



West Virginia Board of Respiratory Care
106 Dee Drive, Suite 1, Charleston, WV 25311
Phone: (304) 558-1382, Fax: (304) 558-1383

Application Fees

The application fee of \$200.00 (\$75.00 Student Temporary Permit) must accompany this license application. **USE MONEY ORDER or CASHIER'S CHECK ONLY** made payable to the West Virginia Board of Respiratory Care as your method of payment. **Do not send cash.** All applications and fees must be mailed to the Post Office Box listed on the application – do not mail application and fees to the physical board office address as this will delay your application process.

Required Documents for Licensure

To apply for a license, the applicant must complete the application for license and attach the following required documents:

- (1) ***Notarized copy** of the certificate of completion (official transcript or diploma) of an approved respiratory care educational program. Not applicable to Student Temporary Permits.
- (2) ***Notarized copy** of the original NBRC Credential Certificate or official "Statement of Credentials" from the NBRC direct to this board. **NBRC CREDENTIALS MUST BE VALID.** (Not applicable to Student Temporary Permits).
- (3) **2 inch by 2 inch Photograph:** professional, color, passport style (attach to application)
Digital photographs will be accepted on CD or diskette only. Applicable to all applicants.
- (4) **"Letter of Good Standing"** mailed direct to the WV Board of Respiratory Care from each state in which you have a current or have had a previous license. Applicable to all applicants.
- (5) **Student Temporary Permit Only** –
 - 1) Educational Facility Affidavit with official seal
 - 2) Official Transcript indicating completion of 1st year of respiratory program or a minimum of 30 semester hours or the quarter hour equivalent. 18 hours must have been completed in core respiratory courses.
 - 3) Employer Statement
- (6) **Continuing Education Requirements:** (Not applicable to new graduates or students).

New Applicant:

If you have (1) not actively been practicing or, (2) coming from a state that does not require continuing education or, (3) you have not acquired continuing education within the past 24 months, you are required to submit proof of five continuing education units with this application. Additional continuing education units may be accessed within 30 days of licensure. If you have not practiced in the preceding five (5) years, this board requires you to retake and pass the National Board of Respiratory Care examination. You must hold valid national credentials with the NBRC.

Reinstatement:

In addition to the requirements for a new applicant, if you are applying for reinstatement of an expired West Virginia license and you did not fulfill your continuing education requirement at the time of your license expiration, your previous continuing education requirement must be fulfilled and accompany this application. You must hold valid national credentials with the NBRC.

Mail Completed Application and Fee to:
WV Board of Respiratory Care, P O Box 40329, Charleston, WV 25364



State of West Virginia
Board of Respiratory Care
 106 Dee Drive, Suite 1, Charleston, WV 25311
 Application for License

New Application _____ Reinstatement of License Number _____ Enrolled Student Permit _____

Legal Name _____
 Last First Middle Initial

Permanent Address _____
 Street

 City County State Zip Code

Social Security Number _____ Birth Date _____ Email _____

Permanent Telephone () _____ Work () _____

Employer Name/Address: _____
 (This is your employer while practicing in the State of West Virginia)

To insure compliance with federal law, this licensing board is obligated to inform each applicant or licensee that reporting of the social security number is mandatory so that this board can comply with the requirements of the United States Healthcare Integrity and Protection Data Bank. In the event that this board is required to submit a report about an applicant or licensee to the data bank, it must report that individual's social security number.

Please Check for License Type:

- Initial Six Month Enrolled Student Temporary Permit (\$75.00)
- Licensed Respiratory Therapist Certified (\$200.00)
- Licensed Respiratory Therapist Registered (\$200.00)

Payment must be money order or cashiers check. No personal checks are accepted for new applicants. Do not remit cash.

Photograph Must
Be 2" X 2"
Color, Passport Style
Attach Photo
Roll Tape Backside
 No Snapshots Please

- For WVBORC Use Only -

License Number _____ **Date** _____

Date of Reinstatement _____

List the name and completion year of the accredited respiratory care educational program for which you have completed (or are scheduled to complete) _____ Month/Year _____

In what year did you pass the National Board of Respiratory Care examination? _____

In what year do your national credentials with the National Board of Respiratory Care expire? _____

Have you ever held a professional healthcare license to practice respiratory care in the State of West Virginia or in any other state or providence? _____

If yes, provide the dates in which you held the license and in which state or providence you held the license?

Have you ever held a professional healthcare license of any type in the State of West Virginia or in any other state or providence? _____

If yes, provide the dates in which you held the license and in which state or providence you held the license?

If you have held a license of any type in any state or providence, has your license ever been denied, revoked, suspended, surrendered or otherwise disciplined by any governing agency? _____

If yes, provide a detailed explanation and copies of all pertinent documents.

Do you have any complaints/disciplinary actions pending in any other state or by any other governing agency?

Explain:

Have you ever been convicted of a felony or a misdemeanor or pled nolo contendere to any crime, had records expunged or been pardoned? _____

If yes, explain in detail. Enclose all pertinent documents to the charge(s) and disposition of sentencing. Speeding tickets excluded.

Have you ever, or are you currently abusing prescription or over-the-counter medication? _____

Is there any reason why access to narcotics or substances of abuse should be restricted or limited? _____

Has your respiratory practice ever been monitored for any reason, disciplined or otherwise, by any facility, board, group, or governing agency? _____

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of respiratory care? _____

Have you ever, or are you currently using illegal drugs? _____

Do you have child support obligations? _____ If yes, are you more than 6 months in arrears? _____ If yes, which in which state or providence was the petition ordered? _____

List your last three previous employers:

Address _____

Address _____

Address _____

Telephone _____

Telephone _____

Telephone _____

Dates Employed _____

Dates Employed _____

Dates Employed _____

Providing false information on this application will result in denial of licensure or future revocation of license.

APPLICANT'S AFFIDAVIT

IN THE STATE OF _____ COUNTY OF _____

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and is referred to in the forgoing application; that the information supplied herein is true to the best of my knowledge; and that I have read and understand this affidavit. I understand that supplying false information on this application is grounds for denial of licensure and/or disciplinary action against the license in future discovery. Further, I hereby acknowledge that I have read the laws and regulations governing the practice of respiratory care in the State of West Virginia. Furthermore, I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

*Applicant Signature _____ Date _____
(Must be signed in the presence of an Official Notary)*

Subscribed and sworn to before me this _____ day of _____, 20__.

My commission expires on the _____ day of _____, 20__.

Official Notary Seal

Notary Signature

County

State

-Do Not Detach the Stub Below-

IMPORTANT – FILL IN
APPLICANTS NAME AND
ADDRESS BELOW:

MONEY ORDER/CASHIERS CHECK NO.: _____
DATE: _____

Mail Entire Application with Fee To:
WV Board of Respiratory Care
P O Box 40329
Charleston, WV 25364

EDUCATIONAL FACILITY AFFIDAVIT (For Student Temporary Permit Applicants Only)

I attest, by signature below, that _____, has completed their first year of the respiratory care program or a minimum of 30 semester hours or the quarter hour equivalent. 18 hours of the minimum 30 semester hours have been completed in core respiratory courses.

Further, this student has didactic proficiency and clinical competency in the following procedures and tasks.

- Set up and maintenance of low flow oxygen devices of 6 LPM or less to include nasal cannula or a simple mask.
- Set up and maintenance of aerosol devices with FiO₂ of equal to or less than 50%.
- Delivery of medications through a spontaneous small volume nebulizer.
- Medication delivery via Metered Dose Inhaler or Dry Powder Inhaler.
- Measurement of peak flow.
- Measurement of simple spirometry.
- Measurement of pulse oximetry.
- Use of the following airway clearance devices or techniques: therapy vest, chest physiotherapy, incentive spirometry, suctioning via artificial airway, and positive expiratory pressure therapies.
- Cardiopulmonary Resuscitation after Basic Life Support Certification.

_____ Date _____
Respiratory Care Program Director

_____ Date _____
Administrative Officer

Affix Institution Seal

EMPLOYER'S STATEMENT (For Student Temporary Permit Applicants Only)

We, the undersigned Human Resources Representative and direct supervisor, acknowledge that _____ (Student Temporary Permit Holder) will be restricted to performing only the duties listed below in regards to the practice of Respiratory Care while employed at our facility.

- Set up and maintenance of low flow oxygen devices of 6 LPM or less to include nasal cannula or a simple mask.
- Set up and maintenance of aerosol devices with FiO₂ of equal to or less than 50%.
- Delivery of medications through a spontaneous small volume nebulizer.
- Medication delivery via Metered Dose Inhaler or Dry Powder Inhaler.
- Measurement of peak flow.
- Measurement of simple spirometry.
- Measurement of pulse oximetry.
- Use of the following airway clearance devices or techniques: therapy vest, chest physiotherapy, incentive spirometry, suctioning via artificial airway, and positive expiratory pressure therapies.
- Cardiopulmonary Resuscitation after Basic Life Support Certification.

Further;

A student temporary permit holder is required to work under the supervision of a licensed respiratory therapist certified or registered. The licensed respiratory therapist must be present in the facility where the holder of the student temporary permit is working. Direct observational supervision is not required, but the licensed respiratory therapist must be available in the event of an emergent need and act as a source of reference for the student temporary permit holder.

A student temporary permit holders is restricted from performing procedures on patients requiring mechanical ventilation or on patients in any critical care situation or environments, such as: emergency rooms, intensive care units, post anesthesia care units.

A student temporary permit holder is strictly prohibited from performing positive pressure procedures such as: Intermittent Positive Pressure Breathing, Bi-Level, Continuous Positive Airway Pressure devices.

A student temporary permit holder is strictly prohibited from performing any procedure which is not specified above.

The undersigned employer representatives acknowledge and agree to the procedure limitations of the above named student temporary permit holder.

Human Resources Representative
Phone: _____

Respiratory Director/Supervisor
Phone: _____

Note: Please notify the WV Board of Respiratory Care (304-558-1382) should the student temporary permit holder terminate employment while practicing under this permit.