Kentucky Board of Respiratory Care

301 E. Main Street, Suite 900
Lexington, Kentucky 40507
(859) 246-2747 Fax: (859) 246-2750

APPLICATION FOR REINSTATEMENT

Please type or print:

1. Name:		Social Security Number:
2. Address:		
3. Work Number:	4. Home Number:	
5. Name license was issued under:	License Number:	
6. Do you currently hold a license in any other state(s)? [ ] Yes [ ] No If yes, attach copy of each license.		
7. Do you have any complaints currently pending against a license held by you in any other state(s)? [ ] Yes [ ] No If yes, attach explanation(s).		
8. Have you been convicted of any felony since the time of your initial licensing in Kentucky? [ ] Yes [ ] No If yes, attach explanation(s).		
9. Date when your Kentucky License terminated?		
10. List all places of employment and dates since your license expired in Kentucky:		
11. Attach reinstatement fee of $70.00 made payable to the Kentucky State Treasurer.		
12. Attach evidence of completion of twenty-four hours of continuing education in the past twenty-four months.		

SIGNATURE: _____ DATE: _____

Do Not Write Below This Line - For Board Use Only

Fee Receipt Date: _____ Approved: _____ Denied: _____
Amount: $ _____ Board Members Initials: _____
PV #: _____ _____

KENTUCKY BOARD
OF RESPIRATORY CARE
http://kbrc.state.ky.us

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FINANCIAL LOAN STATUS NOTICE

(Important, Please read carefully)

All applicants or licensees requesting certification and registration, must not be in default on any educational financial loans with Kentucky Higher Education Assistance Authority (KHEAA). Failure to fill out this form will result in your certification being denied by the KBRC pursuant to **KRS 164.772(3)**. A Memorandum of Understanding between KHEAA and the KBRC requires applicants for initial or renewal certification to certify to the KBRC that he or she is not in default on any educational financial loans with KHEAA.

STATEMENT OF FACT (Required by KRS 164.772)

I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority.

I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my license to practice respiratory care in the Commonwealth of Kentucky may not be issued or renewed .

_____
Signature

_____
(Print Name)

_____ _____
Date Signed *Social Security Number*

This form must be signed and returned to the Kentucky Board of Respiratory Care along with the application for license and or renewal. Your application or renewal will not be processed until this signed and dated form is received. Mailing address: (Top of page).