

**Kentucky Board of Respiratory Care**  
**2365 Harrodsburg Rd., B350**  
**Lexington, KY 40504-3335**  
**(859) 246-2747 Fax: (859) 246-2750**  
**APPLICATION FOR REINSTATEMENT**

**Please type or print:**

<b>1. Name:</b>		<b>Social Security Number:</b>
<b>2. Address:</b>		
<b>County:</b>		<b>Email:</b>
<b>3. Work Number:</b>	<b>4. Home Number:</b>	
<b>5. Name license was issued under:</b>	<b>License Number:</b>	
<b>6. Do you currently hold a license in any other state(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of each license.		
<b>7. Do you have any complaints currently pending against a license held by you in any other state(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, attach explanation(s).		
<b>8. Have you been convicted of any felony or misdemeanor since the time of your initial licensing in Kentucky?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, attach explanation(s).		
<b>9. Date when your Kentucky License expired?</b>		
<b>10. List all places of employment and dates since your license expired in Kentucky:</b>		
<b>11. Attach reinstatement fee of \$200.00 made payable to the Kentucky State Treasurer.</b>		
<b>12. Attach evidence of completion of twenty-four hours of continuing education in the past twenty-four months.</b>		

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Do Not Write Below This Line - For Board Use Only**

<b>Fee Receipt Date:</b> _____	<b>Approved:</b> _____	<b>Denied:</b> _____
<b>Amount: \$</b> _____	<b>Board Review Date:</b> _____	
<b>Check/MO#</b> _____	<b>Members:</b> _____	
<b>NBRC / State License Review:</b> _____		