

**KENTUCKY BOARD OF RESPIRATORY CARE**

2365 Harrodsburg Rd., B350

Lexington, KY 40504-3386

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

**\* APPLICATION FOR RENEWAL**

<p>Name: _____                  Address: _____                  City: _____, State: _____ Zip: _____                  Certificate No: # _____                  Current Status: ACTIVE _____ INACTIVE _____</p>	<p><b>FOR BOARD USE ONLY</b>                  Check # _____                  Check amt _____                  ( ) MANDATORY CERT. (\$135.00)                  ( ) INACTIVE STATUS (\$50.00)</p>
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Your mandatory certification will expire 01/30/2022. 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 30<sup>th</sup> your mandatory certification by law, will expire and you may not practice respiratory care until reinstated.* To reinstate after expiration, 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.**

