



NORTH CAROLINA RESPIRATORY CARE BOARD

1100 Navaho Drive, Suite 242
Raleigh, NC 27609

LICENSE RENEWAL

SECTION A - PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____

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

Physical Address: (If different than mailing address): _____

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

SSN: _____ Telephone: _____ ()

RCP License Number: _____ 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? (If you have already informed the Board of convictions or discipline on your initial application or previous renewal application(s) you may check YES and state that you have already acknowledged the incidents to the Board.)

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

SECTION B – PRACTICE List your current practice site(s). (Use additional sheet(s) if needed)

Facility	Address	Phone Number	Dates

Do you provide (Check all that apply) Conscious Sedation, ECMO, Flight RCP, and/or Pharmacologic Cardiac Stress Testing?

Current Basic Life Support Certificate expiration date? _____

SECTION C – AFFIDAVIT (You must complete this section. If Inactive you may mark through the BLS declaration)

I, _____, certify that I am the person referred to in this renewal application and that the statements herein are true and complete. I certify 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. 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)

(Date Signed)

- FEES:** Renewal - \$65.00
 Late Renewal – An additional \$75.00. Late renewal fees are due if the postmark is after the expiration date shown on your current license certificate card.
 Inactive Fee - \$20.00. To request your status be changed to Inactive you must not be practicing Respiratory Care in North Carolina. You may remain on inactive status up to 60 months.

The fees must be payable to the North Carolina Respiratory Care Board and may be made by Personal Check, Cashier's Check, Certified Check or Money Order. Mail the Renewal Form, Fees and Continuing Education Documentation Form (see the back of this form) to the North Carolina Respiratory Care Board.



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CONTINUING EDUCATION DOCUMENTATION FORM

I attest to having completed one or more of the following learning activity options during the preceding renewal cycle: (Check all that apply)

- Completion of a minimum of twelve hours of Category I Continuing Education (CE) activities directly related to the licensee's practice of respiratory care and currently approved by the Board, the American Association for Respiratory Care (AARC) or the Accreditation Council for Continuing Medical Education (ACCME). "Category I" Continuing Education is defined as participation in an educational activity directly related to respiratory care,
- Retook the Certified Respiratory Therapist Examination (CRT), administered by the National Board for Respiratory Care (NBRC), and achieve a passing score as determined by the NBRC,
- Took and passed the Registry Examination for Advanced Respiratory Therapists (RRT), administered by the NBRC,
- Took and passed the Neonatal/Pediatric Respiratory Care Specialty Examination (NPS), administered by the NBRC,
- Took and passed the Certification Examination for Entry Level Pulmonary Function Technologists (CPFT), administered by the NBRC,
- Took and passed the Registry Examination for Advanced Pulmonary Function Technologist (RPFT), administered by the NBRC,
- Took and passed the Registry Examination for Polysomnographic Technologist (RPSGT), administered by the Board of Registered Polysomnographic Technologists (BRPT),
- Took and passed the Asthma Educators Certification Examination (AE-C), administered by the National Asthma Educator Certification Board (NAECB),
- Completed a Respiratory Care refresher course offered through a Respiratory Care Education program accredited by the Commission for the Accreditation of Allied Health Educational Programs,
- Completed a minimum of three semester hours of post-licensure respiratory care academic education leading to a baccalaureate or masters degree in Respiratory Care,
- Presented a Respiratory Care Research study at a continuing education conference.
- Authoring a published Respiratory Care book or Respiratory Care article published in a medical peer review journal.

NOTICES:

1. The completion of certification or recertification in any of the following, Advanced Cardiac Life Support (ACLS) by the American Heart Association, Pediatric Advanced Life Support (PALS) by the American Heart Association, and Neonatal Resuscitation Program (NRP) by the American Academy of Pediatrics, shall count for a total of five hours of continuing education for each renewal period; but no more than five hours of total credit will be recognized for each renewal period for the completion of any such certifications or re-certifications.
2. A licensee shall retain supporting documentation to provide proof of completion of the option chosen in Paragraph (a) of this Rule for a period of no less than three years.
3. A licensee shall maintain a file at his or her practice facility that contains a copy of the RCP license, a copy of a current Basic Cardiac Life Support (BCLS) certification, a copy of advanced life support certifications and a copy of all credentials issued by the National Board for Respiratory Care.
4. A licensee is subject to random audit for proof of compliance with the Board's requirements for continuing education. The Board shall inform licensees of their selection for audit upon notice of license renewal or request for reinstatement. Evidence of completion of the requirements of paragraph (a) of this Rule shall be submitted to the Board no later than thirty days of receipt of the audit notice.
5. Failure of a licensee to meet the requirements of this Rule shall result in disciplinary action pursuant to G.S. 90-666.

AFFIDAVIT (You must complete this section.)

I, _____ declare that the statements herein are true and complete.

_____ RCP License Number: _____

(Signature)