



# NORTH CAROLINA RESPIRATORY CARE BOARD

1100 Navaho Drive, Suite 242  
Raleigh, NC 27609

## APPLICATION FOR LICENSURE INSTRUCTIONS

### SECTION A - PERSONAL INFORMATION

Fill in all blanks. Include your email address if you wish to be added to the Board email list to receive newsletters and updates by email. Check the appropriate boxes for Moral Character. Attach a recent photo, 2 inches by 2 inches (Passport Type Only). The photo should be in color on glossy film.

### SECTION B - LICENSE APPLICATION CATEGORY

Check the appropriate box. You should check Initial Licensure if you are credentialed as a CRT and/or RRT by the NBRC.

You should check Provisional Licensure if you have recently graduated or will graduate in the near future from an approved Respiratory Care Program. Provisional License holders must work under direct supervision of a licensed RCP. Provisional Licenses expire one (1) year from date of issuance in which time the Licensee must pass the CRT exam administered by the NBRC. The Provisional Licensee should apply for a Change in Status to Active Licensure status within 30 days of passage of the CRT exam.

You should check Licensure by Reciprocity if you hold a license to practice Respiratory Care in another jurisdiction but are not credentialed by the NBRC as a CRT and/or RRT.

You should check Temporary Licensure if you are only going to practice Respiratory Care in North Carolina for a period less than 90 days. You must attach a copy of your Respiratory Care Program diploma/degree, a copy of your CRT and/or RRT certification from the NBRC and copies of licensure certifications or cards from each state in which you are licensed. Each copy must be notarized as being "A copy of the original". You must also request official verification, at the time of application, for these items as noted in Section C, Section D and Section E to complete your file. You may request a Change in Status from Temporary to Active at any time before the expiration date of your Temporary License by completing the form "Application for Change in Status".

### SECTION C – EDUCATION

You must request an official transcript from the Respiratory Care Program from which you graduated. The transcript should be sent to the Board from the institute and bear its seal.

You must submit a copy (Front and Back) of your current BLS / CPR certification from the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer). You must maintain certification to practice Respiratory Care in North Carolina.



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## SECTION D - EXAMINATION

If you have CRT and/or RRT credentials you must send the completed form (Attachment 1) "REQUEST FOR VERIFICATION OF CREDENTIALS" to the NBRC or request the verification online. The NBRC will send a verification letter directly to the Board. This usually takes 1 to 2 weeks to receive from the NBRC. Ordering the verification online will decrease the time required for the NBRC to send the official verification.

## SECTION E - LICENSED IN ANOTHER JURISDICTION

If you currently hold or have held a license to practice Respiratory Care in any jurisdiction(s) you must list all licenses you have including any expired license you have held. Use an additional sheet of paper if needed. You must also send a copy of Attachment 2 "CERTIFICATION OF APPLICANT'S LICENSE IN RESPIRATORY CARE" to each of the jurisdictions. The other jurisdiction(s) will send information directly to the Board.

## SECTION F - PRACTICE

You must list all facilities where you have actively engaged in the practice of Respiratory Care. Start at the most recent and list in order. If you are moving to North Carolina, list the practice site where you will be practicing Respiratory Care.

## SECTION G - AFFIDAVIT

The application must be signed and notarized.

## FEES:

Enclose the proper fees. The fees must be payable to the North Carolina Respiratory Care Board by Cashier's Check, Certified Check or Money Order.

The application should be mailed to the Board office in a 9 inch by 12 inch envelope. It is suggested that you send the mail certified with signature request to verify delivery.

After the application has been received, you will be sent a notice of all missing items and a background check packet. The fingerprint card, forms, and a \$38.00 money order, cashier's check, or certified check must be returned to the Board office. NO LICENSE will be issued until the NC SBI processes the card and returns a report to the Board office. This process usually takes 2 weeks.



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## APPLICATION FOR LICENSURE

### SECTION A - PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City/County) (State)

Mailing Address: \_\_\_\_\_  
(Street/P.O. Box/Route)

(City) (State/County) (Zip Code)

SSN # \_\_\_\_\_ : Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been convicted of a felony? Have you ever been convicted of any misdemeanor, except for minor traffic violations? Have you ever been convicted of any crime directly related to the practice of respiratory care? Is any disciplinary action pending or ever been taken against any health care provider license / certificate you have or have had?

Yes  No If yes, state details: (Use additional sheet(s) if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a recent head and shoulders photograph  
(Passport type, 2 inches by 2 inches).



### SECTION B - LICENSE APPLICATION CATEGORY

- Initial Licensure
- Provisional Licensure<sub>1</sub>
- Licensure by Reciprocity<sub>2</sub>
- Temporary License<sub>3</sub>

<sup>1</sup>The Board may grant a provisional license for a period not exceeding 12 months to any applicant who has successfully completed the education requirements under G.S. 90-653(a)(3) and has made application to take the examination required under G.S. 90-653(a)(5). A provisional license allows the individual to practice respiratory care under the supervision of a respiratory care practitioner and in accordance with rules adopted pursuant to this Article. A license granted under this section shall contain an endorsement indicating that the license is provisional and stating the terms and conditions of its use by the licensee and shall state the date the license was granted and the date it expires.

<sup>2</sup>The Board may grant, upon application and the payment of proper fees, a license to a person who, at the time of application holds a valid license, certificate, or registration as a respiratory care practitioner issued by another state or a political territory or jurisdiction acceptable to the Board if, in the Board's determination, the requirements for that license, certificate, or registration are substantially the same as the requirements for licensure under this Article.

<sup>3</sup>The Board may grant a temporary license to a person who, at the time of application, submits notarized copies of the items required in G.S. 90-653(a)(3) through (a)(5) while awaiting official copies of the items from the issuing agency. The temporary license shall be valid for a period not to exceed 90 days from the date of application.



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## SECTION C - EDUCATION

Request an official transcript from the respiratory care program you completed. The program must be approved by the Commission for Accreditation of Allied Health Educational Programs. A transcript is considered official when it is issued by the institution where the training program was completed and affixed with its seal.

Submit a copy (front and back) of your current BLS / CPR certification from the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer).

### HIGH SCHOOL

Name and Location \_\_\_\_\_

Diploma  GED Certificate Year of Graduation: \_\_\_\_\_

### RESPIRATORY CARE PROGRAM

Name and Location \_\_\_\_\_

Certificate  Associate Degree  Bachelor Degree Date Completed \_\_\_\_\_

## SECTION D - EXAMINATION

Applicants for Initial License must send a Verification Request Form to the National Board for Respiratory Care (NBRC) or request the verification online. (Attachment 1)

**SECTION E - LICENSED IN ANOTHER JURISDICTION:** If you currently hold or have held a license to practice respiratory care in any jurisdiction(s), complete this section and have the licensing agency complete the Certification of Applicant's License in Respiratory Care – (Attachment 2.). (Use an additional sheet if space is inadequate.)

1. Name of Agency Issuing License: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

2. Date Issued: \_\_\_\_\_

**SECTION F - PRACTICE:** List current and past practice site(s), full address, phone number and dates actively engaged in the practice of respiratory care. (Use an additional sheet if space is inadequate.)

Facility	Address	Phone Number	Dates



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**SECTION G - AFFIDAVIT (The application must be notarized.)**

(All applicants must complete this section.)

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, declare that I am the person referred to in this application and that the statements herein are true and complete. I declare that I have read and understand the Respiratory Care Practice Act and the Board Rules. I declare that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. (Attach a copy, front and back, of your current BLS or Professional Rescuer card). I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

\_\_\_\_\_  
(Signature of Applicant)

Sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

My Commission Expires:\_\_\_\_\_

- FEES:** Initial License- **\$50.00** Application fee plus **\$125.00** License fee (Total **\$175.00**)
- License by Reciprocity-**\$50.00** Application fee plus **\$125.00** License fee (Total **\$175.00**)
- Provisional License-**\$50.00** Application fee plus **\$50.00** License fee (Total **\$100.00**)
- Temporary License-**\$50.00** Application fee plus **\$50.00** License fee (Total **\$100.00**)

The fees must be payable to the North Carolina Respiratory Care Board by **Cashier's Check, Certified Check or Money Order.**

Mail application and attachments to the North Carolina Respiratory Care Board.



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## REQUEST FOR VERIFICATION OF CREDENTIALS

TO APPLICANT: Complete Section 1 below and submit it, along with the required \$5 fee for active NBRC members and \$20 fee for inactive members, to:

NBRC Executive Office  
18000 W. 105<sup>th</sup> Street  
Olathe, KS 66061-7543

You may also request and pay for the verification online at: <http://www.nbrc.org>. Online verification will decrease the time needed for the NBRC to supply credential verification to the NCRCB.

### SECTION 1:

I am applying for state licensure in North Carolina and I am requesting the NBRC to verify my respiratory care credential(s) directly to the North Carolina Respiratory Care Board.

I hold the following NBRC credentials:  CRT  RRT

PRINT NAME UNDER WHICH YOU WERE CREDENTIALIALED:

\_\_\_\_\_

Last

First

Middle Initial

Former Name

PRINT APPLICANT FULL NAME AND CURRENT ADDRESS:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_

Last

First

Middle Initial

Former Name

\_\_\_\_\_

Street /Apt. #

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Business Phone

Home Phone

\_\_\_\_\_

Signature

Date

ATTACHMENT 1



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**CERTIFICATION OF APPLICANT'S LICENSE IN RESPIRATORY CARE**

(Print or Type)

Applicant's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

The Licensing Agency to complete the following:

The applicant was licensed as a respiratory care practitioner in this state from \_\_\_\_\_  
to \_\_\_\_\_. The license was issued on the basis of:

Written examination given by or on behalf of the agency.  
The applicant's score was \_\_\_\_\_. Requirements for licensure in this state at the  
time that this license was issued were \_\_\_\_\_. Did the National Board for  
Respiratory Care administer this test?  Yes  No

Credentials by the National Board for Respiratory Care.  CRT  RRT

Other, Please explain \_\_\_\_\_  
\_\_\_\_\_

Based on the records of this agency, the applicant's license:

Is in good standing, and so far as our records are concerned, the applicant is entitled  
to endorsement.

Has been disciplined. Please explain any disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Licensing Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

FORWARD THIS COMPLETED FORM TO THE: North Carolina Respiratory Care Board

(SEAL)

ATTACHMENT 2