



# **NORTH CAROLINA RESPIRATORY CARE BOARD**

**1100 Navaho Drive, Suite 242  
Raleigh, NC 27609**

## **RESPIRATORY CARE ASSISTANT REGISTRATION 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.

### **SECTION B – RESPIRATORY CARE PROGRAM**

Fill in all blanks and have your Respiratory Care Program Director sign the form.

### **SECTION C – HIRING FACILITY**

Fill in all blanks and have the hiring facility's Respiratory Care Director sign the form.

### **SECTION D - AFFIDAVIT**

The registration request must be signed and notarized.

### **FEES:**

There are currently no fees to register as a Respiratory Care Assistant. 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.

This Form must be completed and submitted by the RCP student and a registration letter received from the Board prior to beginning paid work assignments as a Respiratory Care Assistant. You must provide a copy of the registration letter to both your Respiratory Care Program Director and your hiring facility's Respiratory Care Department Director. You must remain in good standing as a Respiratory Care Student to maintain Respiratory Care Assistant registration. You must inform the Board within 15 days of any change in address, telephone number, and/or employing facility. Upon graduation from your Respiratory Care program you must cease working as a Respiratory Care Assistant. You must comply with all requirements of the Declaratory Ruling issued by the Respiratory Care Board allowing RCP Students to provide Respiratory Care procedures as a Respiratory Care Assistant under the direct supervision of a licensed RCP. Non compliance with Board statutes, rules, and the Board's interpretation of the statutes and rules are grounds for disciplinary action.

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). The Board will accept a copy (Front and Back) of a current ACLS (Advance Cardiac Life Support) or BLS Instructor certification by the American Heart Association in lieu of the BLS card. You must maintain certification to provide approved Respiratory Care procedures as a Respiratory Care Assistant in North Carolina.



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## RESPIRATORY CARE ASSISTANT REGISTRATION

### 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? 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION B – RESPIRATORY CARE PROGRAM

#### RESPIRATORY CARE PROGRAM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Respiratory Care Program Director Name \_\_\_\_\_

I certify that the individual named in this registration request is a Respiratory Care student in good standing as defined by the Declaratory Ruling-Respiratory Care Assistant. I certify that the student has read and understands the Declaratory Ruling-Respiratory Care Assistant. I certify that the student has completed competency evaluations for the procedures enumerated in the Respiratory Care Assistant ruling. I will notify the Board and hiring facility within 5 days of any change of status of the student.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

