

Regular Mailing Address

State Board of Medicine
 State Board of Osteopathic Medicine
 P.O. Box 2649
 Harrisburg, PA 17105-2649

Courier Delivery Address

State Board of Medicine
 State Board of Osteopathic Medicine
 2601 North Third Street
 Harrisburg, PA 17110

Medical Board 717-787-2381 st-medicine@state.pa.us
 Osteopathic Board 717-783-4858 st-osteopathic@state.pa.us

APPLICATION FOR LICENSURE AS A RESPIRATORY THERAPIST

This application can be used for licensure under the State Board of Medicine or State Board of Osteopathic Medicine. You must choose under which Board you wish to be licensed. Licensure by either Board permits you to provide respiratory therapist services by direction of either a medical doctor or doctor of osteopathic medicine.

If documents will be submitted to the Board under a name different than your present name, submit a copy of the legal document evidencing the name change. (i.e., marriage license, divorce decree, naturalization, etc.)

INSTRUCTIONS FOR APPLICANTS WHO HOLD NBRC CERTIFICATION:

- The total fee required is \$30. Check/money orders should be made payable to the Commonwealth of PA.

PLEASE NOTE: If the application process has not been completed **within six months**, updates of certain sections will be required. If the application process has not been completed **within one year** from the date it was received, applicants will also be required to submit an updated application and **another application processing fee.**

- Complete the Verification of Education (Page 3) and send to the respiratory therapist program where you graduated. **The program must send the completed form directly to the Board in a sealed official school envelope.**
- Contact the NBRC at 18000 West 105th Street, Olathe, KS 66061 or by phone at (913) 895-4900 and arrange for your "credential verification" to be sent directly to the Board in an official envelope.
- Request letters of good standing from every state licensing Board where you have ever held a license/certificate to practice respiratory services. The letter must include the following: license issue and expiration date, license status (current or expired), and disciplinary standing. **The letters of good standing must be sent directly to the Pennsylvania Board from each State Board office in an official Board envelope.**
- Attach a curriculum vitae listing all periods of employment or unemployment (i.e, child rearing, research, etc.) from graduation from the respiratory care program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
- Provide an official notification of information (Self Query) from the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank. To obtain information (self-query) from the NPDB-HIPDB, please visit www.npdb-hipdb.com, scroll to the right side of the home page, and click perform a self-query. When you receive the "Response to your Request for Information Disclosure" forward BOTH reports directly to the Board Office. (Verify that "Response" is sent to the Board and not discrepancy letter.) The original reports must be submitted. You may make a copy for your records.

TEMPORARY PERMIT APPLICANTS

INFORMATION:

- The total fee required for a temporary permit and licensure is \$60. Check/money orders should be made payable to the Commonwealth of PA.

PLEASE NOTE: If the application process has not been completed **within six months**, updates of certain sections will be required. If the application process has not been completed **within one year** from the date it was received, applicants will also be required to submit an updated application and **another application processing fee**.

- Temporary permits will expire within 12 months of issuance or upon failure of the NBRC exam, whichever occurs first.
- The respiratory examination application can be downloaded or filed online through the NBRC's website at www.nbrc.org.

THE FOLLOWING APPLICANT'S ARE ELIGIBLE FOR A TEMPORARY PERMIT.

Instructions are listed under each eligibility method.

Graduate of a CoARC accredited respiratory therapist program and waiting to take or waiting for the results of the NBRC's CRTT Exam

- Complete the Verification of Education (Page 3) and send to the respiratory therapist program where you graduated. **The program must send the completed form directly to the Board office in an official school envelope.**
- Contact the NBRC at 18000 West 105th Street, Olathe, KS 66061 or by phone at (913) 895-4900 and arrange for your "credential verification" to be sent directly to the Board in an official envelope.
- Request letters of good standing from every state licensing Board where you have ever held a license/certificate to practice respiratory services. The letter must include the following: license issue and expiration date, license status (current or expired), and disciplinary standing. **The letters of good standing must be sent directly to the Pennsylvania Board from each State Board office in an official Board envelope.**
- Attach a curriculum vitae listing all periods of employment or unemployment (i.e, child rearing, research, etc.) from graduation from the respiratory care program to date. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

Expected to graduate within 30 days from a CoARC accredited respiratory therapist program and scheduled to take the next CRTT exam given by the NBRC

- Complete the Verification of Education (Page 3) and send to the respiratory therapist program where you will graduate. **The program must send the completed form directly to the Board office in an official school envelope.** The form may not be completed and submitted more than 30 days prior to graduation.
- After taking the exam, contact the NBRC at 18000 West 105th Street, Olathe, KS 66061 or by phone at (913) 895-4900 and arrange for your "credential verification" to be sent directly to the Board in an official envelope. When the Board receives this verification, your temporary permit will automatically be transferred to a licensure.

Grandfather Clause for providing respiratory services for at least 12 consecutive months immediately preceding December 28, 1993

- The Department Head/Employer must complete and sign the Affidavit of Employment (Page 4). Attach a copy of your current job description with this employer.
- If determined to be eligible, you will be issued a temporary permit. **UPON RECEIPT OF THE TEMPORARY PERMIT, YOU MUST APPLY TO SIT FOR THE NEXT AVAILABLE NBRC EXAM.** An application for examination can be obtain from the NBRC at www.nbrc.org.
- After taking the exam, contact the NBRC at 18000 105th Street, Olathe, KS 66061 or by phone at (913) 895-4900 and arrange for your “credential verification” to be sent directly to the Board in an official envelope. When the Board receives this verification, your temporary permit will automatically be transferred to a license.

STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. Box 2649
Harrisburg, PA 17105-2649

APPLICATION FOR LICENSURE AS A RESPIRATORY THERAPIST

Check the Board under which you are applying to be licensed.

- State Board of Medicine
- State Board of Osteopathic Medicine

- Check to indicate that you desire a temporary permit (Temporary permits are only available to new graduates or grandfather applicants). **A temporary permit is valid for 1 year from date of issuance or upon failure of the examination, whichever occurs first.**

FEE: Temporary permit and licensure-attach a \$60 fee. **Licensure without a temporary permit**-attach a \$30 fee. Check/money orders should be made payable to the Commonwealth of PA. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason of non-payment.**

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET

CITY STATE ZIP CODE

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____

If supporting documents are listed under another name or names, list below:

NAME AND ADDRESS OF RESPIRATORY THERAPY SCHOOL _____

DATE OF GRADUATION _____

If you answer **"YES"** to questions 2-6, you must provide complete details on a separate 8 1/2 x 11 sheet as well as certified copies of relevant documents.

	YES	NO
1) Do you hold or have you ever held licensure, registration, or certification (active or inactive, current or expired) to practice in any other jurisdiction? <u>If yes, list the jurisdiction(s) below.</u>		
2) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		
3) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		
4) Have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?		
5) Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility?		
6) Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Impaired Professional Program.)		

VERIFICATION

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine/State Board of Osteopathic Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of the certificate.

SIGNATURE OF APPLICANT

DATE

Regular Mailing Address

State Board of Medicine
State Board of Osteopathic Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address

State Board of Medicine
State Board of Osteopathic Medicine
2601 North Third Street
Harrisburg, PA 17110

AFFIDAVIT OF EMPLOYMENT FOR GRANDFATHER APPLICANTS

SECTION 1 – Applicant – Complete Section 1 and attach a current job description.

NAME: _____

ADDRESS: _____

EMPLOYED BY: _____

ADDRESS: _____

DATES OF EMPLOYMENT: From _____ To _____

SECTION 2 –Supervisor – Complete Section 2.

I certify that _____ has provided respiratory services for at
Name of Applicant
least 12 consecutive months immediately preceding December 28, 1993. I further certify the dates of services
as a respiratory therapist for the above individual are:

From _____

To _____

Signature

Date

Title