2921.13 of the Ohio Revised Code.

\_\_\_\_\_ (Print Name) being duly sworn states that he/she is the person referred to in Section 1 of this form and is the person named in the original license/limited permit issued to him/her and has presented a qualifying document (see below) to affirm his/her new identification.

Certified record presented:

- Marriage certificate/abstract    Divorce decree    Court record indicating name change    Documentation from another state/country consistent with the laws of that jurisdiction.

SEAL

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

**8 PAYMENT METHOD**

Enclose a personal check or money order, made payable to:  
**Treasurer, State of Ohio**

Personal check    Money order   **AMT ENCLOSED \$** \_\_\_\_\_ .00

Nonrefundable Fees:   Respiratory Care Professional ----- \$100.00  
Late fee after June 30, 2014 ----- \$50.00

After June 30, 2014, you must include a late penalty = 1/2 the renewal fee. See below for late payment fee schedule.

The Ohio Respiratory Care Board encourages licensees to check postal date stamps and not assume a postmark has been properly date stamped unless personally observed. Your application and fee must be postmarked no later than June 15, 2014 to assure timely processing. Applications postmarked and received after June 30, 2014 will be handled on a first come/first served basis and the form must include both the renewal fee and late fee.

**Note: Renewal fees are non-refundable**

**9 APPLICANT CERTIFICATION**

Under penalty of perjury, I declare and affirm that the statements made in this renewal application, including accompanying statements, documents and/or transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial and/or disciplinary action. Furthermore, I authorize all my employers, educational institutions and law enforcement agencies to release to the Board any and all information in connection with the processing of my renewal application. I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4761-13-05(D)(2)(d)(ii).

**SIGNATURE OF APPLICANT**

► \_\_\_\_\_ Date:

**FOR BOARD USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Received	Check/Money Order No.	Audit No.
	Check/Money Order Amount	Batch No.
	RCO No.	Incomplete Notice Sent

**Purpose.** Complete this form if you would like to renew your Respiratory Care Professional license to practice respiratory care in the State of Ohio.

**Instructions**

Complete the entire form in **blue or black** ink. Incomplete applications may be returned and delay the processing of your application. Enclose a check or money order for the appropriate renewal fee and return in the enclosed envelope.

**Your application and fee must be postmarked no later than June 15, 2014 to assure timely processing.** Mail your application and fee in the enclosed envelope. **Applications postmarked after June 30, 2014 will be assessed a late fee.** The Board assumes no responsibility for lost, late, delayed, torn, separated, misdirected mail or illegible and incomplete applications.

**Section 1: Your Information.**

This is the official name and address appearing on the State's licensure system. If your information has changed or it is incorrect, please report any corrections in the space provided.

**Note: If your name has changed due to marriage or divorce, please submit a copy of your marriage license, divorce decree, or other document and complete Section 6 personal affidavit.**

**Sections 2: Social Security Number**

Pursuant to 42 U.S.C. Sec. 1320a-7e(b), 5 U.S.C. Sec. 552a, 45 C.F.R. pt. 61 and Ohio Revised Code Sec. 2301.373(E), the Board is required to collect this

information from all license holders for identification of obligors under child support orders and to report disciplinary action(s) to the Federal Department of Health & Human Services' Healthcare Integrity & Protection Data Bank. **Your signature on this form affirms that you have been advised of these reporting requirements and the Board's use of this information for these purposes.**

**Section 3: Employer Information.**

If your employer information has changed or is incorrect, please report any corrections in the space provided. If section is blank, report changes or, if not employed, state "NOT EMPLOYED" on address line.

**Section 4: Criminal Conviction.**

All license holders must complete this section. If you answered "yes", submit a certified copy of the

Court's journal entry of your conviction(s). You may obtain this from the Clerk of Court's office in 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, 16<sup>th</sup> Floor, Columbus, Ohio 43266-07.

**Section 5: Respiratory Care Continuing Education (RCCE)**

You are only required to answer this question. You are not required to mail proof of continuing education unless selected by random audit or specifically asked by the Board.

An applicant for renewal of a Respiratory Care Professional license shall complete **twenty contact hours** of relevant RCCE each renewal period, unless a waiver is granted or an exception to the number of hours applies 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 fifteen 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 four 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.

Waiver of RCCE requirements.

- (1) A first time license holder in the state of Ohio who has been licensed for more than six months, but less than one year from the license expiration date must complete at least one half of the RCCE requirements listed in paragraph (C)(1) of this rule, including one contact hour on Ohio respiratory care law or professional ethics. First time license holders who have held a license for less than six months from the biennial license expiration date will not be required to complete the RCCE requirements for the current term of collection, but will have to complete the RCCE requirements for the following biennial renewal period.
- (2) At the time of filing an application for license or limited permit renewal, a request to waive the RCCE requirements may be filed. The board may grant a waiver only if the one of the following is verified in writing:
- (a) The applicant has been absent from Ohio for more than one half of the term of collection for the authorization type held due to military service;

- (b) The applicant has been prevented from completing the RCCE requirement due to documented proof of a medical disability for more than one-half of the term of collection for the authorization type held.

**Section 6: Practice Questions**

Answer each question by initialing the Yes/No box.

**Section 7: Affidavit of Name Change**

Section 6 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 8: 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**.

License Type	Renewal Fees	
	Postmarked On or Before June 30, 2014	Postmarked After June 30, 2014
RCP	\$100.00	\$150.00

***Note: Renewal fees are non-refundable***

**Section 9: 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).