INSTRUCTIONS AND CHECKLIST
APPLICATION FOR RESPIRATORY THERAPIST

Carefully read the following instructions for completing the respiratory therapist license application.

Complete applications must include the following documents:

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

☐ Completed application form with a 2x2 passport style color photo and notary signature.

☐ Submission of the Criminal Offender Record Information Request Form (CORI).

☐ Official transcripts in signed, sealed envelopes for your respiratory care program and any other post-secondary programs/degrees. When requesting official transcripts, please inform each school’s registrar that the transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format. Transcripts may be sent directly to the Board by the institutions.

☐ National Board of Respiratory Care (NBRC) documentation of certification is required. The verification must be sent directly to the Board; email, online and other verifications are not acceptable.
You must have obtained a passing score on NBRC’s CCRT examination.

☐ Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have ever held any professional license or board certification. Verifications must be sent directly to the Board by the state or other jurisdiction.

NOTE: If verifications have been previously submitted with an application for a limited permit, they do not need to be submitted again if they were issued within the past 12 months.

☐ If you hold, or have ever held, a professional license, you must request and submit a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query. To request a Self-Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or at www.npdb-hipdb.com. Include the original report with this application; make a copy for your records.

NOTE A: If you do NOT hold and have never held a professional licenses in any other state, you do not need to submit a National Practitioner Data Bank self-query.

NOTE B: If a National Practitioner Data Bank self-query was submitted with an application for a limited permit, it does not need to be submitted with an application for full licensure if it was certified and sent within the past twelve months.

☐ Check or money order payable to the Commonwealth of Massachusetts for $260.00. Cash or foreign currency is not accepted.
 Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. Applications are void if requirements for a respiratory therapy license are not met within one (1) year from the date of Board receipt of this application. All fees are non-refundable and non-transferable.

Application must be submitted on single-sided paper.

Retain a copy of the completed application for licensure and related documents for your records.

**IMPORTANT INFORMATION**

Respiratory care applicant/licensee must notify the Board in writing of any changes in the applicant's/licensee's information within thirty (30) days of their occurrence, including but not limited to any change of address and any name change.

An application is no longer valid if requirements for respiratory care licensure are not met within one (1) year from the date of Board receipt. All fees are non-refundable and non-transferable.

The address printed on your license is a **PUBLIC RECORD** that is available to anyone who requests it. Address changes may be done online at the Board’s website www.mass.gov/dph/boards or you may obtain a form online to submit to the Board’s office.

*Failure to update your address may result in failure to receive a license renewal application and expiration of your license.*

The address of record is where the Board mails your license and any correspondence.

Retain a copy the completed application for licensure and all related documents for your records. Employers may require that you provide them with a copy.

Answers to many questions may be respiratory care licensure may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168.
1. APPLICANT NAME: ________________________________________________________________________
   Last    First        Middle
   a. Limited Permit Number (if applicable) _______________________________________________________
   b. MAIDEN/OTHER NAME: _____________________________________________________________________
      (if applicable) Last                                   First                                   Middle

2. ADDRESS OF RECORD: _______________________________________________________________________
   No.                  Street            Apt. #
   City/Town                                  State                                                    Zip Code

3. MOST RECENT PREVIOUS ADDRESS: _______________________________________________________________________
   (Different to Address of Record) No.                           Street                  Apt. #
   City/Town                                  State                                                     Zip Code

4. TELEPHONE NUMBER(S) Day: ______________ Evening: ____________  Cell: ___________________

5. _______/_______/______ Date of Birth (mm/dd/yyyy) _____________________________
   Place of Birth (city/state/country)
   HEIGHT: _____ Feet _____ Inches   WEIGHT: ______ Lbs.   EYE COLOR:_____________________
   Sex: M    F (Circle One)        MOTHER’S MAIDEN NAME: _______________________________________
   Email: ________________________________________________________________________________

6. SOCIAL SECURITY NUMBER (SSN) (disclosure is mandatory): ________/_____/____
   Pursuant to G.L. c. 62C, s. 47A, the Division of Health Professions Licensure is required to obtain your
   SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use
   your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A)
   and child support laws (G.L. c. 119A, s.16).

FOR BOARD USE ONLY

Application Number: ____________________ Receipt Number: ____________________
License Number  RT__________________ Limited Permit Number: RL__________________

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7. RESPIRATORY CARE ACCREDITED DEGREE PROGRAM: ____________________________________________

Program Educational Institution

No. Street City State Zip Code

Degree Awarded: __________________ Date Degree Awarded: __/__/____
(mm/dd/yyyy)

Applicant must arrange for an official transcript to be mailed directly to the Board by the degree-awarding institution in a signed, sealed envelope.

8. OTHER POST-SECONDARY EDUCATION: ____________________________________________________

Name of Institution

No. Street City State Zip Code

Degree Awarded: __________________ Date Degree Awarded: __/__/____
(mm/dd/yyyy)

Applicant must arrange for all official transcripts of other post-secondary education to be mailed directly to the Board by the degree-awarding institution.

9. OTHER POST-SECONDARY EDUCATION: ____________________________________________________

Name of Institution

No. Street City State Zip Code

Degree Awarded: __________________ Date Degree Awarded: __/__/____
(mm/dd/yyyy)

Applicant must arrange for all official transcripts of other post-secondary education to be mailed directly to the Board by the degree-awarding institution.

10. Certification: Are you credentialed by the National Board for Respiratory Care (NBRC)?

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<th>Yes □</th>
<th>No □</th>
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<td>RRT</td>
<td>Yes □</td>
<td>No □</td>
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Arrange for official NBRC Verification of Credentials to be sent directly to the Board from NBRC in a signed, sealed envelope.
VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS

11. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS.

☐ I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD ANY PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

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<tr>
<th>Issuing State/Jurisdiction</th>
<th>Profession</th>
<th>License/Certification Number</th>
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Applicants must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board in a signed, sealed envelope.

QUESTIONS

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.

12. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?
   Yes ☐ No ☐

13. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?
   Yes ☐ No ☐

14. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?
   Yes ☐ No ☐

15. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?
   Yes ☐ No ☐

16. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of $250 or less was imposed.
   Yes ☐ No ☐

17. Have you ever been court martialed or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?
   Yes ☐ No ☐
RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Respiratory Care any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Respiratory Care to release information contained in this application in association with its processing.

AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a respiratory therapist, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed respiratory therapist in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a respiratory therapist shall be deemed no longer valid if requirements for full licensure as a respiratory therapist are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Respiratory Care to deny issuance of a license; to suspend or revoke a license issued to me; and to deny renewal of a license issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE _______________________________ DATE ________________

PRINT NAME _______________________________________

NOTARY NAME: ______________________________

COMMISSION EXPIRES: ________________________          [Seal]

INCLUDE A NONREFUNDABLE FEE OF $260.00 (CHECK OR MONEY ORDER) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

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