Respiratory Care Practitioner Refresher Course

According to the rules of the North Carolina Respiratory Care Board (NCRCB) and in accordance with the NC Respiratory Care Practice Act, individuals who have not held an active license for 5 or more years are required to successfully complete Board approved continuing education and retake and pass the CRT exam administered by the NBRC. In addition, those having an inactive license for a period of 1-4 years are also required to take continuing education. The refresher course outlined in this document does meet the continuing education requirements for individuals who have been out of practice for 5 years or greater and may be utilized for all individuals who have been out of the practice for any period of time. The laboratory portion of the refresher course is only for those individuals applying for a NC RCP license. If you desire licensure in a state other than North Carolina please contact that Board regarding their requirements.

Program Description

This course provides preparation for re-entry into employment into the field of respiratory care as well as satisfies the licensing requirements set forth by the NC Respiratory Care Board. Emphasis in this course is placed on review / evaluation and testing of the procedural skills required for entry-level status by the National Board for Respiratory Care (NBRC). Upon completion, students should be able to successfully complete the appropriate examinations and meet the licensing requirements for employment. The Respiratory Care Practitioner Refresher Program consists of a NC Respiratory Care Board (NCRCB) approved respiratory review course, a laboratory skill review/evaluation, and NBRC Therapist Multiple-Choice Examination. This course addresses a full range of respiratory concepts including emergency care, intensive care and general care for the adult, neonatal, and pediatric populations.

The review course portion will consist of either of a home-study or onsite comprehensive review program which includes the CRT and RRT review. The laboratory and testing portion must be completed at one of the identified NC community colleges.
Enrollment Sequence

Enrollment at each college depends on their calendar of registration, so contact the college of choice for your registration information. The refresher course consists of 3 phases and each phase must be registered for separately and completed in the following order:

Phase I: Review Course

You may choose to enroll in either a home-study or onsite RRT/CRT or Therapist Multiple-Choice Examination comprehensive review course approved by the AARC or the NCRCB. Once enrolled in the approved respiratory care review course, you may proceed at your own pace using the set of materials that will be provided to you when you enroll.

Phase II: Testing - Please register for the NBRC Therapist Multiple-Choice Examination. You must pass this test at the CRT threshold before proceeding to phase three.

You must bring the NBRC Score Report when you register for the next phase. You should also send one copy to the Board office.

Phase III: Laboratory Review/Evaluation/Testing

The laboratory portion can begin only after phase one and two has been completed. The laboratory portion consists of 20 hours of hands on review and evaluation at one of the listed colleges offering respiratory care. The laboratory review portion of the program is coordinated by the respiratory care programs identified on the next page:

Phase IV: Employer Evaluation Phase

Once employed, please have your supervisor provide your yearly skill evaluation prior to your licensing renewal. This may be completed using the hospitals evaluation documentation format.
NC Colleges Offering Laboratory Review and Evaluation

<table>
<thead>
<tr>
<th>College</th>
<th>Address Details</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>Catawba Valley Community College</td>
<td>2550 Highway 70 S.E. Hickory, NC 28602 828-327-7000, Ext. 4391 or 4462</td>
<td>Catherine Bitsche, Ed.S., RRT-NPS, RCP Program Director <a href="mailto:cbitsche@cvcc.edu">cbitsche@cvcc.edu</a></td>
</tr>
<tr>
<td>Pitt Community College</td>
<td>P.O. Drawer 7007, Hwy. 11 South Greenville, NC 27835-7007 252-493-7378</td>
<td>Wendy Ayscue, M.A.Ed., RRT, RCP Program Director <a href="mailto:wayscue@email.pittcc.edu">wayscue@email.pittcc.edu</a></td>
</tr>
<tr>
<td>Sandhills Community College</td>
<td>2200 Airport Road Pinehurst, NC 28374 910-695-3991</td>
<td>TBA Program Director TBA</td>
</tr>
<tr>
<td>Stanly Community College</td>
<td>Crutchfield Education Center 102 Stanly Parkway Locust, NC 28097 704-991-0268</td>
<td>Judy Adrian, BHS, RRT-NPS, RCP Program Director <a href="mailto:jadrian7439@stanly.edu">jadrian7439@stanly.edu</a></td>
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</tbody>
</table>
The laboratory experience is intended to be for procedural review and evaluation as required by the NCRCB. Individuals must arrange for the laboratory review and evaluation with the assigned RCP program faculty. Depending on the college, extra laboratory time may be allotted for additional practice, but no additional credit will be awarded. There may be extra cost involved, so please check with the college of your choice.

Completion of the phase requires that a total of 30 procedures be successfully completed in the laboratory setting. **Once phase three is complete, please submit the documents for all three phases to the board.**

**Information You Need**

- **Registration**
  - **Phase I:** (Review Course) You are only required to register with the approved review courses. Please do not contact the RCP program at this point.
  - **Phase II:** (Testing) Please register for the NBRC Therapist Multiple-Choice Examination. You must pass this test at the CRT threshold before proceeding to phase three.
    - You must bring the NBRC Score Report when you register for the next phase. You should also send one copy to the Board office.
  - **Phase III:** (Laboratory Review and Evaluation) After successfully completing phase one and two, register for phase 3 at the designated college by contacting the continuing education department at the above identified colleges to register.
    - After registering, you should make an appointment with the community college respiratory care faculty to schedule the laboratory review/evaluation. When scheduling the laboratory, you will need to provide a copy of the completed review course certificate or transcript.
  - **Phase IV:** (Employer Evaluation Phase) Once employed, please have your supervisor provide your yearly skill evaluation prior to your licensing renewal. Please use the form provided on page 9-10.
• Enrollment
  o You must register for each phase separately.
  o You must complete the program in order: review, test, lab evaluation, and supervisor evaluations upon employment.
  o Students may enroll based on the college enrollment schedule. Some may offer it at any time of the year. Fees must be paid to the community college in full at the time of enrollment. Fees will vary depending on the option selected.
  o You may proceed at your own pace through the course, but we suggest that you allow time for feedback from your instructor.

• Cost of the Program
  o The total cost of the refresher course cost is dependent on the providers.
    β The approved review course providers determine the cost of the review.
    β The NBRC determines the cost of the examination.
  o The cost for the laboratory phase is set by each college.
    β Laboratory review is the most expensive portion of this course since it is a self-supporting. It must be taught by a licensed RCP. Generally most reviews will be on a 1 on 1 basis. However, each college will determine their own faculty to student ratio. Regardless, the cost is based on the 20 hours of review and evaluation.
  o Refunds may be given based on the institutional policy.
RCP Refresher Course Checklist

q Complete Phase I
  o Successfully pass all modules
  o Receive certificate

q Complete the NBRC Therapist Multiple-Choice Examination. You must pass this test at the CRT threshold before proceeding to phase three.

q Register for Phase II
  o Contact RCP program faculty for an appointment
  o Bring your driver’s license
  o Bring original NBRC Score Report
  o Bring transcript or certificate for Phase I
  o Schedule your review and evaluation sessions

q Complete Phase III
  o All laboratory evaluations successfully completed
  o Receive CE hours from the continuing education department

q Phase I-III Complete
  o Send a copy of the certificate via certified mail to the board office with NBRC Score Report, and the review course certificate

q Phase IV: Employer Evaluation Phase
  o Once employed, please have your supervisor provide your yearly skill evaluation prior to licensing renewal.
**RCP REFRESHER LABORATORY REVIEW**

**COURSE NAME:** RCP REFRESHER COURSE (Phase Three)

**PREREQUISITE:** Complete Phase I and II

This course provides preparation for re-entry into employment into the field of respiratory care as well as satisfies the licensing requirements set forth by the NC Respiratory Care Board. Emphasis in this course is placed on review / evaluation and testing of the procedural skills required for entry-level status by the National Board for Respiratory Care (NBRC). Upon completion, students should be able to successfully complete the appropriate examinations and meet the licensing requirements for employment.

**CONTACT HOURS:** 20

**CLASS LOCATION:** TBD

**CLASS TIME:** Variable

**PRIMARY INSTRUCTOR:** College Faculty

**GRADING SCALE:** Pass/Fail

**GRADING FORMAT:** Each procedure must be passed to earn a passing score.

**COURSE EVALUATION:**

Students are evaluated and graded on two of the three domain levels: cognitive, psychomotor and affective. Cognitive evaluations are performed through NBRC testing to ensure theoretical knowledge. Psychomotor evaluations are performed to assess the skill level of each procedure. Affective evaluations are not performed during this review.

**GOALS AND OBJECTIVES:**

1. The student will successfully explain entry level and advanced level respiratory care competency requirements.
2. The course provides opportunities for the students to review and be evaluated on their knowledge of the respiratory care modalities listed. Specifically, the student should be able to:
   a. Pass all required procedures with a proficiency rating of 90%.

**COURSE REQUIREMENTS:** Students need required textbook, and a notebook for making notes.
# Competency Evaluations

<table>
<thead>
<tr>
<th>*COMPETENCY EVALUATIONS</th>
<th>Date</th>
<th>RCP Signature</th>
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<tbody>
<tr>
<td>Manual Resuscitation</td>
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<tr>
<td>Patient Assessment</td>
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<td>CXR Interpretation</td>
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<td>Oxygen Cylinder Setup</td>
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<td>Oxygen Administration</td>
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<td>Large Volume Aerosol Therapy</td>
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<td>Small Volume Nebulizer Therapy</td>
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<td>Metered Dose Inhaler</td>
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<td>Chest Physiotherapy</td>
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<td>Incentive Spirometry</td>
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<td>IPPB Therapy</td>
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<td>ABG Puncture</td>
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<tr>
<td>Nasotracheal Suctioning</td>
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<tr>
<td>Electrocardiogram</td>
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<td>Intubation</td>
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<td>Tracheostomy and Stoma Care</td>
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<td>Tracheostomy Tube Change</td>
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<td>Arterial Line Sampling</td>
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<td>Monitoring Cuff Pressure</td>
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<td>Artificial Airway Stabilization</td>
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<td>Bedside Pulmonary Mechanics</td>
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<td>Extubation</td>
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<td>Tracheal Tube Suctioning</td>
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<tr>
<td>Initiation of Mechanical Ventilation</td>
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<tr>
<td>Monitoring Mechanical Ventilation</td>
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<td>Changing a Ventilator Circuit</td>
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<td>CPAP/BIPAP</td>
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<td>Basic Spirometry</td>
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Participant Name (printed)  
SSN: XXX-XX-________

Participant Signature  
Date: _________________

Evaluator Name (printed)  
RCP#: ________________

Evaluator Signature  
Date: _________________
RCP REFRESHER COURSE COMPLETION
FIRST YEAR COMPETENCY REVIEW

Directions: Please complete and return each section of this document. You must complete sections A-D. Your employer must complete section E.

SECTION A - PERSONAL INFORMATION

RCP License Number: ______________________

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

Address: __________________________________

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

Telephone: (____) ____________ Email Address: ________________________________

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Address</th>
<th>Phone Number</th>
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Documentation: There are no fees payable to the North Carolina Respiratory Care Board for this form, but you must provide a current copy of your BCLS and your 12 CE’s plus your ACLS, PALS, and NRP when applicable.

_________________________ ________________________
(Signature) (Date Signed)
RCP REFRESHER COURSE COMPLETION
FIRST YEAR COMPETENCY REVIEW

Directions: Please INITIAL each of the requirements below and sign the affidavit. The facility designee must also sign the affidavit in section E. Send both part of this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

SECTION C – ATTESTATION (You must complete this section)

I, __________________________________________ License # ____________ attest to the following:

______ I have a current CRT credential.

______ I have completed initial documentation of training that includes an assessment of all respiratory care procedures as required by my employer.

______ I have an annual documented competency evaluation completed by the department medical director that includes an assessment of all respiratory care procedures as required by my employer.

______ I have completed the continuing education requirements of 21 NCAC 61.0401 of which a minimum of 12 hours of continuing education directly related to the practice of respiratory care.

SECTION D – AFFIDAVIT (You must complete this section)

I, __________________________________________ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirements for the refresher course. 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)

SECTION E– FACILITY AFFIDAVIT (The facility designee must complete this section)

I, __________________________________________ as the manager/supervisor/director of respiratory care, certify that the RCP listed on this form has been certified as competent in accordance with the facility’s and the Respiratory Care Service’s policy.

______________________________ ____________________
(Manager/Supervisor Signature) (Date Signed)