



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
RESPIRATORY CARE PRACTITIONER
LICENSURE APPLICATION**

For Office Use Only
License # _____
Issue Date _____
Exp. Date _____

Please check one: Initial Licensure Reinstatement CT License # _____

First Name: _____ Last Name: _____ MI: _____ Maiden Name: _____

SS #: _____ - _____ - _____ E-mail: _____

Name and Mailing Address: This is how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on license: _____

Address: _____

City, State, Zip: _____

Phone number: (____) _____ Date of Birth: ____/____/____ Gender: _____

PROFESSIONAL EDUCATION: List all respiratory program(s) attended. (Attach additional sheets as necessary.)

INSTITUTION	ADDRESS	EXACT DATES
_____	_____	____/____/____ to ____/____/____

WORK EXPERIENCE, IF ANY: List all work experience as a RCP. (Attach additional sheets as necessary.)

ORGANIZATION	ADDRESS	EXACT DATES
_____	_____	____/____/____ to ____/____/____
_____	_____	____/____/____ to ____/____/____

List all states/territories of the United States in which you **are now** or **have ever been** licensed/registered or certified: attach a separate sheet if necessary.

STATE	LIC./REG./CERT. NUMBER	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT

Have you successfully completed the Entry Level, Advanced Practitioner or Clinical Simulation Examination administered by the National Board for Respiratory Care, Inc.? Yes No .
If yes, please indicate Examination: _____ Date completed _____

Are you now or have you ever been registered as a respiratory therapist by the Canadian Society of Respiratory Therapists? Yes No . If yes, date registered _____

TEMPORARY PERMIT - If you are applying for a temporary permit, complete this section.

Please indicate when you will take the National Board for Respiratory Care exam: _____
Name of the Connecticut licensed RCP supervisor: _____ Lic. # _____

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES NO

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES NO

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. YES NO

If your answer is "yes" to any of the above questions (1-5), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES NO

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES NO

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

NOTARIZATION:

***Tape a recent
 photograph of
 applicant
 here.***

DO NOT STAPLE

On this _____ day of _____ 20 _____,

_____ (*applicant's name*) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Signature of Applicant

Signature of Notary Public

Commission Expires

Please return this application and the fee for \$190.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

DEPARTMENT OF PUBLIC HEALTH
 RESPIRATORY CARE PRACTITIONER LICENSURE- REMITTANCE UNIT
 410 CAPITOL AVE., MS# 12 MQA
 P.O. BOX 340308
 HARTFORD, CT 06134-0308

IMPORTANT: Please do not send this form and fee unless you have read and understood the licensing policies and requirements. All fees are nonrefundable.