

**Kentucky Board of Respiratory Care  
1714 Perryville Rd. Ste 200  
Danville, KY 40422**

**(859) 246-2747 Fax: (859) 246-2750  
APPLICATION FOR REACTIVATION**

**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<br>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><br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s). |                        |                                |
| <b>8. Have you been convicted of any felony since the time of your initial licensing in Kentucky?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).       |                        |                                |
| <b>9. Date when your Kentucky License was Inactivated?</b>                                                                                                                                             |                        |                                |
| <b>10. List all places of employment and dates since your license inactivated in Kentucky:</b>                                                                                                         |                        |                                |
|                                                                                                                                                                                                        |                        |                                |
|                                                                                                                                                                                                        |                        |                                |
|                                                                                                                                                                                                        |                        |                                |
| <b>11. Attach reactivation fee of \$135 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***

|                                           |                               |
|-------------------------------------------|-------------------------------|
| Application Fee Receipt: _____            | Board Review Date _____       |
| Amount: \$ _____                          | Approved: _____ Denied: _____ |
| Check/MO# _____                           | Board Members Initials: _____ |
|                                           |                               |
| NBRC Disciplinary Database reviewed _____ |                               |
|                                           |                               |