GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

APPLICATION INSTRUCTIONS AND FORMS TO PRACTICE RESPIRATORY CARE IN THE DISTRICT OF COLUMBIA

The D.C. Board of Respiratory Care welcomes your interest in becoming licensed to practice respiratory care in the District of Columbia. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application.

The practice of respiratory care is defined in the D.C. Code § 2-3301.2 (17A) (A) as follows:

"Practice of respiratory care" means the performance in collaboration with a licensed physician, of actions responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, including, but not limited to:

(i) Therapeutic and diagnostic use of medical gases, humidity, and aerosols, including the maintenance of associated apparatus;
(ii) Administration of medications to the cardiorespiratory system; provision of ventilatory assistance, ventilatory control, including high frequency ventilation; postural drainage, chest physiotherapy, breathing exercises, and other respiratory rehabilitation procedures;
(iii) Cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways, and the transcription and implementation of a physician's written or verbal orders pertaining to the practice of respiratory care;
(iv) Testing techniques utilized in respiratory care to assist in diagnosis, monitoring, treatment, and research; and
(v) Measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing pH and blood gas analysis, hemodynamic and other related physiological monitoring of the cardiopulmonary system.

If you practice respiratory care as defined above, you must apply for licensure to practice in the District of Columbia.

THE APPLICATION PROCESS

This package contains the forms to apply for a license to practice respiratory care in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

The respiratory care regulations accompany this application. Applicants are encouraged to familiarize themselves with the regulations. Special attention is directed to the section on continuing education requirements.

Upon submission of the required application documents, the DC Board of Respiratory Care will review your application. The Board of Respiratory Care normally meets on the 2nd Monday of each month. Upon final approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, our staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

Revised: 11/28/2012

WHERE TO FILE

Documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Respiratory Care
899 North Capitol Street, NE, First Floor
Washington, DC 20002

If you have any questions, call HPLA's Customer Service line at (877) 672-2174 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a license to practice respiratory care in the District of Columbia shall meet the following requirements:

1. Applicant must be at least eighteen (18) years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents; and

4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and Social Security Number. Photos will be placed on the pocket license.

5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

6. If licensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where s/he is or was licensed to practice respiratory care.

COMPLETING THE LICENSE APPLICATION

SECTION 1. REQUESTED LICENSE TYPE/FEES

a. Two methods for becoming licensed in the District of Columbia are outlined below. The code/abbreviation for each origin is indicated in parenthesis. Write the correct origin code/description on the "Method (Origin) of Application" line in section one of your new license application.

Endorsement (N)	Successful completion of the National Board Examination developed and administered by the National Board for Respiratory Care, Inc. and meet other requirements.
Examination (EXAM)	Successful completion of the National Board Examination developed and administered by the National Board for Respiratory Care, Inc. and meet other requirements.

b. One license type is available under the Board of Respiratory Care. The abbreviation and description for the license type for which you are applying is provided on the "Requested License Type" line in section one the application:

License Abbreviation	License Description
RC	Respiratory Care Practitioner

c. No specialties are available under the Board of Respiratory Care. The abbreviation "n/a" and the "not applicable" description are provided on the "Requested Specialty" line in section one of the application.

d. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to 5 duplicate licenses (a $34 fee for each duplicate). Mark the "duplicate license" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

e. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Fee*	License Fee	Total Due/Enclosed**
RC - Endorsement	$85	$169	$254
RC - Examination	$85	$169	$254

NOTES:
* The application portion of the fee is **NOT** refundable.

The **Total Due/Enclosed amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Respiratory Care Practitioner licenses expire on January 31 of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. DOH will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA at the address in the top of page 2. Without an updated address, you may not receive your renewal notice.

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. All applicants must be at least 18 years of age.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package or requested to be sent under separate cover to DOH Board of Respiratory Care.

Place an "X" in the "NO" box for each item that does not apply for the license type for which you are applying. Keep a photocopy of all supporting documents for your records.

SECTION 4. PREVIOUS NAMES

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

SECTIONS 5A. & B. HOME ADDRESS/BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

You are required by regulation to report all changes of your business or residence address to the Board. DOH will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA Board of Respiratory Care at the address in the top of page 2. Without an updated address, you may not receive your renewal notice.

SECTION 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools in reverse chronological order, beginning with the most recent at the top.

An applicant who applies for licensure by endorsement must provide proof satisfactory to the Board that the applicant has successfully completed an educational program in the practice of respiratory therapy at an institution accredited by the American Medical Association's Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education (JRCRTE) or its successor organizations.

An official transcript (with seal) showing successful completion of an educational course in respiratory care from an approved institution must be submitted with your application. The official transcript must reflect the date of graduation. This transcript may be sent directly from the school; but it is preferred that the transcript accompany the application in a sealed envelope.

In addition to the educational requirements specified above, applicants for licensure must provide certified (passing) National Board Examination results. A passing score on that examination shall be the passing score determined by the National Board for Respiratory Care, Inc. who develops and administers the exam. The National Board for Respiratory Care, Inc. can be reached at (913) 599-4200.

SECTION 6B. PROFESSIONAL WORK EXPERIENCE

List all experience since graduation from medical/professional school, in reverse chronological order, beginning with the most recent at the top. Indicate the type of position held.

SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present. The verification(s) must be returned directly to the Board of Respiratory Care by the applicable state board(s).

SECTION 7. SCREENING QUESTIONS

If you answer "yes" to any of the questions (except question A), please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

SECTION 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

SUMMARY OF APPLICATION REQUIREMENTS

The law governing respiratory care licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing respiratory care licensure are included in *DC Municipal Regulations Title 17*, Chapters 40, 41, and 76. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Respiratory Care if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit our website at http://www.hpla.doh.dc.gov or call HPLA's Customer Service line at 1-877-672-2174. The form numbers that make up this package are:

Respiratory Care Regulations
Respiratory Care New License Instructions

SUMMARY OF RESPIRATORY CARE SUBMISSION REQUIREMENTS FOR D.C. RESPIRATORY CARE LICENSES

License Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Respiratory Care School Transcript	Certified National Board Exam Results	Verification of Licensure from EACH Jurisdiction*	Copy(ies) of Legal Name Change Documents**	Check or Money Order***
RC	Endorsement	X	X	X	X	X	X	$254
RC	Examination	X	X	X	X	O	X	$254

X = Required
O = Not required

***** A verification of licensure from EACH jurisdiction is only required if you are currently licensed to practice respiratory care in another jurisdiction. **NOTE: The verification(s) must be returned directly to the DC Board of Respiratory Care by the applicable state board(s).** Applicants should check with their states of licensure to find out the fee for completing verification requests.

****** If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

******* MUST be made payable to DC Treasurer.