

For Office Use Only Application fee	<input type="checkbox"/> \$75
Background check fee	<input type="checkbox"/> \$55

Application for Respiratory Care Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 3

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____ 5. _____
City, State, Zip Code *E-Mail Address*
6. _____ 7. _____ 8. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
9. Male Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question #11 – #15 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

16. _____
Name of Educational Professional Institution

17. _____
Graduation Date

18. Are you or have you ever been licensed, registered or certified in another state? Yes No
If yes, list the two-letter abbreviation for the state(s) below.
(Please note: The board must receive official verification(s), sent directly to this office from every state in which you held licensure)

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

19. _____ **Applicant must sign here in ink** _____ **Date**

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Respiratory Care Practitioner Documentation Required for Licensure

Application and fee (\$75 + cost of the FBI and DCI background check = \$55). All application fees are nonrefundable. To apply, do one of the following:

Examination Requirement – Applicant must provide proof of achieving the Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) certification by the NBRC. Proof of CRT or RRT Certification can be one of the following:

Exam scores sent directly from the NBRC.

Notarized copy of a certificate showing proof of achievement of the CRT or RRT credential awarded by the NBRC.

A notarized score report showing proof of successful completion of the Therapist Multiple Choice Exam, State Clinical Exam, or Certified Respiratory Therapist Exam.

Background Check Requirement – Two fingerprint cards. Most law enforcement agencies have fingerprint cards available upon request or you may request cards be mailed to you. Take the fingerprint cards to a local law enforcement agency for completion. Submit the completed fingerprint cards to the Board office.

Background check waiver form. Read and sign the waiver form. Return it with the completed fingerprint cards.

Verification of licenses held in other states (if any):

Applicants that have been previously licensed, registered or certified in any other state must provide official verification of licensure in the other state(s). The license verification must include license issue date, expiration date and any pending or past disciplinary action. The verification may be printed from another state licensing board's website if it contains all of the required information. If web based verification is not available, the verification must be send directly to the Board office by the state(s) where the applicant has been licensed, registered, or certified. If the applicant has never been licensed in another state, ignore this item.

An applicant who has been denied licensure by the Iowa board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the Iowa board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

Mail the original completed application bearing signature in ink to:

**Board of Respiratory Care and Polysomnography
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075**

**Bureau Phone: 515-281-0254
Bureau Home Page: [Http://idph.iowa.gov/licensure](http://idph.iowa.gov/licensure)
Online Services Webpage: [Http://ibpllicense.iowa.gov](http://ibpllicense.iowa.gov)**



NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as licensing, employment, or adoption), you have certain rights which are discussed below:

- You must be provided written notification that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Waiver Agreement and Statement

For National Criminal History Record Checks
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

I hereby authorize (**Name of QE**) Iowa Board of Respiratory Care and Polysomnography
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the QE with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the QE may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the QE may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

I **have** been convicted of a crime I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on valid photo identification:

Printed Name: _____

Address: _____

Date of Birth: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: Iowa Board of Respiratory Care and Polysomnography OCA: RESCARE

Address: Bureau of Professional Licensure, 321 E 12th Street, Des Moines, Iowa 50319

Telephone: 515-281-0254 Fax: 515-281-3121

This waiver must be retained at the QE for one year after the applicant is no longer relevant to the QE or one year post audit by DCI, whichever is longer. Do not send to DCI unless requested.