NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE

APPLICATION FOR RENEWAL OF LICENSE **2020**

MAIL RENEWAL, CHECK, & EDUCATION TO: MAKE CHECKS PAYABLE TO: NDSBRC Registered Respiratory Therapist \$80		NDSBRC PO BOX 2223 BISMARCK, ND 58502-2223		Postmark Date Date Received Amount	
				Check #	
Certified Respiratory	=			F CONTINUING EDUCATION IF APPLICATION AND FEE	
Registered Polysom	nographic Technologist \$	880 ARE NOT POST MA	IRKED ON OR BEFOR	E <u>December 31, 2019!</u>	
LICENSE NO.		-			
NAME					
FIRST		MIDDLE	LAST	MAIDEN	
SOCIAL SECURITY NUI	MBER (For verificat	ion purposes only!)			
HOME ADDRESS					
	CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK P	HONE		
E-MAIL		PLACE OF EMPLOY	MENT		
WORK ADDRESS					
	CITY	STATE	ZIP	COUNTY	
	have you ever held a li			_No	
renewed?		-		North Dakota or any other state since last time you	
	esNo If "	· •	•		
3. Have you been on time you renew	•	•	•	laws (excluding minor traffic violations) since last a written explanation.	
Section, is seeking respirat (PHEVR/MRC). Respirat State of North Dakota duinformation, please visit requirement for licensure SIGNATURE: By sign statements therein are	cess, the North Dakot atory care professional ory care professionals ring health and medic the North Dakota Dep. e. ing this document, letrue in every respe	a Board of Respiratory al volunteers for North who register will be al emergencies within artment of Health PHI am affirming that I ct, I have not suppro	y Care, along with Nan Dakota Public Heacredentialed and of North Dakota and, EVR/MRC website a man the person wessed any informa	North Dakota Emergency Preparedness and Response alth Emergency Volunteer Medical Reserve Corps fered the opportunity to volunteer on behalf of the for across the country. To register, or for additional at www.ndhealth.gov/EPR/HP/PHEVR. This is not a ho is referred to in this application, that the ation that might affect this application, if asked	
for supporting docume can supply such documents				of the 10 required continuing education units I ment.	
Signature			Date		

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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.)