

KENTUCKY BOARD OF RESPIRATORY CARE

1714 Perryville Rd. Ste.200

Danville, KY 40422

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

http://kbrc.ky.gov

*** APPLICATION FOR RENEWAL**

Name: _____ Address: _____ City: _____, State: _____ Zip: _____ Certificate No: # _____ Current Status: ACTIVE _____ INACTIVE _____	FOR BOARD USE ONLY Check # _____ Check amt _____ () MANDATORY CERT. (\$135) () INACTIVE STATUS (\$50)
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Your mandatory certification will expire **01/30/2025**. 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 30th your mandatory certification is expired and by law, you cannot practice respiratory care until reinstated. 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.

- *NAME** _____ **EMAIL** _____

***ADDRESS** _____

***CITY** _____ ***STATE** _____ ***ZIP CODE** _____

COUNTY _____ ***PHONE ()** _____ - _____
- 2. Present employers name, address and phone number:**
NAME _____

ADDRESS _____

PHONE () _____ - _____
- *SOCIAL SECURITY NUMBER** _____
- *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.

Based on 201 KAR 29:050 (2), you must obtain 24 CEU's for each renewal period. **The renewal period for a 2025 expiration date is 01/01/2023-12/31/2024. Do not mail documentation unless requested.** All applicants must complete the following information on each of the continuing education programs for this renewal period:

[illegible]**Total # of CEU's**_____

You must **maintain documentation** of the above completed continuing education programs and all other continuing education which you have obtained, for a 3-year period.

_____ Remaining on Inactive Status (no continuing education required)

_____ Requesting Inactive Status (no continuing education required)

I hereby certify that all information provided by me on this form is true and correct to the best of my knowledge.

*** Signature**

* **Date**