

KENTUCKY BOARD OF RESPIRATORY CARE

2365 Harrodsburg Rd., B350

Lexington, KY 40504-3386

Phone: (859) 246-2747 Fax: (859) 246-2750

http://kbrc.ky.gov

*** APPLICATION FOR RENEWAL**

<p>Name: _____ Address: _____ City: _____, State: _____ Zip: _____ Certificate No: # _____ Current Status: ACTIVE _____ INACTIVE _____</p>	<p>FOR BOARD USE ONLY Check # _____ Check amt _____ () MANDATORY CERT. (\$135.00) () INACTIVE STATUS (\$50.00)</p>
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Your mandatory certification will expire 01/30/2021. You are required to submit this completed renewal form, along with the appropriate renewal fee as delineated below:

Renew prior to January 30 **\$135**

Reinstatement after January 30 **\$200**

After January 30th your mandatory certification is terminated and by law, you cannot practice respiratory care until reinstated. You must complete a reinstatement form; submit the **\$200.00** fee and proof of 24 hours of continuing education. Checks should be made to the **Kentucky State Treasurer.**

You may request **Inactive Status** if you are **not** employed but wish to maintain your mandatory certification. Please be advised that you cannot practice respiratory care on inactive status. Submit this completed form, along with the **\$50** fee for processing and mark appropriate section on back of form.

1. *NAME _____ EMAIL _____

*ADDRESS _____

*CITY _____ *STATE _____ *ZIP CODE _____

COUNTY _____ *PHONE (_____) - _____ - _____

2. Present employers name, address and phone number:

NAME _____

ADDRESS _____

PHONE (_____) _____ - _____

3. *SOCIAL SECURITY NUMBER _____

4. *Have you been charged with, convicted of, or pled guilty to a felony or misdemeanor since your last renewal of your Kentucky mandatory certification?

_____ YES (attach documentation) _____ No

Application must be completed in full and signed; otherwise the renewal will not be processed. (*) Information that is required in order to process.

