NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE

APPLICATION FOR RENEWAL OF LICENSE

2025

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 & COPIES OF CONTINUING EDUCATION IF APPLICATION AND FEE ARE NOT POST MARKED ON OR BEFORE December 31, 2024!*

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? ____Yes ____No
If "Yes", list the state(s) _____

2. Has your respiratory care license ever been denied, suspended, or revoked in North Dakota or any other state since last time you renewed?
____Yes ____No **If "Yes", please attach a written explanation.**

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? ____Yes ____No **If "Yes", please attach a written explanation.**

SIGNATURE: I hereby affirm that I have completed my required hours of continuing education in conformance with NDCC subsection 43-42-03 (8). If the NDSBRC concludes that I have not complied with the requirements set forth in NDCC subsection 43-42-03 (8), and the NDSBRC does not grant an extension or waiver under NDAC section 105-02-01-04, I hereby agree to waive my right to an administrative hearing and appeal pursuant to NDCC ch. 28-32 and agree that the NDSBRC may issue an order taking disciplinary action against my license.

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, and that I have read and understood this document.

Signature_____ Date_____

CONTINUING EDUCATION REPORTING ON REVERSE SIDE!

NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE

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.)**