

<p><u>Regular Mailing Address</u> STATE BOARD OF MEDICINE STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 Email: st-medicine@pa.gov st-osteopahtic@pa.gov</p>	<p><u>Courier Delivery Address</u> STATE BOARD OF MEDICINE STATE BOARD OF OSTEOPATHIC MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110 Medicine – 717-783-1400/717-787-2381 Osteopathic – 717-783-4858</p>
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APPLICATION FOR LICENSURE AS A RESPIRATORY THERAPIST

This application can be used for licensure under the State Board of Medicine or State Board of Osteopathic Medicine. You must choose under which Board you wish to be licensed. Licensure by either Board permits you to provide respiratory therapist services by direction of either a medical doctor or doctor of osteopathic medicine.

INSTRUCTIONS FOR APPLICANTS WHO HOLD NBRC CERTIFICATION

1.	Submit the \$30.00 fee via check or money order, made payable to the "Commonwealth of Pennsylvania." <u>FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds."</u> Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.
2.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
3.	Complete the Verification of Education and send to the respiratory therapist program where you graduated. The program must send the completed form directly to the Board in a sealed official school envelope.
4.	Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board.
5.	Attach a Curriculum Vitae listing all periods of employment or unemployment (i.e. child rearing, research, etc.) from graduation from respiratory therapy school to date. The list must be in chronological order, include the month and year and indicate the state/territory in which the employment occurred.
6.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
7.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>

ELIGIBILITY AND INSTRUCTIONS FOR TEMPORARY PERMIT APPLICANTS:

NEW Graduates or those who expect to graduate with 30 days from a CoARC accredited respiratory therapy program and are waiting to take or are waiting for the results of the NBRC's CRTT Exam

1.	Complete the Verification of Education and send to the respiratory therapist program where you graduated or will graduate. The program must send the completed form directly to the Board in a sealed official school envelope. If applicable, the form may not be completed and submitted more than 30 days prior to graduation.
2.	Attach a Curriculum Vitae listing all periods of employment or unemployment (i.e. child rearing, research, etc.) from graduation from respiratory therapy school to date. The list must be in chronological order, include the month and year and indicate the state/territory in which the employment occurred.

ADDITIONAL INSTRUCTIONS FOR ALL TEMPORARY PERMIT APPLICANTS

1.	Submit the \$60.00 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." <u>FEES ARE NOT REFUNDABLE.</u> <u>Check or money order must be in "US funds."</u> Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2.	<u>PLEASE NOTE:</u> If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.
3.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
4.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
5.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>
6.	Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board. If applicable, your temporary permit will automatically be transferred to a license. The respiratory examination application can be downloaded or filed online through the NBRC's website at www.nbrc.org .
7.	<u>Temporary permits will expire within 12 months of issuance or upon failure of the NBRC exam, whichever occurs first.</u>
8.	The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.

IMPORTANT INFORMATION

1.	PLEASE FOLLOW ALL DIRECTIONS. ANY DISCREPANCIES WILL CAUSE A DELAY IN THE ISSUANCE OF A LICENSE.
2.	IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD.
3.	YOU MAY NOT PRACTICE THIS PROFESSION IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL THE PENNSYLVANIA STATE BOARD OF MEDICINE OR THE STATE BOARD OF OSTEOPATHIC MEDICINE HAS ISSUED A LICENSE.
4.	ALL PERMANENT LICENSES WILL EXPIRE DECEMBER 31ST OF AN EVEN-NUMBERED YEAR. THE EXPIRATION DATE IS NOT DETERMINED BY THE ISSUE DATE.
5.	THE FEE SUBMITTED WITH THIS APPLICATION IS A PROCESSING FEE. AT RENEWAL TIME, YOU WILL BE ASSESSED THE FULL RENEWAL FEE.

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

VERIFICATION OF RESPIRATORY THERAPY EDUCATION

Complete Section 1 of this page and forward to the college or university where you completed your respiratory therapy education.

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last	First	Middle
ADDRESS:	Street		
City	State	ZIP	
NAME OF SCHOOL:			
ADDRESS:	Street		
City	State	ZIP	

Submit the verification of respiratory therapy education form to your school and request the school return the completed form directly to the board in an official school envelope.
THIS FORM MAY NOT BE COMPLETED MORE THAN 30 DAYS PRIOR TO GRADUATION.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF RESPIRATORY SCHOOL

NAME OF SCHOOL:					
NAME OF STUDENT:	Last	First	Middle		
DATE STUDENT BEGAN TO ATTEND THIS SCHOOL:	Month	Day	Year		
DATE OF GRADUATION/EXPECTED GRADUATION:	Month	Day	Year		
CoARC SCHOOL REFERENCE NUMBER:					

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN, REGISTRAR OR OFFICIAL OF AN ACCREDITED INSTITUTION OF HIGHER EDUCATION:	_____			
DATE:	Month	Day	Year	<p style="text-align: center;">Upon completion, the school must return this completed form directly to the Pennsylvania State Board of Medicine or State Board of Osteopathic Medicine in an official school envelope.</p> <p style="text-align: center;"><i>DO NOT RETURN THIS FORM TO THE APPLICANT</i></p>
(Seal of School)				

Regular Mailing Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110