

NEW LICENSE APPLICATION BOARD OF RESPIRATORY CARE

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174, Monday through Friday, 8:15 AM to 4:30PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SE	CTION 1. REQUESTED LICENSE TYPE/FEES (includes	non-refundable	application fee	- see instru	ctions)	
	RC – Respiratory Care Practitioner by Endorsement RC – Respiratory Care Practitioner by Examination Criminal Background Check-Call L-1 Enrollment at1-877-783-4187/ Duplicate Licenses (limit 5) X \$34.00 =		Make check or money order payable to DC Treasurer. MAIL TO: DC Board of Respiratory Care P.O. Box 37802 Washington, D.C. 20013			
То	tal Enclosed	\$00	HPLA ONLY Check \$ Check # Staff			
			\$00			
SE	CTION 2. APPLICANT NAME/DEMOGRAPHIC INFORM	ATION				
Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.						
M M D D Y Y Y Y						
Male Female PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth. Please check the correct box.						
SE	CTION 3. SUPPORTING DOCUMENTS REQUIRED			_	_	
Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Respiratory Care. Keep a photocopy of all supporting documents for your records.						
A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.					
В.	If applying by Endorsement or Examination: Official transcript (with seal) showing successful completion of and educational course in respiratory care from an approve institution. May be sent directly from the school, but is preferred that it accompany the application in a sealed envelope.					
C.	If applying by Endorsement or Examination: Certified examination results from the National Board for Respiratory Care, Inc. The National Board for Respiratory Care, Inc. can be reached at 913-599-4200.					
D.	If licensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where the applicant is or was licensed to practice respiratory care.					
E.	Copies of legal documents supporting all name changes.			YES NO		

Revised: 11/28/2012

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Section 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)
Section 5A. HOME ADDRESS
Even if you have a PO Box, a street address should also be provided, if applicable.
APARTMENT SUITE FLOOR PO BOX NUMBER
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4 EMAIL ADDRESS
HOME PHONE NUMBER HOME FAX NUMBER
Section 5B. BUSINESS ADDRESS
Please note: This information will be made available to the public.
COMPANY NAME APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
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Section 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.
☐ HOME ☐ BUSINESS

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Section 6A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

Section 6B. PROFESSIONAL WORK EXPERIENCE

List all experience since graduation from college, university and professional school, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

* TYPE OF POSITION KEY

- A. Employment
- B. Private Practice
- C. Clinical Rotations
- D. Instructor
- E. Other (specify on separate sheet of paper)

Section 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from original and current jurisdictions (if different).

Jurisdiction	Date License Was First Obtained	License Number
	1	

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SE	ECTION 7. QUESTIONS - Applicants MUST answer all of the following questions.					
	lease answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions below, you must provide full information and complete details on a separate sheet of paper, including c					
rel	elevant court documents, and attach to this application.					
	Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement. Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.					
	As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of art following: Yes No		YES NO			
Α.	1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrativ	e Act of 1985);				
	2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 19	94);				
	3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 198.	5);				
	4. Past due taxes;					
	5. Past due District of Columbia Water and Sewer Authority service fees; or					
	6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?					
	The information presented above is in compliance with the requirement to submit with your application for licensure or perm Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2)					
В.	Have you ever been convicted or arrested of a crime or misdemeanor (other than minor traffic violations)?	YES NO				
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to come Section 6C of this form.)	plete YES NO				
D.	. Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES NO				
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while uninvestigation?	YES NO				
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES NO				
G.	. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES NO				
Н.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES NO				
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession?(2) Has any authority or peer review board taken adverse action against your license or privileges?(3) Are you currently under investigation or were you investigated by any authority or peer review board for any viola of state, federal, or local law?	tion YES NO YES NO YES NO				
	(4) Has any authority or peer review board informed you of any pending charges(s) or investigation?	YES NO				
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES NO				
SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE						
be	hereby attest that the information given in this application, including all writings and exhibits attached he est of my knowledge. I understand that the making of a false statement on this application, inc ttached hereto, is punishable by criminal penalties.					
_	LICENSEE SIGNATURE NAME (Please Print) DA	TE				

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To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.