

NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE

APPLICATION FOR RENEWAL OF LICENSE

2019

MAIL RENEWAL, CHECK, & EDUCATION TO:

NDSBRC
PO BOX 2223
BISMARCK, ND 58502-2223

OFFICE USE ONLY
Postmark Date
Date Received
Amount
Check #

MAKE CHECKS PAYABLE TO: NDSBRC

- Registered Respiratory Therapist \$80
Certified Respiratory Therapist \$80
Registered Polysomnographic Technologist \$80

LATE FEE \$25.00
MUST INCLUDE LATE FEE & CONTINUING EDUCATION IF APPLICATION AND FEE ARE NOT POST MARKED ON OR BEFORE December 31, 2018!

LICENSE NO.

NAME FIRST MIDDLE LAST MAIDEN

SOCIAL SECURITY NUMBER (For verification purposes only!)

HOME ADDRESS
CITY STATE ZIP COUNTY

HOME PHONE WORK PHONE

E-MAIL PLACE OF EMPLOYMENT

WORK ADDRESS
CITY STATE ZIP COUNTY

**PERSONAL INFORMATION:

- 1. Do you hold or have you ever held a license in another state?
2. Has your respiratory care license ever been denied, suspended, or revoked in North Dakota or any other state since last time you renewed?
3. Have you been convicted of any violation of any federal, military, state or local laws (excluding minor traffic violations) since last time you renewed?

**VOLUNTARY EMERGENCY RESPONSE SYSTEM:

Through the renewal process, the North Dakota Board of Respiratory Care, along with North Dakota Emergency Preparedness and Response Section, is seeking respiratory care professional volunteers for North Dakota Public Health Emergency Volunteer Medical Reserve Corps (PHEVR/MRC).

SIGNATURE: By signing this document, I am affirming that I am the person who is referred to in this application, that the statements therein are true in every respect, I have not suppressed any information that might affect this application, if asked for supporting documentation showing evidence of compliance of completion of the 10 required continuing education units I can supply such documentation, and that I have read and understood this document.

Signature Date

CONTINUING EDUCATION REPORTING ON REVERSE SIDE!

NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE

(Hours completed between Feb. 1, 2018 to Jan. 31, 2019)

CONTINUING EDUCATION REQUIREMENTS

Category	CEU Hours	CEU Date	Subject/Content/Activity	Sponsor/Educator/Institution	Provider Number

CEU Categories/Limits

This criterion is to be used for all categories of continuing education activities you have attended. A minimum of 10 continuing education hours is required for renewal.

NOTE: ALL LECTURES ATTENDED OR GIVEN MUST HAVE A PROVIDER NUMBER.

- Category 1 – Participation in an educational activity directly related to respiratory therapy, pulmonary function technology, or polysomnography which includes any one of the following: lecture, panel, workshop, seminar, symposium, or distance education.
- Category 2 – Retake and pass the respective examination for the highest credential held.
- Category 3 – Pass a credentialing examination not previously completed.

****N.D.Admin. Code 105-02-01-04, “Continuing education courses must relate to or increase the professional competence of the attendee. This determination will be made by the board through approval of requested courses. The board has the authority to accept programs sponsored by a local, state, regional, national, international, scientific, or professional organization appropriate to provide continuing education (i.e., AARC, NDSRC, AMA, ALA, AHA, AASM, AAST, BRPT, ASET, etc.)**