



List the name and completion year of the accredited respiratory care educational program which you completed.

Year \_\_\_\_\_

In what year did you pass the National Board of Respiratory Care examination? \_\_\_\_\_

Have you ever held a professional healthcare license to practice respiratory care in the State of West Virginia or in any other state or providence? \_\_\_\_\_

*If yes, provide the dates in which you held the license and in which state or providence you held the license?*

\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a professional healthcare license of any type in the State of West Virginia or in any other state or providence? \_\_\_\_\_

*If yes, provide the dates in which you held the license and in which state or providence you held the license?*

\_\_\_\_\_  
\_\_\_\_\_

If you have held a license of any type in any state or providence, has your license ever been denied, revoked, suspended, surrendered or otherwise disciplined by any governing agency? \_\_\_\_\_

*If yes, provide a detailed explanation and copies of all pertinent documents.*

\_\_\_\_\_  
\_\_\_\_\_

Do you have any disciplinary actions pending in any other state or providence? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor or pled nolo contendere to any crime, had records expunged or been pardoned? \_\_\_\_\_

*If yes, explain in detail. Enclose all pertinent documents to the charge(s) and disposition of sentencing.*

*You must include speeding tickets if you have received three (3) or more speeding tickets in the last two (2) years.*

\_\_\_\_\_  
\_\_\_\_\_

Have you ever, or are you currently abusing prescription or over-the-counter medication? \_\_\_\_\_

Is there any reason why access to narcotics or substances of abuse should be restricted or limited? \_\_\_\_\_

Has your respiratory practice ever been monitored for any reason, disciplined or otherwise, by any employer, facility, board, group, or governing agency? \_\_\_\_\_

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of respiratory care? \_\_\_\_\_

Have you ever, or are you currently using illegal drugs? \_\_\_\_\_

*Pursuant to WV Code §48-15-303, each applicant must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct:*

Do you have child support obligation? \_\_\_\_\_ If yes, is it equal to or more than six months in arrears? \_\_\_\_\_ Are you the subject of a child support related subpoena or warrant? \_\_\_\_\_ If yes, which in which state or providence was the petition ordered? \_\_\_\_\_

Affix your fingerprints using black ink:

Applicant's Left Thumb Print:

Applicant's Right Thumb Print:

**AFFIDAVIT**

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and who is referred to in the forgoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand the affidavit. I understand that supplying false information on this application is ground for denial of licensure, suspension, or immediate revocation of license. Further, I hereby acknowledge that I have read the laws and regulations governing the practice of respiratory care in the State of West Virginia. Furthermore, I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Must be signed in the presence of an Official Notary)*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Official Notary Seal

\_\_\_\_\_  
Notary Signature  
\_\_\_\_\_  
County  
\_\_\_\_\_  
State



**West Virginia Board of Respiratory Care**  
**106 Dee Drive, Suite 1, Charleston, WV 25311**  
**Phone: (304) 558-1382, Fax: (304) 558-1383**

## **Application Fees**

The application fee of \$200.00 must accompany the license application. Use **Money Order or Certified Check ONLY** - made payable to the West Virginia Board of Respiratory Care as your method of payment. **Do not send cash.**

## **Required Documents for Licensure**

To apply for a license, the applicant must complete the application for license and attach the following required documents:

- (1) **Notarized copy** of the certificate of completion (official transcript or diploma) of an approved respiratory care educational program.
- (2) **Notarized copy** of the original NBRC Credential Certificate or official "Statement of Credentials" from the NBRC direct to this board.
- (3) **2 inch by 2 inch Photograph**: professional, color, passport style (attach to application)  
Digital (jpg) photographs will be accepted on CD or diskette only.
- (4) **"Letter of Good Standing"** mailed direct to the WV Board of Respiratory Care from each state in which you have a current or have had a previous licensed.
- (5) **Continuing Education Requirements: *Not Applicable to New Graduates***

### New Applicant:

If you have (1) not actively been practicing or, (2) coming from a state that does not require continuing education or, (3) you have not acquired continuing education within the past 24 months, you are required to submit proof of five continuing education units with this application. Additional continuing education units may be accessed within 30 days of licensure. If you have not practiced in the preceding five (5) years, this board does require you to retake and pass the National Board of Respiratory Care examination.

### Reinstatement:

In addition to the requirements for a new applicant, if you are applying for reinstatement of an expired West Virginia license and you did not fulfill your continuing education requirement at the time of your license expiration, your previous continuing education requirement must be fulfilled and accompany this application.

### **Mail Completed Application and Fee to:**

**WV Board of Respiratory Care**  
**106 Dee Drive, Suite 1**  
**Charleston, WV 25311**