KRS Chapter 314A, which was passed by the 1990 Regular Session of the Kentucky General Assembly creates a mandatory certification requirement for all persons who practice respiratory care in the Commonwealth of Kentucky. The Kentucky Board of Respiratory Care is empowered to issue the necessary credentials and oversee the practice of respiratory care in the state. A copy of the statutes is attached for your review.

Attached is an application which may be completed and sent, along with the appropriate fee an supporting documentation to the board for processing.

Eligibility for the mandatory certificate may be established by any one of the following two methods:

1. Furnishing the board with a copy of a certificate issued by the National Board for Respiratory Care, or its equivalent, which indicates certification or registry.

2. Furnishing the board with a copy of a license or certificate held in another state whose qualifications are equal to or greater than those in Kentucky and a copy of a certificate issued by the National Board for Respiratory Care, or its equivalent, which indicates certification or registry.

The completed application should be sent along with an application and certification fee totaling $150 to the board at the address on the front page of the application. The fee may be paid by personal check, cashiers check, or money order made payable to the KENTUCKY STATE TREASURER. Both the application fee and the original certification fee are non-refundable.

Additionally, those persons who have completed their educational training should use this application to apply for temporary permission to practice. A temporary permit may be issued to a person who has graduated from an approved educational program is waiting to sit for the entry level examination that will be administered by the National Board for Respiratory Care, or its equivalent. The completed application and appropriate documentation should be sent along with an application and temporary certification fee totaling $102. The application fee is non-refundable.

All persons now practicing respiratory care in Kentucky should apply for certification by the board at the earliest possible date.

If you have questions regarding this process, please feel free to contact the office at (859) 246-2747.
APPLICATION FOR MANDATORY CERTIFICATE

Instructions:
1. Read the application and instructions carefully before filling out the application. Answer all questions. If the answer is “no” or “none,” please indicate. If non-applicable, indicate N/A. If additional space is needed, attach separate sheets.
2. Please type or print.
3. Application and certification fee for NBRC Certified Mandatory Certificate is $150 and non-refundable if the application is denied. Checks for Mandatory ($150) or Temporary ($102) must be made payable to the KY TREASURER and remit to KBRC.

NAME OF APPLICANT: ________________________________________________

Last                   First                                                      Middle Initial

SOCIAL SECURITY NUMBER: ___________________ DATE OF BIRTH: ____________ SEX M [ ] F [ ]

HOME ADDRESS: _____________________________________________________________

Street, P.O. Box, Apt. #, etc.                  County

City                                                                 State     ZIP Code          Email

TELEPHONE NUMBER: Home: ___________________________ Office: ______________________________

CURRENT PLACE OF EMPLOYMENT: __________________________ DATE OF EMPLOYMENT __________

ADDRESS: _________________________________________________________________

Street, P.O. Box, Apt. #, etc.

City                                                                 State     ZIP Code

FORMER PLACE OF EMPLOYMENT: __________________________

DATES OF EMPLOYMENT: ___________________________ TO ___________________________

ADDRESS: _________________________________________________________________

Street, P.O. Box, Apt. #, etc.

City                                                                 State     ZIP Code

QUALIFICATIONS FOR CERTIFICATION

EDUCATION AND TRAINING:
List in chronological order beginning with high school, respiratory care training, programs accredited or recognized by the American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education. Attach a copy of respiratory care training certificate if available.

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<th>NAME AND ADDRESS OF SCHOOL OR COURSE</th>
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<th>DATES OF ATTENDANCE</th>
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DOCUMENTATION OF CREDENTIALS AND/OR EXPERIENCE:

Candidates for mandatory certification must furnish one of the following in order to qualify for certification. Please indicate which method you will be using and attach the appropriate documentation to this application.

_______ **NBRC certification or registry.** A copy of the certificate issued by the National Board for Respiratory Care which indicates certification or registry.

_______ **Reciprocity.** A copy of a license or certificate held in another state or jurisdiction and a copy of the certificate issued by the National Board for Respiratory Care which indicates certification or registry.

_______ **Temporary permission to practice.** A copy of appropriate educational or training credential held.

Have you ever made application for certification or licensure and failed to receive same in Kentucky or any other state?

_______ yes  ____ no  If yes, give reason application was denied._____________________________________________________

____________________________________________________________________

____________________________________________________________________

Has your certification in Kentucky or any other state ever been suspended or revoked?  ____ yes  ____ no  If yes, give the reasons.

____________________________________________________________________

____________________________________________________________________

Have you ever been convicted of a felony?  ____ yes  ____ no  If yes, what offense?  ________________________________

____________________________________________________________________

____________________________________________________________________

APPLICANT’S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read KRS Chapter 314A and fully understand that by receiving a certificate from the board, I am responsible for conducting my professional practice in accordance therewith.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification. In addition, I agree to furnish the Board any information which may subsequently be requested for the purpose of verifying my qualifications.

Signature ___________________________________________ Date ______________________________

DO NOT WRITE BELOW THIS LINE ------- FOR BOARD AND OFFICE USE ONLY

APPLICATION FEE RECEIPT

APPLICATION FEE RECEIPT

Amount $________ Date________

Check/MO #________________________________________

NBRC Disciplinary Database reviewed_______________

Cert. No. _________ Date __________

BOARD REVIEW DATE ______________

_____ Approved _______ Denied

Members ______________________________

NBRC Disciplinary Database reviewed_______________

Cert. No. _________ Date __________
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)