

**KENTUCKY BOARD OF RESPIRATORY CARE**

**2365 Harrodsburg Rd., B350**

**Lexington, KY 40504-3386**

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

**\* APPLICATION FOR RENEWAL**

<b>Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____, <b>State:</b> _____ <b>Zip:</b> _____ <b>Certificate No: #</b> _____ <b>Current Status:</b> ACTIVE _____ INACTIVE _____	<p align="center"><b>FOR BOARD USE ONLY</b></p> <b>Check #</b> _____ <b>Check amt</b> _____ <input type="checkbox"/> <b>MANDATORY CERT. (\$135.00)</b> <input type="checkbox"/> <b>INACTIVE STATUS (\$50.00)</b>
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Your mandatory certification will expire 01/30/2024. You are required to submit this completed renewal form, along with the appropriate renewal fee as delineated below:

Renew prior to January 30	<b>\$135</b>
Reinstatement after January 30	<b>\$200</b>

*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.**

