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LEGISLATIVE RESEARCH COMMISSION

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MEMORANDUM

TO: Morgan Ransdell, Board Attorney, Board of Respiratory Care

FROM: Ange Darnell, Regulations Compiler

RE: Proposed Amendments or New Regulations – 201 KAR 029:015 & 201 KAR 029:025

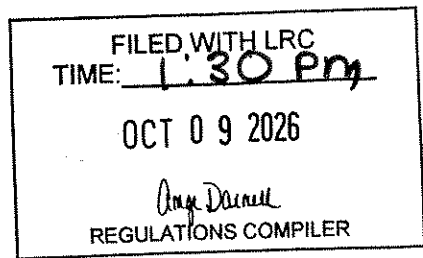
DATE: October 9, 2026

A copy of each administrative regulation listed above is enclosed for your files. These regulations are tentatively scheduled for review by the Administrative Regulation Review Subcommittee at its **JANUARY 2027** meeting. We will notify you of the date and time of this meeting once it has been scheduled.

Pursuant to KRS 13A.280, *if* comments are received during the public comment period, a Statement of Consideration or a one-month extension request for these regulations is due **by noon on January 15, 2027**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at RegsCompiler@LRC.ky.gov or (502) 564-8100.

Enclosures



1 BOARDS AND COMMISSIONS

2 Board of Respiratory Care

3 (Amendment)

4 201 KAR 29:015. Fees.

5 RELATES TO: KRS 314A.110, 314A.112, 314A.215, 314A.220, and KRS Chapter 335B

6 STATUTORY AUTHORITY: KRS 314A.205, 314A.220, 335B.032

7 CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies
8 with the requirements of 2025 RS HB 6, Section 8, now codified at KRS 13A.105(2), because the
9 amendments to this administrative regulation will not have a major economic impact.

10 NECESSITY, FUNCTION, AND CONFORMITY: KRS 314A.205(3) requires the board to
11 promulgate administrative regulations to carry out the provisions of KRS Chapter 314A. KRS
12 314A.205(6) and 314A.220(2) require the board to establish appropriate and reasonable fees
13 for mandatory certification and to periodically review and modify those fees. This
14 administrative regulation establishes all fees charged by the board.

15 Section 1. Application and Certification Fees Schedule.

16 (1) The application and certification fee for mandatory certification shall be \$150.

17 (2) The application and certification fee for temporary mandatory certification shall be \$102.

18 (3) The application and certification fee for limited mandatory certification shall be sixty (60)
19 dollars.

Section 2. Renewal Fees.

(1) A person holding a mandatory certificate wishing to renew the mandatory certificate shall submit:

(a) A completed Application for Renewal; and

(b) The appropriate renewal fee:

1. For active mandatory certification, \$135.

2. For inactive mandatory certification, fifty (50) dollars.

(2) All mandatory certificates not renewed by January 30 shall be deemed expired. For certificates that expire if not renewed on or before January 30 of even numbered years, the renewal period shall begin on November 1 of each odd numbered calendar year and shall end on January 30 of the next year. For certificates that expire if not renewed on or before January 30 of odd numbered years, the renewal period shall begin on November 1 of each even numbered calendar year and shall end on January 30 of the next year.

(3) Temporary mandatory certificates and limited mandatory certificates shall be ineligible for renewal.

(4) For any active duty military personnel, or the spouse of any active duty military personnel, the board waives the application fee for an initial mandatory certificate to practice respiratory care in the Commonwealth of Kentucky so long as said application is made pursuant to KRS 314A.110(4), and the applicant is duly authorized to practice in another state, is in good standing in that state, and holds an RRT or CRT credential issued by the National Board for Respiratory Care, or its equivalent.

Section 3. Reactivation and Reinstatement.

(1) A certificate holder wishing to reactivate an inactive certificate shall submit:

(a) A completed Application for Reactivation; and

(b) The \$135 reactivation fee.

(2) A certificate holder wishing to reinstate an expired certificate shall submit:

(a) A completed Application for Reinstatement; and

(b) The \$200 reinstatement fee.

Section 4. An individual seeing a predetermination regarding criminal history pursuant to KRS Chapter 335B and 201 KAR 29:025 shall submit:

(1) A completed Application for Predetermination; and

(2) The \$25 predetermination fee.

Section 5. All fees shall be nonrefundable

Section 6 [5]. Fees set forth this regulation shall not be prorated based upon the date of receipt or processing of the application; however, if approval of an application for reactivation or reinstatement occurs during a certificate holder's renewal period, the reactivation or reinstatement shall satisfy renewal requirements for that renewal period.

Section 7 [6]. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "Application for Reactivation", 4/17/2025;

(b) "Application for Reinstatement", 4/17/2025; and

(c) "Application for Renewal", 4/17/2025.

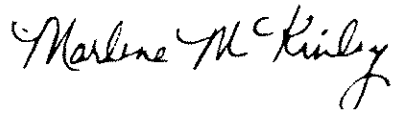
(d) "Application for Predetermination, 8/20/2026.

1 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
2 the Kentucky Board of Respiratory Care, 1714 Perryville Road, Suite 200, Danville, KY 40422,
3 Monday through Friday, 8:00 a.m. to 4:30 p.m. EST. This material is also available at
4 <https://kbrc.ky.gov/Pages/Applications-and-Forms.aspx#apps>.

Amended Administrative Regulation

201 KAR 29:015. Activities under limited mandatory certification.

Adopted: August 20, 2026

A handwritten signature in cursive script that reads "Marlene McKinley".

Marlene McKinley, RRT, Board Chair
Kentucky Board of Respiratory Care

August 20, 2026

Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on December 30, 2026 at 10:00 AM at the Kentucky Board of Respiratory Care, 1712 Perryville Rd, Suite 200, Danville, KY 40422. Individuals interested in being heard at this hearing shall notify this agency in writing by December 21, 2026, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through December 31, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON:

Morgan G. Ransdell, Board Attorney
Kentucky Board of Respiratory Care
1712 Perryville Rd, Suite 200
Danville, KY 40422
Phone: (502) 665-9600
Email: Morgan.Ransdell@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 29:015

Contact Person: Morgan G. Ransdell

Phone: (502) 665-9600

Email: Morgan.Ransdell@ky.gov

Subject Headings: Boards and Commissions, Respiratory Care, Occupations and Professions

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes all fees charged by the board.

(b) The necessity of this administrative regulation: KRS 314A.205(3) requires the board to promulgate administrative regulations to carry out the provisions of KRS Chapter 314A. KRS 314A.205(6) and 314A.220(2) require the board to establish appropriate and reasonable fees for mandatory certification and to periodically review and modify those fees.

(c) How this administrative regulation conforms to the content of the authorizing statutes: By establishing all fees charged by the board.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By establishing all fees charged by the board.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendment implements a fee of twenty-five (25) dollars for an Application for Predetermination.

(b) The necessity of the amendment to this administrative regulation: KRS 335B.032 mandates the adoption of a predetermination application process, and an application fee of \$25 is needed to defray the cost of implementation and ongoing administration of the predetermination process.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the content of the authorizing statutes by adopting a predetermination application process, and an application fee of \$25 to defray the cost of implementation and ongoing administration of the predetermination process.

(d) How the amendment will assist in the effective administration of the statutes: The amendment assists in the effective administration of the authorizing statutes by adopting a predetermination application process, and an application fee of \$25 to defray the cost of implementation and ongoing administration of the predetermination process.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? Yes, this regulation implements KRS 335B.020-034.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The regulation affects all individuals with criminal convictions who may wish to apply for a respiratory care license in Kentucky at any time in the future; however, the precise number of such persons is incalculable.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: No action is necessary as a consequence of this new regulation; however, the individuals identified in the response to question (4) will have the voluntary option of submitting an application for predetermination of licensure eligibility upon payment of a twenty-five (25) dollar fee.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): An application fee of \$25 must be paid in conjunction with an application for a predetermination.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): Recipients of a predetermination application will have the benefit of knowing whether a criminal conviction would constitute an absolute bar to future licensure before they undertake to obtain training and education in the field of respiratory care.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: The monetary costs associated with the implementation of the amendment arise from staff time, hearing officer charges pursuant to KRS 13B.030(2), and the cost of stenographic services regard the preparation of a hearing transcript; however, the precise amount of such costs is incalculable.

(b) On a continuing basis: The monetary costs associated with the implementation of the amendment arise from staff time, hearing officer charges pursuant to KRS 13B.030(2), and the cost of stenographic services regard the preparation of a hearing transcript; however, the precise amount of such costs is incalculable.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds, defrayed in part from the implementation of a \$25 fee that must be paid in conjunction with an application for a predetermination.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: As this regulation implements a new statutory predetermination process, an application fee of \$25 is needed to defray the cost of implementation and ongoing administration of the predetermination process.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: The promulgation of this regulation imposes an application fee of \$25.

(10) TIERING: Is tiering applied? Tiering is not applied and is not needed given the context and substance of the regulation.

FISCAL IMPACT STATEMENT

201 KAR 29:015

Contact Person: Morgan G. Ransdell

Phone: (502) 665-9600

Email: Morgan.Ransdell@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS Chapter 13B, Chapter 335B, 314A.225(1)(a) and (h), 314A.205.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act. This administrative regulation implements 2026 RS HB 185, which is now codified at KRS 335B.020-034.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Kentucky Board of Respiratory Care.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year: less than \$500.

For subsequent years: less than \$500.

2. Revenues:

For the first year: less than \$500.

For subsequent years: less than \$500 annually.

3. Cost Savings:

For the first year: The amendment will not impact cost savings.

For subsequent years: The amendment will not impact cost savings.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: N/A

For subsequent years: N/A

2. Revenues:

For the first year: N/A

For subsequent years: N/A

3. Cost Savings:

For the first year: N/A

For subsequent years: N/A

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Prospective licensure applicants.

(a) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: An application fee of \$25 must be paid.

For subsequent years: An application fee of \$25 must be paid.

2. Revenues:

For the first year: The application fee will nominally increase revenues.

For subsequent years: The application fee will nominally increase revenues.

Cost Savings:

For the first year: No cost savings for regulated entities.

For subsequent years: No cost savings for regulated entities.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: The board anticipates fewer than 20 predetermination applications annually, with an anticipated maximum collective annual impact of less than \$500, and a fiscal impact per application of only \$25.

(b) Methodology and resources used to determine the fiscal impact: The foregoing estimate is based upon relative infrequency with which the board receives applications for licensure from persons with criminal convictions that are relevant to the practice of respiratory care.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14): This administrative regulation will not have a major economic impact as it relates to the entities identified in (3)(a), (4)(a), and (5)(a) .

(b) The methodology and resources used to reach this conclusion: None.

Summary of Material Incorporated by Reference

201 KAR 29:015. Fees.

- (a) "Application for Reactivation", 4/17/2025;
- (b) "Application for Reinstatement", 4/17/2025;
- (c) "Application for Renewal", 4/17/2025; and
- (d) "Application for Predetermination, 8/20/2026.

Summary of Changes to Material Incorporated by Reference

(a) The "Application for Reactivation" has been updated with the new agency address, and to utilize uniform queries to seek disclosure regarding: (a) denial, suspension, revocation of any application for professional licensure nationwide; (b) pending licensure discipline complaints, (c) misdemeanor/DUI convictions; (d) impairment that in any way affects the ability to practice respiratory care in a competent, ethical and professional manner; and (e) current participation in a monitoring/alternative to discipline/diversion/peer assistance program.

(b) The "Application for Reinstatement" has been updated with the new agency address, and to utilize uniform queries to seek disclosure regarding: (a) denial, suspension, revocation of any application for professional licensure nationwide; (b) pending licensure discipline complaints, (c) misdemeanor/DUI convictions; (d) impairment that in any way affects the ability to practice respiratory care in a competent, ethical and professional manner; and (e) current participation in a monitoring/alternative to discipline/diversion/peer assistance program.

(c) The "Application for Renewal" has been updated with the new agency address, and to utilize uniform queries to seek disclosure regarding: (a) denial, suspension, revocation of any application for professional licensure nationwide; (b) pending licensure discipline complaints, (c) misdemeanor/DUI convictions; (d) impairment that in any way affects the ability to practice respiratory care in a competent, ethical and professional manner; and (e) current participation in a monitoring/alternative to discipline/diversion/peer assistance program. Also, the portion of the renewal application that queries applicants to list each individual continuing education program attended during the two-year certification has been removed.

(d) The "Application for Predetermination" is called for by KRS 335B.032(2), which requires the Board of Respiratory Care to implement a process by which an individual who has been convicted of a crime can "submit his or her application and have that applications considered" to obtain a determination regarding whether the conviction will disqualify the individual from professional licensure. KRS 335B.032(2) authorizes the Board of Respiratory Care to request that the individual submit the information listed in KRS 335B.020(2) to the hiring or licensing authority within a reasonable time as determined by the authority.

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

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

APPLICATION FOR REACTIVATION

Please type or print:

1. Name:		Social Security Number:
2. Address:		
County:		Email:
3. Work Phone Number:	4. Home Phone Number:	
5. Name license was issued under:	License Number:	
6. Do you currently hold a license to practice respiratory care in any other state(s)? ☐ Yes ☐ No If yes, attach copy of each license.		
7. Do you have any complaints currently pending against a certification or license held by you in Kentucky or any other state(s)? ☐ Yes ☐ No If yes, attach explanation(s) and a true and complete copy of all complaints.		
8. Have you been convicted of any felony, misdemeanor or DUI since your most recent application filed with the Ky. Board of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation(s) and a true and complete copy of each record of conviction.		
9. Has your certification or license to practice any profession in Kentucky or any other state been suspended or revoked since your most recent application filed with the Ky. Board of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation and a true and complete copy of the adverse determination.		
10. Have you made application for certification or licensure to practice any profession in any state and failed to receive same, since your most recent application filed with the Ky. Board of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation and a true and complete copy of the adverse determination.		
11. Do you currently have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice respiratory care in a competent, ethical, and professional manner? Yes ☐ No ☐ If yes, attach letter of explanation.		
12. Are you currently a participant in any state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program? Yes ☐ No ☐ If yes, list state and designee program name.		
13. Date when your Kentucky License was Inactivated?		
14. List all places of employment and dates since your license inactivated in Kentucky:		
15. Attach reactivation fee of \$135 made payable to the Kentucky State Treasurer.		
16. Attach evidence of completion of twenty-four hours of continuing education in the past twenty-four months.		

ATTESTATION

I hereby affirm that I am the person referred to in the foregoing application for a credential in Kentucky, that I personally completed it, or, if assisted by another, that I specifically directed all the entries and responses herein, that all statements contained herein and on all attachments are complete, true and accurate in every respect to the best of my knowledge, and that I have read and understand this application and all requirements stated herein. 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. If I become aware of any errors, omissions or needed changes regarding my entries and responses herein, I will notify board staff in writing within thirty (30) days. I agree to furnish the board with any information which may subsequently be requested for the purpose of verifying my qualifications. I understand that failure to comply with requirements for licensure, including the truthfulness and accuracy of this attestation, will subject this application to denial status at the discretion of the board. I have

reviewed KRS Chapter 314A and 201 KAR Chapter 29, and I understand the limitations which the laws and regulations place on my activities and that by receiving the credential sought, I am responsible for conducting my practice in accordance with the laws and regulations. I understand that all information herein is subject to an audit for verification and that knowingly supplying false information on this application is a violation of KRS Chapter 314A and 201 KAR Chapter 29 and may subject me to the full range of disciplinary action described therein.

SIGNATURE: _____ **DATE:** _____

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

Application Fee Receipt: _____
Amount: \$ _____
Check/MO# _____

Board Review Date _____
Approved: _____ Denied: _____
Board Members Initials: _____

NBRC Disciplinary Database reviewed _____

Kentucky Board of Respiratory Care

1714 Perryville Rd. Ste 200

Danville, KY 40422

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

APPLICATION FOR REINSTATEMENT

Please type or print:

1. Name:			Social Security Number:
2. Address:			
County:		Email:	
3. Work Phone Number:	4. Home Phone Number:		
5. Name license was issued under:	License Number:		
6. Do you currently hold a license to practice respiratory care in any other state(s)? ☐ Yes ☐ No If yes, attach copy of each license.			
7. Do you have any complaints currently pending against a license held by you in any other state(s)? ☐ Yes ☐ No If yes, attach explanation(s) and a true and complete copy of all complaints.			
8. Have you been convicted of any felony, misdemeanor or DUI since your most recent application filed with the Ky. Board of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation(s) and a true and complete copy of each record of conviction.			
9. Has your certification or license to practice any profession in Kentucky or any other state been suspended or revoked since your most recent application filed with the Ky. Board of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation and a true and complete copy of the adverse determination.			
10. Have you made application for certification or licensure to practice any profession in any state and failed to receive same, since your most recent application filed with the Ky. Board of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation and a true and complete copy of the adverse determination.			
11. Do you currently have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice respiratory care in a competent, ethical, and professional manner? Yes ☐ No ☐ If yes, attach letter of explanation.			
12. Are you currently a participant in any state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program? Yes ☐ No ☐ If yes, list state and designee program name.			
13. Date when your Kentucky License expired?			
14. List all places of employment and dates since your license expired in Kentucky:			
15. Attach reinstatement fee of \$200.00 made payable to the Kentucky State Treasurer.			
16. Attach evidence of completion of twenty-four hours of continuing education in the past twenty-four months.			

ATTESTATION

I hereby affirm that I am the person referred to in the foregoing application for a credential in Kentucky, that I personally completed it, or, if assisted by another, that I specifically directed all the entries and responses herein, that all statements contained herein and on all attachments are complete, true and accurate in every respect to the best of my knowledge, and that I have read and understand this application and all requirements stated herein. 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. If I become aware of any errors, omissions or needed changes regarding my entries and responses herein, I will notify board staff in writing within thirty (30) days. I agree to furnish the board with any information which may subsequently be requested for the purpose of verifying my qualifications. I understand that failure to comply with requirements for licensure, including the truthfulness and accuracy of this attestation, will subject this application to denial status at the discretion of the board. I have reviewed KRS Chapter 314A and 201 KAR Chapter 29, and I understand the limitations which the laws and regulations place on my activities and that by receiving the credential sought, I am responsible for conducting my practice in accordance with the laws and regulations. I understand that all information herein is subject to an audit for verification and that knowingly supplying false information on this application is a violation of KRS Chapter 314A and 201 KAR Chapter 29 and may subject me to the full range of disciplinary action described therein.

SIGNATURE: _____ **DATE:** _____

Do Not Write Below This Line - For Board Use Only

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

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 application; 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, misdemeanor or DUI since your most recent application filed with the Ky. Board of Respiratory Care?
 _____ YES (____) No If yes, attach a letter of explanation and a true and complete copy of each record of conviction, or the charging document if the charges are pending but no conviction has occurred.
5. Has your certification or license to practice any profession in Kentucky or any other state been suspended or revoked since your most recent application filed with the Ky. Board of Respiratory Care? [] Yes [] No If yes, attach explanation and a true and complete copy of the adverse determination.
6. Have you made application for certification or licensure to practice any profession in any state and failed to receive same, since your most recent application filed with the Ky. Board

of Respiratory Care? ☐ Yes ☐ No If yes, attach explanation and a true and complete copy of the adverse determination.

7. Do you have any complaints currently pending against a certification or license held by you in Kentucky or any other state(s)? ☐ Yes ☐ No If yes, attach explanation(s) and a true and complete copy of all complaints.

Application must be completed in full and signed; otherwise the renewal will not be processed. (*) Information that is required in order to process.

ATTESTATION

I certify that I am the person referred to in the foregoing application for a credential in Kentucky, that I personally completed it, or, if assisted by another, that I specifically directed all the entries and responses herein, that all statements contained herein and on all attachments are complete, true and accurate in every respect to the best of my knowledge, and that I have read and understand this application and all requirements stated herein. 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. If I become aware of any errors, omissions or needed changes regarding my entries and responses herein, I will notify board staff in writing within thirty (30) days. I agree to furnish the board with any information which may subsequently be requested for the purpose of verifying my qualifications. I understand that failure to comply with requirements for licensure, including the truthfulness and accuracy of this attestation, will subject this application to denial status at the discretion of the board. I have reviewed KRS Chapter 314A and 201 KAR Chapter 29, and I understand the limitations which the laws and regulations place on my activities and that by receiving the credential sought, I am responsible for conducting my practice in accordance with the laws and regulations. I understand that all information herein is subject to an audit for verification and that knowingly supplying false information on this application is a violation of KRS Chapter 314A and 201 KAR Chapter 29 and may subject me to the full range of disciplinary action described therein.

I understand and attest that, based on 201 KAR 29:050(2), by December 31 of the year preceding my upcoming January 30 biennial renewal deadline, I am required to obtain, and will have obtained, 24 CEUs for the biennial certification period, and that each of my CEUs will comply with one of the following requirements:

- (1) Academic courses appropriate for the respiratory care practitioner employed in the areas of clinical practice, administration, education, or research, which have been approved by the board or its designee, with a respiratory care course number of 400 or greater, intended for students who have already received an associates degree or bachelor's degree in respiratory care, and who have already passed an NBRC or its equivalent entry-level certification examination, with one (1) credit hour equaling fifteen (15) continuing education units;
- (2) American Association of Respiratory Care (AARC) approved CEUs;
- (3) CEUs approved by the Kentucky Board of Respiratory Care; or
- (4) CEUs for instructors who present scientific and educational lectures, workshops, or seminars on the subject of respiratory care, with instructors receiving double the Board or AARC approved CEUs earned by attendees; however, credit shall not be earned for repeated instruction of the same course during the same biennial certification period.

Do not mail CEU documentation unless requested.

Total # of CEU's _____

You must **maintain documentation** of all 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**

Kentucky Board of Respiratory Care - Application for Predetermination

Individuals with a criminal conviction have the option of seeking predetermination regarding whether the conviction(s) will cause them to be ineligible for a license from the Kentucky Board of Respiratory Care in the future. See, KRS Chapter 335B.010-034, and 201 KAR 29:025. Required responses on the following application are indicated by an asterisk (“*”).

1. First Name*:
2. Middle Name*:
3. Last Name*:
4. Street Address*:
5. City*:
6. State*:
7. ZIP Code*:
8. Phone Number*:
9. Email Address*:
10. Date of Birth*:
11. Social Security Number*:
12. Criminal History - For each separate criminal offense, please provide the offense type, date of offense, and date of conviction*: _____

13. Statement regarding nature and seriousness of the crime: _____

14. Statement about the relationship of the crime to the occupation at issue:

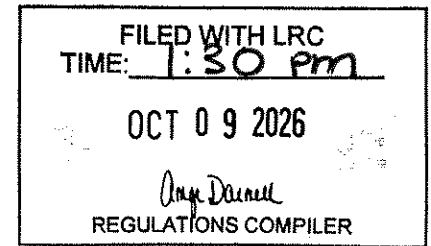
15. Summary of evidence of rehabilitation: _____

APPLICANT'S ACKNOWLEDGMENT AND AFFIDAVIT*

I, the undersigned applicant, acknowledge and affirm the following:

1. I am seeking a predetermination as to whether my criminal history disqualifies me for a professional license. It is my position that I am not disqualified.
2. I am the person referred to in the foregoing application that I personally completed, or, if assisted by another, I specifically directed all the entries and responses herein, and all statements contained herein and on all attachments are complete, true and accurate in every respect to the best of my knowledge.
3. If I become aware of any errors, omissions or needed changes regarding my entries and responses herein, including but not limited to changes to my address, phone number, or email address, I will notify board staff in writing within ten (10) days. \
4. I understand that failure to provide complete and accurate responses herein, including the truthfulness and accuracy of this attestation, will render any resulting determination of eligibility non-binding.
5. I understand that each Application for Predetermination shall be submitted online via the KBRC website and shall be accompanied by online payment of a non-refundable application fee of \$25.

Signature of Applicant _____ Date _____



1 BOARDS AND COMMISSIONS

2 Board of Respiratory Care

3 (New Administrative Regulation)

4 201 KAR 29:025. Predetermination of License Eligibility.

5 RELATES TO: KRS Chapter 13B, Chapter 335B, 314A.225(1)(a) and (h)

6 STATUTORY AUTHORITY: KRS Chapter 335B, 314A.205

7 CERTIFICATION STATEMENT: This is to certify that this administrative regulation
8 complies with the requirements of 2025 RS HB 6, Section 8, now codified at KRS 13A.105(2),
9 because the amendments to this administrative regulation will not have a major economic impact.

10 NECESSITY, FUNCTION, AND CONFORMITY: KRS 335B.032 requires the Board of
11 Respiratory Care to implement a process by which an individual who has been convicted of a crime
12 can obtain a determination regarding whether the conviction will disqualify the individual from
13 professional licensure. KRS 314A.225(1)(a) and (h) provide that the board shall have the power
14 to deny any license to practice respiratory care issued by the board or applied for in accordance
15 with KRS Chapter 314A, upon proof that the person has committed a crime, in accordance with
16 KRS Chapter 335B, and pursuant to an administrative hearing conducted in accordance with KRS
17 Chapter 13B. This administrative regulation establishes procedures for the predetermination of
18 licensure eligibility for prospective applicants with a criminal conviction.

19 Section 1. Application: (1) To be considered for predetermination, an applicant shall
20 submit:

21 (a) A completed and signed predetermination application;

(b) A non-refundable application fee in accordance with 201 KAR 29:015.

(2) The applicant may submit with the application evidence in accordance with KRS Chapter 335B.

Section 2. Notice of predetermination and right to an administrative hearing:

(1) A notice of predetermination shall be issued via email and USPS regular mail to the last known mailing and email addresses of the applicant within sixty (60) days of the filing of the completed application for predetermination.

(2) The applicant may challenge a determination of ineligibility by requesting an administrative hearing pursuant to KRS 335B.030(1)(a)(2), within fifteen (15) working days of the issuance of the notice of predetermination. The notice shall further state:

(a) The applicant may challenge the determination of ineligibility by requesting an administrative hearing pursuant to KRS 335B.030(1)(a)(2);

(b) If a hearing is not requested in accordance with KRS 31B.050(1)(a)(2), the determination shall remain in effect for a period of one (1) year. The applicant may not reapply during that period.

(c) A request for hearing shall be sent by email to the person identified in the notice of predetermination.

(d) If the written request for hearing is timely submitted, the board shall issue a notice of hearing in accordance with KRS 13B.050(1);

(e) Any new or previously submitted evidence relied upon by the applicant shall be submitted upon reapplication; and

(f) If the final order of the board is adverse to an applicant, the board may impose hearing costs upon the applicant pursuant to 201 KAR 29:030 §4(6).

1 Section 3. Incorporation by Reference.

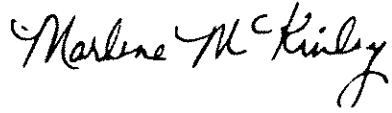
2 (1) "Application for Predetermination", 8/2026, is incorporated by reference.

3 (2) This material may be inspected, copied, or obtained, subject to applicable copyright
4 law, at Kentucky Board of Respiratory Care, 1714 Perryville Road, Suite 200, Danville, KY
5 40422, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available at
6 <https://kbla.ky.gov/Pages/Resources.aspx>.

New Administrative Regulation

201 KAR 29:025. Predetermination of License Eligibility.

Adopted: August 20, 2026

A handwritten signature in cursive script that reads "Marlene McKinley".

Marlene McKinley, RRT, Board Chair
Kentucky Board of Respiratory Care

August 20, 2026
Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on December 30, 2026 at 10:00 AM at the Kentucky Board of Respiratory Care, 1712 Perryville Rd, Suite 200, Danville, KY 40422. Individuals interested in being heard at this hearing shall notify this agency in writing by December 21, 2026, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through December 31, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON:

Morgan G. Ransdell, Board Attorney
Kentucky Board of Respiratory Care
1712 Perryville Rd, Suite 200
Danville, KY 40422
Phone: (502) 665-9600
Email: Morgan.Ransdell@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 29:025

Contact Person: Morgan G. Ransdell

Phone: (502) 665-9600

Email: Morgan.Ransdell@ky.gov

Subject Headings: Boards and Commissions, Respiratory Care, Occupations and Professions

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation implements a process by which an individual who has been convicted of a crime can obtain a determination regarding whether the conviction will disqualify the individual from professional licensure.

(b) The necessity of this administrative regulation: The promulgation of this administrative regulation is required by KRS Chapter 335B.

(c) How this administrative regulation conforms to the content of the authorizing statutes: By implementing a process by which an individual who has been convicted of a crime can obtain a determination regarding whether the conviction will disqualify the individual from professional licensure, including an opportunity for judicial review pursuant to KRS 13B.140.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By implementing a process by which an individual who has been convicted of a crime can obtain a determination regarding whether the conviction will disqualify the individual from professional licensure, including an opportunity for judicial review pursuant to KRS 13B.140.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: N/A.

(b) The necessity of the amendment to this administrative regulation: N/A.

(c) How the amendment conforms to the content of the authorizing statutes: N/A.

(d) How the amendment will assist in the effective administration of the statutes: N/A.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? Yes. This administrative regulation implements 2026 RS HB 185, which is now codified at KRS 335B.020-034.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The regulation affects all individuals with criminal convictions who may wish to apply for a respiratory care license in Kentucky at any time in the future; however, the precise number of such persons is incalculable.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: No action is necessary as a consequence of this new regulation; however, the individuals identified in the response to question

(4) will have the voluntary option of submitting an application for predetermination of licensure eligibility.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): an application fee of \$25 must be paid in conjunction with an application for a predetermination, and applicants who seek an administrative hearing pursuant to KRS Chapter 13B are subject to a requirement for payment of the cost of the hearing officer and the cost of stenographic services if the board final order is adverse to the applicant.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): Recipients of a predetermination application will have the benefit of knowing whether a criminal conviction would constitute an absolute bar to future licensure before they undertake to obtain training and education in the field of respiratory care.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: The monetary costs associated with the implementation of the amendment arise from staff time, hearing officer charges pursuant to KRS 13B.030(2), and the cost of stenographic services regard the preparation of a hearing transcript; however, the precise amount of such costs is incalculable.

(b) On a continuing basis: The monetary costs associated with the implementation of the amendment arise from staff time, hearing officer charges pursuant to KRS 13B.030(2), and the cost of stenographic services regard the preparation of a hearing transcript; however, the precise amount of such costs is incalculable.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds, defrayed in part from the implementation of a \$25 fee that must be paid in conjunction with an application for a predetermination, and the recoupment of hearing expenditures in instances where the board final order is adverse to the applicant.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: As this regulation implements a new statutory predetermination process, an application fee of \$25 is needed to defray the cost of implementation and ongoing administration of the predetermination process.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: The promulgation of this regulation is accompanied by a corresponding amendment to 201 KAR 29:015, which imposes an application fee of \$25.

(10) TIERING: Is tiering applied? Tiering is not applied and is not needed given the context and substance of the regulation.

FISCAL IMPACT STATEMENT

201 KAR 29:025

Contact Person: Morgan G. Ransdell

Phone: (502) 665-9600

Email: Morgan.Ransdell@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS Chapter 13B, Chapter 335B, 314A.225(1)(a) and (h), 314A.205.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act. This administrative regulation implements 2026 RS HB 185, which is now codified at KRS 335B.020-034.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Kentucky Board of Respiratory Care.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year: While staff time will be needed to implement the predetermination process in the first year, procurement expenditures for materials and services will be nominal and are not expected to exceed \$1,000.

For subsequent years: While staff time will be needed to implement the predetermination process in subsequent years, procurement expenditures for materials and services will be nominal and are not expected to exceed \$1,000 annually.

2. Revenues:

For the first year: less than \$500.

For subsequent years: less than \$500 annually.

3. Cost Savings:

For the first year: The regulation will not impact cost savings.

For subsequent years: The regulation will not impact cost savings.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: N/A

For subsequent years: N/A

2. Revenues:

For the first year: N/A

For subsequent years: N/A

3. Cost Savings:

For the first year: N/A

For subsequent years: N/A

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Prospective licensure applicants.

(a) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: An application fee of \$25 must be paid.

For subsequent years: An application fee of \$25 must be paid.

2. Revenues:

For the first year: The application fee will nominally increase revenues.

For subsequent years: The application fee will nominally increase revenues.

Cost Savings:

For the first year: The regulation will not result in cost savings.

For subsequent years: The regulation will not result in cost savings.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: The board anticipates fewer than 20 predetermination applications annually, with an anticipated maximum collective annual impact of less than \$500, and a fiscal impact per application of only \$25.

(b) Methodology and resources used to determine the fiscal impact: The foregoing estimate is based upon relative infrequency with which the board receives applications for licensure from persons with criminal convictions that are relevant to the practice of respiratory care.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(14): This administrative regulation will not have a major economic impact as it relates to the entities identified in (3)(a), (4)(a), and (5)(a) .

(b) The methodology and resources used to reach this conclusion: None.

Summary of Material Incorporated by Reference

201 KAR 29:025. Predetermination of License Eligibility.

- (a) "Application for Predetermination", 8/2026.

Summary of Changes to Material Incorporated by Reference

- (a) The "Application for Predetermination" is called for by KRS 335B.032(2), which requires the Board of Respiratory Care to implement a process by which an individual who has been convicted of a crime can "submit his or her application and have that applications considered" to obtain a determination regarding whether the conviction will disqualify the individual from professional licensure. KRS 335B.032(2) authorizes the Board of Respiratory Care to request that the individual submit the information listed in KRS 335B.020(2) to the hiring or licensing authority within a reasonable time as determined by the authority.

Kentucky Board of Respiratory Care - Application for Predetermination

Individuals with a criminal conviction have the option of seeking predetermination regarding whether the conviction(s) will cause them to be ineligible for a license from the Kentucky Board of Respiratory Care in the future. See, KRS Chapter 335B.010-034, and 201 KAR 29:025. Required responses on the following application are indicated by an asterisk (“*”).

1. First Name*:
2. Middle Name*:
3. Last Name*:
4. Street Address*:
5. City*:
6. State*:
7. ZIP Code*:
8. Phone Number*:
9. Email Address*:
10. Date of Birth*:
11. Social Security Number*:
12. Criminal History - For each separate criminal offense, please provide the offense type, date of offense, and date of conviction*: _____

13. Statement regarding nature and seriousness of the crime: _____

14. Statement about the relationship of the crime to the occupation at issue: _____

15. Summary of evidence of rehabilitation: _____

APPLICANT'S ACKNOWLEDGMENT AND AFFIDAVIT*

I, the undersigned applicant, acknowledge and affirm the following:

1. I am seeking a predetermination as to whether my criminal history disqualifies me for a professional license. It is my position that I am not disqualified.
2. I am the person referred to in the foregoing application that I personally completed, or, if assisted by another, I specifically directed all the entries and responses herein, and all statements contained herein and on all attachments are complete, true and accurate in every respect to the best of my knowledge.
3. If I become aware of any errors, omissions or needed changes regarding my entries and responses herein, including but not limited to changes to my address, phone number, or email address, I will notify board staff in writing within ten (10) days. \
4. I understand that failure to provide complete and accurate responses herein, including the truthfulness and accuracy of this attestation, will render any resulting determination of eligibility non-binding.
5. I understand that each Application for Predetermination shall be submitted online via the KBRC website and shall be accompanied by online payment of a non-refundable application fee of \$25.

Signature of Applicant_____Date_____