



# State of Maine

## BOARD OF RESPIRATORY CARE PRACTITIONERS

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

### Respiratory Care Therapist or Respiratory Care Technician

**Do not return the following informational pages with your application; it is for your information only**

Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579 or Main Receptionist (207) 624-8603  
TTY users call Maine relay 711  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [respcare.lic@maine.gov](mailto:respcare.lic@maine.gov)

**APPLICATION INSTRUCTION  
RESPIRATORY CARE TECHNICIAN (CRT)  
RESPIRATORY CARE THERAPIST (RRT)**

**Fax submissions of applications and supporting documentation will not be accepted**

**License Verification**

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

**Written confirmation of NBRC credentials.**

You can reach the NBRC by Telephone: Toll-Free: 888 – 341 – 4811 or 913 – 895 – 4900 or via the internet at [www.nbrc.org](http://www.nbrc.org)

**Transcript (If you do not hold credentials with NBRC)** An official academic transcript demonstrating completion of an educational program for respiratory therapists which is accredited by COARC or its predecessor accrediting body

**INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED.** Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review. All pages requiring initials must be returned to our office as part of your complete application.

The Board of Respiratory Care Practitioners requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

**PROCESSING TIME:**

Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.

- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an “active” status. Licenses are printed off site and require at least 14 business days for delivery.

# VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken i.e. CRT, RRT
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

**IMPORTANT:** Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

|                            |                       |                        |             |
|----------------------------|-----------------------|------------------------|-------------|
| FULL LEGAL NAME            | <i>FIRST</i>          | <i>MIDDLE INITIAL</i>  | <i>LAST</i> |
| ANY OTHER NAMES EVER USED: |                       |                        |             |
| DATE OF BIRTH              | <i>mm / dd / yyyy</i> | SOCIAL SECURITY NUMBER | - -         |
| MAILING ADDRESS            |                       |                        |             |
| CITY                       | STATE                 | ZIP                    | COUNTY      |
| PHONE # ( )                | FAX # ( )             | E-MAIL                 |             |

**CRIMINAL BACKGROUND DISCLOSURE**

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

- 1. Have you ever been convicted by any court of any crime? (circle one)**                      **NO**                      **YES**  
If yes, enclose a signed detailed description of what happened (including dates) and a copy of the court judgment.
- 2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)**                      **NO**                      **YES**  
If yes, enclose a signed detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

**Board of Respiratory Care Practitioners**

**Respiratory Therapist or Respiratory Care Technician**

**Required Fees: \$186.00 (Non-Refundable)**

(includes application, license and criminal records check fees)

LICENSE TYPE, check one:

- Respiratory Therapist                      (*TH1421*)
- Respiratory Care Technician (*TC1421*)

**Office Use Only:**

TH/TC 1446 - \$100.00  
1421- \$ 65.00  
2619 - \$ 21.00

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

|  |              |                       |             |
|--|--------------|-----------------------|-------------|
| NAME OF CARDHOLDER (please print)  | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> |
| I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD                      the following amount: \$ _____ |              |                       |             |
| <input type="checkbox"/> <b>I understand that fees are non-refundable</b>  |              |                       |             |

Card number:                      *XXXX-XXXX-XXXX-XXXX*                      Expiration Date                      *mm / yyyy*

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

**SECTION 1: EDUCATION**

|  |                    |          |
|--|--------------------|----------|
| Please check one:  |                    |          |
| <input type="checkbox"/> NBRC Credentialed<br><input type="checkbox"/> Graduate of an COARC accredited respiratory care educational program                              |                    |          |
| College of Respiratory Care  | Date of Graduation |          |
|  |                    |          |
| Contact Address:   | Street or P.O. Box |          |
|  |                    |          |
| City   | State              | Zip Code |
|  |                    |          |
| <b>Note:</b> If you are applying for licensure based on 32 MRS § 9708 (3)(A)(2) an Official transcript demonstrating your degree must be submitted with your application |                    |          |

**SECTION 2: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE (TEMPORARY OR TRAINEE INCLUDED).** (Continue on a separate sheet, if necessary)

| 1. State, Territory, Country   | License Number/Type | Date Issued | Expiration Date |
|--|---------------------|-------------|-----------------|
|  |                     |             |                 |
| 2. State, Territory, Country   | License Number/Type | Date Issued | Expiration Date |
|  |                     |             |                 |
| 3. State, Territory, Country   | License Number/Type | Date Issued | Expiration Date |
|  |                     |             |                 |
| For each of the above, you must submit with this application an official Verification of Licensure from the licensing jurisdiction. <b>IMPORTANT:</b> Applications submitted without all of the Verification of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete. |                     |             |                 |

**Use a separate sheet of paper if additional space is needed.**

**NOTE:** For each of the above, you must submit with this application an official Verification of Licensure from each licensing jurisdiction. **IMPORTANT:** Applications submitted without all of the Verifications of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

**INITIALS OF APPLICANT**

**SECTION 3: Check appropriate response to the questions below. Any YES response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.**

|  |   |
|--|---|
| <p>Has a hospital or similar health care institution privileges ever been denied or which had previously been granted to you suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?</p>  | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> |
| <p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p> <p>Clarification on programs:</p> <ul style="list-style-type: none"> <li>• Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease.</li> <li>• Medicaid – Health program administered by the United States government for people with limited incomes.</li> <li>• MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid.</li> </ul> | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> |

**SECTION 4: NOTICES**

**10 Day Notification Requirement**

**Please Note:**

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

**INITIALS OF APPLICANT**

## **SECTION 5: APPLICANT'S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Respiratory Care Practitioners will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Applications that are incomplete, altered (including the use of any white out substance), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.

|   |       |
|---|-------|
| Printed Name of Applicant   | Title |
|   |       |
| Signature of Applicant  | Date  |
|  |       |