

# Attention Prospective Applicants and Current Licensees

**Effective July 1, 2005**

Act 1249 of 2005 has changed the new/renewal licensing requirements for all applicants/licensees.

As of July 1, 2005 every person applying for a license/renewal – M.D., D.O., LRCP, OT, OT-A and PA – must complete a criminal background check and/or authorize the Arkansas State Medical Board to conduct such check.

**Arkansas code 17-95-306 states:**

*(a)(1) Beginning July 1, 2005, every person applying for a license or renewal of a license issued by the Arkansas State Medical Board shall provide written authorization to the board to allow the Arkansas State Police to release the results of a state and federal criminal history background check report to the board.*

*(2) The applicant shall be responsible for payment of the fees associated with the background checks.*

**Any application for license/renewal received on or after July 1, 2005 must meet this requirement.**



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

[www.armedicalboard.org](http://www.armedicalboard.org)

## IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Dear Respiratory Care Applicant:

Enclosed is an application for Respiratory Care Licensure. We welcome you and are glad you have chosen to practice in Arkansas.

Act 1249 of 2005 requires the Arkansas State Medical Board to conduct criminal background checks (both state and federal) on applicants for licensure. Upon receipt in this office of your completed application and fee, instructions will be forwarded to you on the process for obtaining the background check.

It is important for you to understand the licensure process may take several weeks to complete. This depends totally on the responses we receive from your verification requests. To insure efficiency please type, or print your application. Answer all the questions. Do not leave any blanks. If the question does not pertain to you write in "Not Applicable" or "N/A".

**Question #1:** Enter your legal name. If your name has changed due to marriage, divorce, adoption or naturalization, submit a notarized copy of pertinent document. Enter your Social Security Number to be used for identification. Enter your name as it is listed on your Driver's License or Passport. **Include a copy of these documents.**

**Question #7** requires you to also complete the top portion of the Respiratory Care Education Form (provided in your application packet), attach a recent photo of yourself in the space provided on the lower half of the form and mail the form to your Respiratory Care School. ***Be sure to attach the photo. Form will not be accepted without your picture.*** Upon receipt, the school will complete the information, affix their school seal and return the form along with an Official Transcript directly to this office. **This form must be dated, sealed and submitted AFTER graduation. Any form dated and signed before graduation will be invalid and returned.**

**Question #8** requires you to contact the National Board of Respiratory Care and request them to mail a letter of certification direct to this office. (This applies only if you have successfully completed the NBRC examination.)

**Question #10** If you have or have had any other state licenses, you are required to complete the top portion of the License Verification form provided in your application packet. (You may make copies if needed.) Mail a form to each of the State Respiratory Licensing Boards where you have been licensed. Upon receipt, the Board will complete the required information, affix their Seal and return the form directly to this office.

**Question #11** requires you to list your professional activities from Respiratory School to the present. **Do not leave any time gaps longer than (60) sixty days. If there is a gap longer than (60) sixty days, you are required to forward an explanation of that gap.**

**Question #12** requires you to list the names, addresses and association of three professional references. At least two of these references should be licensed Respiratory Care Therapists. (If you are a recent graduate, you may use your clinical supervisor's and program director for references.)

**Questions #13 through 20** require you to attach a detailed explanation to any ‘yes’ response on any of these questions. Also provide any legal documentation pertinent to this event.

Question #13 - Misdemeanor or Felony conviction – attach explanation and copy of original indictment, judgment or conviction, indicate whether paroled or placed on probation and how probation was completed. Please note that if you have a record which is sealed, expunged or pardoned, you are still required to answer “yes” to this question.

**Affidavit of Applicant** requires the applicant to attach a recent photograph in the space provided and sign before a Notary Public. The Notary’s Seal must be affixed partially on the photograph. ***Applications received without a photo or without being notarized will be returned to the applicant for completion.***

A **Disciplinary Action Form** is also enclosed in the application packet. You will need to complete the top portion of the form and mail it to the National Board of Respiratory Care at the address indicated on the form. **If you are currently certified by NBRC, you will need to include the required fee of \$ 5.00. If your certification is inactive, the fee is \$20.00.** Upon receipt of this form, NBRC will check their Data Bank and report directly to this office your standing with them. ***This form is a requirement for licensure of all previously licensed Respiratory Care Therapists.***

**A copy of the Arkansas Rules and Regulations** governing Respiratory Care is included in your application packet. You are required to read them and sign the **Affidavit** and return it to this office with the application. ***This is a requirement for licensure.***

**Verification of Hospital/Facility Affiliation Form is enclosed.** The top portion of this form is to be completed by the applicant and forwarded to all previous respiratory care department directors for the past five (5) years of employment. (Form can be copied). The Respiratory Care Department Directors are to complete the bottom portion with appropriate information and forward back to the Arkansas State Medical Board. Any verification received from the applicant will be invalid and will be returned.

**The required license application fee for a permanent license is \$ 75.00. Fee for a Temporary Permit is \$110.00 (\$75.00 for application fee and \$35.00 for Temporary License). The appropriate fees must be included with the application.**

#### **Temporary Permits:**

A new graduate of Respiratory Care School may apply for a Temporary Permit while waiting to take the NBRC examination. The requirements are the same except for the NBRC requirement. You must have a letter or copy of your admission ticket from the NBRC stating you are scheduled to take the NBRC examination.

A Temporary Permit may be issued to Respiratory Care students who meet the same requirements as for licensure, except as follows:

- a. Students must be enrolled in an AMA approved Respiratory Care program as specified in Section 7.4, entering their last semester of technical training.
- b. Students must submit a notarized copy of their current school transcript, and a letter of recommendation that states the expected graduation date, from their program director.
- c. Upon graduation, students must complete the top portion of the Respiratory Care Education Form (provided in the application packet); attach a recent photo in the space provided on the lower half of the form and mail the form to your Respiratory Care School. Be sure to attach the photo. Forms will not be accepted without the photo attached. Upon receipt, the school will complete the information, affix the school seal and return the form with an Official Transcript directly to this office.
  - Upon notice of successful completion of examination, your license will be issued.
  - If you do not pass the examination, you may request, in writing, a second Temporary Permit. You must submit proof that you are registered to take the NBRC examination again, along with an additional \$35.00 fee. (*You will not be allowed a third permit should you not pass prior to the expiration date of your Temporary Permit.*)



Arkansas State Medical Board  
2100 Riverfront Drive  
Little Rock, AR 72202  
Phone: (501) 296-1802  
Fax: (501) 296-1972  
www.armedicalboard.org

## Authorization to Release Pending Licensure Application File Information

So the licensing process might be made easier for both you and the Board, we do limit our communication about your file to you and one other person of your choice. We have found that in the past, phone calls providing duplicate information have only slowed the process, which will delay the licensure process for you. Provide the Board in writing with the name of the person, other than yourself, that will be working with you to complete your file.

Your licensing coordinator will be working with over one hundred (100) other applicants at the time she is working with you. To streamline this process, your coordinator will communicate with you and one other person of your choice regarding your file. It has been proven that communicating with multiple people and providing duplicate information slows the process and the period in which you will receive your license or temporary permit. Until written notification of the other contact, has been received, the coordinator will communicate only with you.

I authorize the Arkansas State Medical Board to release any and all information regarding the status of my licensure file to the person listed below:

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*(Print full name of Representative)*

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*(Email address of Representative)*

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*(Print full name of Applicant)*

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*(Signature of Applicant)*

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*(Date Signed)*

This document must be completed and returned with your initial application. Information will not be released to anyone other than yourself without this written authorization.



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

## APPLICATION FOR RESPIRATORY CARE LICENSURE IN ARKANSAS

Full License     Temporary Permit

1. Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Legal Name. If name on documentation is not the same as above, submit a copy of legal name change.)

Name as listed on Driver's License or Passport \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

2. Address \_\_\_\_\_

3. Address you wish license to be mailed  
\_\_\_\_\_

4. Phone (Res.) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email) \_\_\_\_\_

5. Male  Female  Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_ Race \_\_\_\_\_

If born outside of U.S., how long have you lived in U.S. \_\_\_\_ Years \_\_\_\_ Months. Are you a citizen of U.S. \_\_\_\_ yes \_\_\_\_ no

If yes, and foreign born, attach proof of citizenship. If no, indicate your status with U.S. Immigration \_\_\_\_\_

(Attach copy of your Visa/Work Permit)

6. Intended practice location in Arkansas \_\_\_\_\_ Give name and address of hospital, clinic, group or private:  
\_\_\_\_\_

7. Respiratory School. Date Graduated mo. \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Certificate/Degree \_\_\_\_\_

List in chronological order the name and location of each college, university, or technical school attended.

Complete Name of Institution	Complete Address	Date From	Date To

Have Verification of Respiratory Care Education Form and an official Transcript mailed directly to this office.

8. Have you passed the National Board for Respiratory Care Certification/Registry examination? \_\_\_\_ Yes \_\_\_\_ No  
If yes, have certification from NBRC mailed directly to this office.

9. Have you previously taken and failed the National Board for Respiratory Care Certification/Registry examination? \_\_\_\_ Yes \_\_\_\_ No  
If yes, how many times? \_\_\_\_\_

10. List all states/countries, in which you have or have had a Respiratory Care license. Have verification of each state or country license mailed directly to this office. Send enclosed Verification of Licensure form. (Form may be copied if necessary.) If no licenses or Temporary Permits have been held, indicate this by stating None or N/A in the section below.

State	License #	Date Issued	Active Y/N

State	License #	Date Issued	Active Y/N

11. Professional Activities

List in chronological order all your professional activities, institutional affiliations or places of employment since graduation from Respiratory Care School. This includes hospitals, teaching institutions, HMO's, private practice, corporations, military assignments, government agencies, and Locum Tenens assignments.

From	To	Status	Location & Complete Address	Position

12. Professional References: List three (3) references. These three (3) references may not be related to you. They must have worked with you and directly observed your professional performance in the recent past. At least one of the references must have had organizational responsibility for supervising your performance (i.e., department head, supervisor or training program director). All must have known you for at least six (6) months. Two must be from fully licensed respiratory care therapists.

NAME	ADDRESS	ASSOCIATION

Attach Explanation of Any "Yes" Answer

YES NO

13. Have you ever been charged or convicted of a felony or misdemeanor? (NOTE: Applicants must answer affirmatively if records, charges, or convictions have been pardoned, expunged, plead down, released or sealed.)

\_\_\_\_\_

\_\_\_\_\_

14. Have you had a DWI or DUI conviction in the last three (3) years?  
If yes, How Many? \_\_\_\_\_ (Provide explanation)

\_\_\_\_\_

\_\_\_\_\_

15. Do you have any physical, mental or emotional impairment that would hinder your ability to perform duties assigned in any healthcare profession including that of Respiratory Care?

\_\_\_\_\_

\_\_\_\_\_

16. Have you ever been addicted to alcohol or drugs?

\_\_\_\_\_

\_\_\_\_\_

17. Have you ever been treated for alcohol/substance abuse in a treatment center or hospital?  
If yes, give name of institution, date and length of stay in explanation. (Provide an Attachment)

\_\_\_\_\_

\_\_\_\_\_

18. Has any Medical/Respiratory Care licensing board or NBRC ever sanctioned you or your certification?  
If yes, list name and address of Entity in an attachment

\_\_\_\_\_

\_\_\_\_\_

19. Have you ever voluntarily surrendered your Healthcare/RC license or certification in any jurisdiction, state or territory?

\_\_\_\_\_

\_\_\_\_\_

20. Have you ever previously made application to the Arkansas State Medical Board?  
If yes, when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_ certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation or denial of any license to practice respiratory care granted to me and criminal prosecution to the fullest extent of the Law.

Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_

County of \_\_\_\_\_

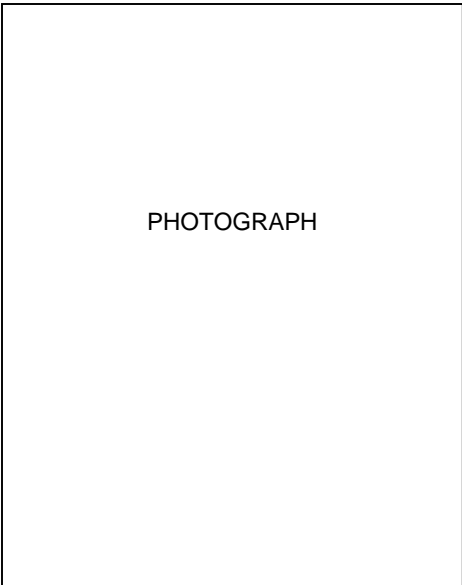
State of \_\_\_\_\_

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(SEAL)

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY  
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Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Received: \$ \_\_\_\_\_.00

Temporary Permit Number \_\_\_\_/\_\_\_\_/\_\_\_\_

(1)

(2)

(1)

(2)

Temporary Permit Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Approval Signature of Committee Member: \_\_\_\_\_ (1) \_\_\_\_\_ (2) Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (1) (2)

Full License Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Arkansas LRCP License Number: \_\_\_\_\_

Approval Signature of Committee Member: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

[www.amedicalboard.org](http://www.amedicalboard.org)

## VERIFICATION OF RESPIRATORY CARE EDUCATION

Name of Institution \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_ LRCP, have applied for a license to practice respiratory care in the state of

(Print full name)

Arkansas. As part of the application process, the Arkansas State Medical Board requires verification of my **Respiratory Care Education**.

**I hereby authorize** \_\_\_\_\_, its staff, or representative to provide the Arkansas State

(Name of respiratory care college, university or technical school)

Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the **Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202-1435**. I understand completed forms returned to me will not be accepted for verification purposes.

Sincerely,

\_\_\_\_\_  
(Signature of Applicant)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Social Security Number (\_\_\_\_-\_\_\_\_-\_\_\_\_)

Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**For verification of  
LRCP EDUCATION ONLY  
Please provide exact dates.**

The following section must be completed by the dean or registrar of the Respiratory Care school and return directly to the Arkansas State Medical Board. **Verifications returned to the applicant will not be accepted** Do not complete if photograph is not attached. Any substitutions must contain all required information or it will not be accepted for verification purposes.

This certifies \_\_\_\_\_  
(Full name of applicant)

Enrolled in \_\_\_\_\_  
(Name of respiratory care college, university or technical school)

on \_\_\_\_/\_\_\_\_/\_\_\_\_ graduated \_\_\_\_/\_\_\_\_/\_\_\_\_ with a degree in \_\_\_\_\_  
Month Day Year Month Day Year

Further, the records of this institution indicate that the attached photograph

(check one)  Represents a true likeness of the above named applicant.

Does not represent a true likeness of the above named applicant.

### AN OFFICIAL TRANSCRIPT MUST BE RETURNED WITH THIS FORM

By \_\_\_\_\_  
Signature of the dean or registrar

**SEAL**

Attach  
Passport size  
Photograph  
here

Signed and the college Seal affixed on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Respiratory Care school seal MUST be imprinted partially on photograph**



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## DISCIPLINARY ACTION VERIFICATION

To the Applicant:

Complete the information below (whether a member or not) and mail directly to the following address:

**National Board for Respiratory Care, Inc.  
Attention: Disciplinary Actions  
18000 W. 105<sup>th</sup> Street  
Olathe, KS 66061-7543**

I, \_\_\_\_\_, RCP, hereby authorize and request the NBRC, National Board for Respiratory Care, Inc., having control of any documents, records, and other information pertaining to me, to furnish to the Arkansas State Medical Board all information requested on this form and any pertinent information regarding final actions taken against my license to practice Respiratory Care Therapy.

Signature of Applicant:		Certification Type: <b>CRT</b>
Printed Name of Applicant:	Date of Birth: ____/____/____	Social Security Number ____-____-____

The Arkansas State Medical Board requests a **Verification** on the Applicant listed above. Please return the information to:

Arkansas State Medical Board  
Respiratory Therapy Department  
2100 Riverfront Drive  
Little Rock, AR 72202

Board seal must be affixed

(Enclose \$5.00 fee for active certification, \$20.00 fee for inactive certification)



# ARKANSAS STATE MEDICAL BOARD

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## VERIFICATION OF RESPIRATORY CARE LICENSE

I, \_\_\_\_\_, hereby authorize and request the state board of \_\_\_\_\_, having control of any documents, records, and other information pertaining to me, to furnish to the Arkansas State Medical Board all information requested on this form and any pertinent information regarding final actions taken against my license to practice Respiratory Care.

Signature of Applicant	License Number	Issue Date ____/____/____
Name in full (Please print or type)	Date of Birth ____/____/____	Social Security number ____-____-____

Other names used in obtaining licensure

Current Address

<b>For verification of LICENSURE</b> Please provide exact dates.	<b>This following section must be completed by an official of the state board and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly from the state board or it will not be accepted for verification purposes. State Seal must be affixed to be accepted.</b>
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State of	Full name of licensee
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Graduate Of	License Number	Issue Date ____/____/____
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Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Active  Inactive  Lapsed  Other  (Explain on Back)

1. Has the applicant ever been warned, censured, or disciplined in any manner by a licensing or disciplinary authority in your state? If <b>yes</b> , please provide date(s) ____/____/____, ____/____/____.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Has his/her application for initial licensure or reinstatement ever been denied or withdrawn? If <b>yes</b> , please provide date(s) ____/____/____, ____/____/____.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is This Respiratory Therapist currently under investigation by your state board?	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any

Board Seal must be affixed	Signature and Title	Date ____/____/____
	State Board	



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

[www.armedicalboard.org](http://www.armedicalboard.org)

## VERIFICATION OF HOSPITAL/FACILITY/AGENCY AFFILIATION

Name of Institution \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, RCP have applied for a license to practice respiratory care in  
(Print Full Name)

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/facility in which I have or have had Hospital/Facility Privileges or Employment for the past (5) years.

I hereby authorize \_\_\_\_\_, its staff, or representative to provide the Arkansas Sate Medical Board  
(Name of Facility)

any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_  
MO DAY YR

**For verification of HOSPITAL, FACILITY or EMPLOYMENT AFFILIATION. Please provide exact dates.**

The following section must be completed by the department director and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. **Form must be signed.**

I, \_\_\_\_\_ state that the above named RCP has been employed  
(Print Full Name)

at our hospital/facility/agency from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*  
MO DAY YR MO DAY YR

Indicate the scope of Clinical Practice, if any: \_\_\_\_\_

During the stated period of time, the clinical privileges of this individual (check one)  Were  Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one)  Would  Would not be recommended for employment at this facility.

**If for any reason the requested data regarding the above RCP cannot be verified, please briefly explain or attach additional sheet.**

**\*Note: Breaks in privileges should be listed as separate entries.**

\_\_\_\_\_  
Type or Legibly Print Name

\_\_\_\_\_  
Signature **(DO NOT USE SIGNATURE STAMPS)**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Enter Date Signed MO DAY YR

( ) ( )  
Telephone Number Fax Number email address



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, AR 72202-1435 (501)296-1802  
[www.armedicalboard.org](http://www.armedicalboard.org)

## ARKANSAS RULES AND REGULATIONS AFFIDAVIT

I, \_\_\_\_\_, on this date, \_\_\_\_\_,  
(Type or Print Name)

**Do affirm that I have read the Respiratory Care Act, Arkansas Code 17-99-101, *et seq.*, and the Rules and Regulations of the Arkansas State Medical Board.**

**Signed:** \_\_\_\_\_  
(Respiratory Care Practitioner Signature)

**THIS IS A REQUIREMENT FOR LICENSURE. YOU MUST COMPLETE THIS FORM AND  
RETURN IT TO:**

**ARKANSAS STATE MEDICAL BOARD  
2100 RIVERFRONT DRIVE  
LITTLE ROCK, AR 72202-1435**

# **ARKANSAS STATE MEDICAL BOARD**



## **ARKANSAS MEDICAL PRACTICES ACTS & REGULATIONS FOR RESPIRATORY THERAPISTS**

# RESPIRATORY CARE PRACTITIONERS SUBCHAPTER 1 - GENERAL PROVISIONS

## 17-99-101. Title.

This chapter shall be cited as the “Arkansas Respiratory Care Act.”

**History.** Acts 1969, No. 168, § 19; A.S.A. 1947, § 72-1618; Acts 1987, No. 952, § 17.

## 17-99-102. Definitions.

As used in this chapter, unless the context otherwise requires:

(1) (A) “Respiratory care” means the practice of the principles, techniques, psychology, and theories of cardiopulmonary medicine under the verbal or written direction or prescription of a licensed physician and/or under the supervision of a qualified medical director.

(B) Respiratory care will include, but not be limited to, the following:

(i) Evaluation and treatment of individuals whose cardiopulmonary functions have been threatened or impaired by developmental defects, the aging process, physical injury or disease, or anticipated dysfunction of the cardiopulmonary system;

(ii) Evaluation techniques including cardiopulmonary function assessment, gas exchange evaluation, the need and effectiveness of therapeutic modalities and procedures, and assessment and evaluation of the need for extended care and home care procedures and equipment; and

(iii) (a) The professional application of techniques, equipment, and procedures involved in the administration of respiratory care such as:

- (1) Therapeutic gas administration;
- (2) Prescribed medications;
- (3) Emergency cardiac, respiratory, and cardiopulmonary resuscitation measures;
- (4) Establishing and maintaining artificial airways;
- (5) Cardiopulmonary function tests;
- (6) Testing and obtaining physiological evaluation of arterial and venous blood samples;
- (7) Exercises designed for the rehabilitation of the cardiopulmonary handicapped;
- (8) Maintaining postural drainage, vibration and chest percussion, aerosol administration, breathing exercises, artificial and mechanical ventilation; and
- (9) Cleaning and sterilization of cardiopulmonary function equipment and its maintenance.

(b) Those techniques may be applied in the treatment of the individual or patient in

groups or through health care facilities, organizations or agencies;

(2) “Respiratory care practitioner” means a licensed person who practices respiratory care as defined in this chapter under the prescription and direction of a licensed physician;

(3) “Board” means the Arkansas State Medical Board;

(4) “Committee” means the Arkansas State Respiratory Care Examining Committee;

(5) “Qualified Medical Director” means a licensed physician who is the medical director of any inpatient or outpatient respiratory care service, department or home care agency, or long-term care facility.

(5) “Licensed allied health practitioner” means any person formally trained and tested in an allied health field, qualified to deliver medical care to the public, and licensed in the State of Arkansas.

**History.** Acts 1969, No. 168, § 1; A.S.A. 1947, § 72-1601; Acts 1987, No. 952, § 1; 1995, No. 1094, § 1; 2001, No. 1049, § 2.

## 17-99-103. Penalty - Injunction.

(a) Any person violating the provisions of this chapter shall be guilty of a misdemeanor. Upon conviction, that person shall be punished by a fine of not less than one hundred dollars (\$100) nor more than one thousand dollars (\$1,000) or by imprisonment in the county jail for a period of not less than one (1) month nor more than six (6) months, or by both fine and imprisonment. Each day of violation shall constitute a separate offense.

(b) The courts of record in this state having general equity jurisdiction are vested with jurisdiction and power to enjoin the unlawful practice of respiratory care in the county in which the alleged unlawful practice occurred or in which the defendant resides. The issuance of an injunction shall not relieve a person from criminal prosecution for violation of this chapter, but the remedy of injunction shall be in addition to liability from criminal prosecution.

**History.** Acts 1969, No. 168, §§ 15, 16; A.S.A. 1947, §§ 72-1615, 72-1616; Acts 1987, No. 952, §§ 13, 14.

## SUBCHAPTER 2 - REGULATORY AGENCIES

### 17-99-201. Medical board - Powers and duties.

(a) The Board shall administer the provisions of this chapter.

(b) The board, with the advice and assistance of the Arkansas State Respiratory Care Examining Committee, shall:

- (1) Pass upon the qualifications of applicants for licensure;
- (2) Provide for a nationally standardized examination;
- (3) Determine the applicants who successfully pass the examinations; and
- (4) License those applicants who meet the qualifications provided in this chapter.

(c) In addition to the other powers and duties set out elsewhere in this chapter, the board shall:

- (1) Adopt and put into effect rules and regulations to carry this chapter into effect;

- (2) Investigate reported violations of this chapter and take such steps as may be necessary to enforce the chapter;
- (3) (A) Keep a record of its proceedings and a record of all persons registered under this chapter.
- (B) The register shall show:
  - (i) The name of every registrant;
  - (ii) His last known place of business;
  - (iii) His last known place of residence; and
  - (iv) The date and number of his license;
- (4) (A) Compile a list, which shall be printed annually, of all respiratory care practitioners who are licensed to practice respiratory care in the State of Arkansas.
- (B) It shall furnish a copy of the list to all persons requesting it upon the payment of such a fee as may be fixed by the board to compensate for the cost of printing the list;
- (5) (A) With the advise and assistance of the Arkansas Respiratory Care Examining Committee, adopt rules and regulations for issuance of temporary permits for students and graduates of approved training programs to practice limited respiratory care under the supervision of a licensed respiratory care practitioner or physician.
- (B) Rules and regulations shall be adopted defining for the purposes of this chapter the terms 'students', 'limited', 'supervision', and 'approved training programs'; and
- (6) With the advice and assistance of the Arkansas Respiratory Care Examining Committee, adopt rules and regulations for the issuance of licenses for respiratory care practitioners and put them into effect.

**History.** Acts 1969, No. 168, §§ 2, 6; A.S.A. 1947, §§ 72-1602, 72-1606; Acts 1987, No. 952, §§ 2, 4; 1995, No. 1094, § 2.

#### **17-99-202. Medical Board - Meetings.**

- (a) The board shall hold its regular meetings on the fourth Thursday in November and the fourth Thursday in June and shall have the power to call special meetings at such times as it deems necessary.
- (b) It may meet at such places as a majority may agree upon, consulting the convenience of the board and applicants for examination and certificates.

**History.** Acts 1969, No. 168, § 4; A.S.A. 1947, § 72-1604.

#### **17-99-203. Arkansas State Respiratory Care Examining Committee.**

- (a) There is created the Arkansas State Respiratory Care Examining Committee to assist the board in carrying out the provisions of this chapter.
- (b) The examining committee shall consist of five (5) members, appointed by the Governor for a term of three (3) years:
  - (1) One (1) member shall be a board certified anesthesiologist. The Governor shall appoint that member upon the advice and recommendation of the Arkansas State Medical Board;
  - (2) One (1) member shall be a member of the American College of Chest Physicians. The Governor shall appoint that member upon the

advice and recommendation of the Arkansas State Medical Board;

- (3) Three (3) members shall be licensed under this chapter. The Governor shall appoint those members upon the advice and recommendation of the Arkansas Society for Respiratory Care.
- (c) (1) The examining committee shall meet with the board at its regular meetings and assist in conducting all examinations and shall have the power to call special meetings at such times as it deems necessary.
- (2) A majority of the committee shall have the power to call a special meeting.

**History.** Acts 1969, No. 168, §§ 3, 5; A.S.A. 1947, §§ 72-1603, 72 1605; Acts 1987, No. 952, § 3; 1995, No. 1094, § 3.17-99 204.

#### **17-99-204. Board responsibility for finances - Compensation for committee.**

- (a) All fees and penalties provided for in this chapter shall be received by the Arkansas State Medical Board and shall be expended by them in furtherance of the purposes of this chapter and in accordance with the provisions of Sec. 17-95-305.
- (b) The members of the Arkansas State Respiratory Care Examining Committee shall receive as compensation for their services such sums as the board shall deem appropriate.
- (b) It shall not be lawful for the board or any member of the board, in any manner whatever, or for any purpose, to charge or obligate the State of Arkansas for the payment of any money whatever.

**History.** Acts 1969, No. 168, § 17; A.S.A. 1947, § 72-1617; Acts 1987, No. 952, § 15; 1997, No. 250, § 171.

#### **17-99-205. Continuing education.**

The board, in cooperation with the Arkansas Society for Respiratory Care, shall develop and implement rules and regulations for continuing education.

**History.** Acts 1969, No. 168, § 20, as added by Acts 1987, No. 952, § 16; 2001, No. 1049, § 1.

## **SUBCHAPTER 3 - LICENSING**

#### **17-99-301. License required - Exceptions.**

- (a) It shall be unlawful for any person to practice respiratory care or to profess to be a respiratory care practitioner or to use any initials, letters, words, abbreviations, or insignia which indicate that he is a respiratory care practitioner, or to practice or to assume the duties incident to respiratory care without first obtaining from the board a license authorizing the person to practice respiratory care in this state.
- (b) (1) Nothing in this chapter shall be deemed to prohibit any person licensed under any act in this state from engaging in the practice for which he is licensed.
- (2)(A) A licensed physician or a licensed advanced practice nurse shall be exempt from the requirement of obtaining a license to practice respiratory care.
- (B) A licensed registered nurse or a licensed practical nurse qualified in and engaged in respiratory care under the supervision of a licensed physician or a licensed advanced

practice nurse within the terms of their collaborative agreement shall be exempt from the requirement of obtaining a license to practice respiratory care.

- (C) A licensed allied health practitioner who passes an examination that included content in one or more of the functions included in the definition of respiratory care in § 71-99-102 shall not be prohibited from performing such procedures as he or she was tested
- (3) Nothing in this chapter shall be construed to prohibit or to require a license hereunder with respect to:
- (A) The rendering of services in case of an emergency; and
  - (B) The administration of oxygen or other resuscitation procedures to participants in or spectators at athletic events;
  - (C) Any person pursuing a course of study leading to a degree or certificate in respiratory care at an accredited or approved educational program by the Committee, if the activities and services constitute a part of the supervised course of study and the person is designated by a title which clearly indicates the student or trainee status;
  - (D) Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold himself out to be a respiratory care practitioner;
  - (E) The respiratory care practitioner who demonstrates advances in the art and techniques of respiratory care learned through formalized or specialized training;
  - (F) Any person working in the military service or federal health care facilities when functioning in the course of their assigned duties;
  - (G) Any person who has demonstrated his competency in one or more areas covered by this chapter who performs only those functions that he is qualified by examination to perform. The Committee and the Board shall have the authority to evaluate the standards of examinations and examining organizations and to reject qualification by inadequate examinations and examining organizations;
  - (H) Medically trained personnel employed in a designated critical access hospital licensed as such by the Department of Health.
  - (I) The practice of Respiratory Care, when done in connection with the practice of the religious principles or tenets of any well-recognized church or denomination which relies upon prayer or spiritual means of healing.

**History.** Acts 1969, No. 168, § 15; A.S.A. 1947, § 72-1615; Acts 1987, No. 952, § 13; 1995, No. 1094, § 4; 2001, No. 1049, § 3.

#### **17-99-302. Qualifications and examination of applicants – Fees - Waiver.**

- (a) The board shall register as a respiratory care practitioner and shall issue a license to:
- (1) any person who satisfactorily passes the examination provided for in this chapter and who

otherwise meets the requirements for qualification contained herein and pays a fee not to exceed one hundred and fifty dollars (\$150.00);

- (2) any person who furnishes sufficient and satisfactory written evidence to the Board that the person has received registration and/or certification by the National Board for Respiratory Care, or successor organization, and who shall, at the time of his or her application, pay the Board a fee not to exceed one hundred and fifty dollars (\$150.00);
  - (3) any person, whether or not he has passed the examination provided for in this chapter, who through a notarized affidavit, submitted to the Board by January 1, 1996, demonstrates that he, as of September 1, 1995, or within the three (3) year period prior to September 1, 1995, is or was providing respiratory care as defined in Arkansas Code 17-99-102, and who submits an application and a fee not to exceed one hundred and fifty dollars (\$150.00).
- (b) Each applicant must:
- (1) Be at least eighteen (18) years of age;
  - (2) Be of good moral character;
  - (3) Have been awarded a high school diploma or its equivalent;
  - (4) Have satisfactorily completed training in a respiratory care program which has been approved by the Committee, to include adequate instruction in basic medical science, clinical science, and respiratory care theory and procedures; and
  - (5) Have passed a written examination approved by the board and the committee, unless exempted by other provisions of this chapter.
- (c) All examinations of applicants for a license to practice respiratory care shall be held in designated areas of the state at a time and place published by the testing board.
- (d) Applicants shall be given written examinations on the following subjects:
- (1) Clinical data;
  - (2) Equipment; and
  - (3) Therapeutic procedures.
- (e) A fee not to exceed the sum of the prevailing rate set by the National Board for Respiratory Care or successor organization must accompany the application.
- (f) (1) Any person, whether or not he or she has passed the examination provided for in this chapter, who through a notarized affidavit, submitted to the board by January 1, 2002, demonstrates that he or she has been engaged in the practice of respiratory care for at least two (2) years during the three (3) consecutive years prior to September 1, 2001 and who submits an application and a fee not to exceed one hundred fifty dollars (\$150.00).
- (2) Any person licensed under this provision must complete the entry-level requirements for certification in respiratory care and must, no later than January 1, 2005, pass the examination provided for in this chapter.

**History.** Acts 1969, No. 168, §§ 7, 10; A.S.A. 1947, §§ 72-1607, 72-1610; Acts 1987, No. 952, §§ 5, 8; 1993, No. 1219, § 15; 1995, No. 1094, § 5; 2001, No. 1049, § 4

6.

**17-99-303. Issuance and recording.**

- (a) The board shall register as a respiratory care practitioner each applicant who provides evidence of his fitness for licensure under the terms of this chapter.
- (b) It shall issue to each person registered a license which shall be prima facie evidence of the right of the person to practice respiratory care, subject to the conditions and limitations of this chapter.
- (c) Proof of licensure must be made upon request.
- (d) Whenever the Board determines, for any reason, not to issue a license it shall enter an order denying the application. Whenever the Board determines, for any reason, to suspend, revoke, or refuse to renew a license, it shall enter an order taking that action. All review proceedings shall be governed by the Administrative Procedure Act, Arkansas Code 25-15-201, et seq.

**History.** Acts 1969, No. 168, § 8; A.S.A. 1947, § 72-1608; Acts 1987, No. 952, § 6; 1995, No. 1094, § 6.

**17-99-304. Reciprocity.**

- (a) A legally licensed practitioner who has been issued a license to practice respiratory care in another state or territory whose requirements for registration and licensure were, at the time of his registration or licensure, equal to the requirements contained in this chapter may be registered and issued a license by the board if the state or territory from which the applicant comes accords a similar privilege of registration and licensure to persons registered and licensed in the State of Arkansas by the board.
- (b) The issuance of the license by reciprocity by the board shall be at the sole discretion of the board, and the board may provide rules and regulations concerning such admission as it may deem necessary or desirable.

**History.** Acts 1969, No. 168, § 11; A.S.A. 1947, § 72-1611; Act 1987, No. 952, § 9.

**17-99-305. Temporary permits.**

- (a) In cases of emergency, the executive secretary of the board may issue a temporary permit without examination to practice respiratory care to persons who are not licensed in other states but who otherwise meet the qualifications for licensure set out in this chapter.
- (b) Such emergency temporary license shall expire at the date of the next Board meeting unless the Board ratifies or extends the action of the executive secretary.

**History.** Acts 1969, No. 168, § 9; A.S.A. 1947, § 72-1609; Acts 1987, No. 952, § 7; 1995, No. 1094, § 7.

**17-99-306. Annual registration - Failure to re-register.**

- (a) (1) A license or re-registration fee not to exceed fifty dollars (\$50.00) shall be paid to the board by each respiratory care practitioner who holds a license to practice respiratory care in the State of Arkansas.
- (2) The re-registration fee shall be paid before the birth month of the license holder beginning in 1998, and each year thereafter. During the implementation year of 1998, fees shall be prorated.

- (3) Failure to re-register and pay the fee by the last day of the birth month of the license holder shall cause the license of any person so failing to re-register to expire automatically.

- (b) (1) Any delinquent license of less than five (5) years may be reinstated by paying all delinquent fees and a penalty not to exceed fifty dollars (\$50.00) for each year or part of year it has been delinquent.
- (2) Any person who shall fail to re-register and pay the annual license fee for five (5) or more consecutive years shall be required to be reexamined by the board before the license may be reinstated.

**History.** Acts 1969, No. 168, § 12; A.S.A. 1947, § 72-1612; Acts 1987, No. 952, § 10; 1995, No. 1094, § 8; 1997, No. 313, § 3.

**17-99-307. Denial, suspension, or revocation - Grounds.**

The board, after due notice and hearing, may revoke, suspend or refuse to renew any license or permit or place on probation or otherwise reprimand a licensee or permit holder, or deny a license to an applicant who:

- (1) is habitually drunk or who is addicted to the use of narcotic drugs;
- (2) is, in the judgment of the board, guilty of immoral or unprofessional conduct;
- (3) has been convicted of any crime involving moral turpitude;
- (4) is guilty, in the judgment of the board, of gross negligence in his practice as a respiratory care practitioner;
- (5) has obtained, or attempted to obtain, registration by fraud or material misrepresentations;
- (6) has treated, or undertaken to treat, ailments of human beings other than by respiratory care and as authorized by this chapter, or who has undertaken to practice independent of the prescription and direction of a licensed physician; or
- (7) has been found to have violated any provisions of this chapter or rules and regulations of the Committee or Board.

**History.** Acts 1969, No. 168, § 13; A.S.A. 1947, § 72-1613; Acts 1987, No. 952, § 11; 1995, No. 1094, § 9.

**17-99-308. Denial, suspension, or revocation - Procedure.**

- (a) The procedure on all refusals, revocations, and suspensions of registration shall be prescribed by the Medical Practices Act, Sec. 17-95-201 et seq.
- (b) (1) Any person may file a complaint with the board against any person having a license to practice respiratory care in this state charging the person with having violated the provisions of Sec. 17-99-307.
- (2) The complaint shall set forth a specification of charges in sufficient detail so as to disclose to the accused fully and completely the alleged acts of misconduct for which he is charged.
- (3) When the complaint is filed, the secretary of the board shall mail a copy to the accused by registered mail at his last address of record, with a written notice of the time and place of hearing, advising him that he may represent in person and by counsel, if he so desires, to offer evidence and be heard in his defense.

- (c) (1) At the time and place fixed for a hearing before the board, the board shall receive evidence upon the subject matter under consideration and shall accord the person against whom charges are preferred a full and fair opportunity to be heard in his defense.
- (2) The board shall not be bound by strict or technical rules of evidence but shall consider all evidence fully and fairly. However, all oral testimony considered by the board must be under oath.
- (d) (1) Appeal may be had by either of the parties from the decision of the board as now provided by law.
- (2) All evidence considered by the board shall be reduced to writing and available for the purposes of appeal.
- (e) Nothing in this section shall be construed so as to deprive any person of his or her rights without full, fair, and impartial hearing.

**History.** Acts 1969, No. 168, §§ 13, 14; A.S.A. 1947, §§ 72-1613, 72-1614; Acts 1987, No. 952, § 12.

**17-99-309. Out-of-state licenses.**

- (a) A legally licensed practitioner who has been issued a license to practice respiratory care in another state or territory whose requirements for licensure were equal at the time of his licensure to the requirements contained in this chapter may be license by the Board, provided the state or territory from which the applicant comes accords a similar privilege of registration and licensure to persons licensed in the State of Arkansas by the Board.
- (b) The issuance of a license by reciprocity by the Board shall be a the sole discretion of the Board.

**History.** Acts 1995, No. 1094, § 10.

**17-99-310. Medical Director - Powers and duties.**

A qualified medical director shall:

- (1) be readily available to respiratory care practitioners employed by or providing services for the organization he directs; and
- (2) establish a policy that prohibits any person from ordering respiratory care for a patient except a physician who has medical responsibility for the patient.

**History.** Acts 1995, No. 1094, § 11.

**17-94-101—17-94-113. [Repealed effective October 1, 1999.]**

**REGULATION NO. 10  
REGULATIONS GOVERNING THE  
LICENSING AND PRACTICE OF  
RESPIRATORY CARE PRACTITIONERS**

- 1. APPLICATION FOR LICENSURE. Any person who plans to practice as a licensed respiratory care practitioner (LRCP) in the state of Arkansas shall, in addition to demonstrating eligibility in accordance with the requirement of Arkansas Code Ann. 17-84-302 or 17-84-303, apply for licensure to the Board on forms and in such manner as the Board shall prescribe.
  - 1.1 FORMS. Application forms may be secured from the Arkansas State Medical Board.

- 2. EXAMINATION. All respiratory care practitioners shall be required to pass an examination for a license to practice the profession in Arkansas, except as otherwise stated in Arkansas Code Ann. 17-84-301. It is not the intent of the Board to examine for licensure as a respiratory care practitioner those individuals engaged solely in the practice of pulmonary function testing.
- 3. LICENSING. All respiratory care practitioners in the state of Arkansas must be licensed to practice, except as otherwise stated in Arkansas Code Ann. 17-84-301.
  - 3.1 BY EXAMINATION. The Board shall register as a respiratory care practitioner and shall issue a license to any person who satisfactorily passes the examination provided for in the Act and who otherwise meets the requirements for qualification contained herein and pays a fee as determined by the Board.
  - 3.2. BY WAIVER OF EXAMINATION. The Board shall waive the examination and grant a license as a licensed respiratory care practitioner (LRCP) to any person who meets the qualifications outlined in Arkansas Code Ann. 17-84-302.
  - 3.3 TEMPORARY LICENSE. The secretary of the Board may issue a temporary permit without examination to practice respiratory care to persons who are not licensed in other states but otherwise meet the qualifications for licensure set out in the Act. The temporary permit may be renewable at six (6) month intervals not to exceed a maximum of two (2) permits per applicant. \*A temporary permit will be issued to respiratory care students based on the following criteria:
    - a. Students must be enrolled in an AMA approved Respiratory Care program as specified in Section 7.4, entering their last semester of technical training.
    - b. Students must submit a notarized copy of their current school transcript and a letter of recommendation that states the expected graduation date from their program director.
    - c. Students will practice limited respiratory care under the supervision of a licensed respiratory care practitioner, as specified in Section 7.2 & 7.3.
  - 3.4 RECIPROCITY. A licensed respiratory care practitioner who has been issued a license in another state or territory whose qualifications for licensure meet or exceed those prescribed in the Act shall be issued a license to practice respiratory care in the state of Arkansas upon payment of the prescribed fees if the state or territory from which the applicant comes accords a similar privilege of licensure to persons licensed in this state by the Board.
  - 3.5 RENEWAL. A license or re-registration fee of \$30.00 shall be paid to the Board by each respiratory care practitioner who holds a license to practice respiratory care in the state of Arkansas. Registration fee shall be paid by the last day of the birth month. The license of any person failing to re-register and pay said fee by the last day of the birth month shall expire automatically.
  - 3.6 REINSTATEMENT. Any delinquent license of less than five (5) years may be reinstated by paying all delinquent fees and a penalty of \$10.00 for each year or part of a year he has been delinquent. Any person who shall fail to re-register and pay the annual fee for

five (5) consecutive years shall be required to be re-examined by the Board, as per Rule 2, before his license may be reinstated.

3.7 REFUSAL, REVOCATION, AND/OR SUSPENSION OF LICENSE. The Board after due notice and hearing may deny or refuse to renew a license, or may suspend or revoke a license, of any licensee or applicant for licensure:

- (a) Who is habitually drunk or who is addicted to the use of narcotic drugs;
- (b) Who has been convicted of a violation of state or federal narcotic laws.
- (c) Who is, in the judgement of the Board, guilty of immoral or unprofessional conduct.
- (d) Who has been convicted of any crime involving moral turpitude;
- (e) Who is guilty, in the judgement of the Board, of gross negligence in his practice as a respiratory care practitioner.
- (f) Who has obtained or attempted to obtain registration by fraud or material misrepresentation;
- (g) Who has been declared insane by a court of competent jurisdiction and has not thereafter been lawfully declared sane;
- (h) Who has treated or undertaken to treat ailments to human beings other than by respiratory care and as authorized by this Act, or who has undertaken to practice independent of the prescription and direction of a licensed physician.

4. FEES. The fees are as follows:

Initial application for licensure by examination or by reciprocity: \$75.00

An applicant whose application is rejected shall be refunded all but \$25.00 of the paid application fee.

Application for temporary permit: \$35.00

Annual renewal: \$30.00

Reinstatement: All delinquent fees plus a penalty of \$10.00 per year for all years delinquent.

5. CONTINUING EDUCATION. All respiratory care practitioners licensed by the Board in the state of Arkansas must complete twelve (12) continuing education hourly units as a condition for renewal of a license. Each licensee will sign his renewal application verifying that he has completed said twelve hours and will maintain, for a period of three years, proof of the courses taken, should it be requested by the Board for audit purposes.

5.1 TYPES OF ACCEPTABLE CONTINUING EDUCATION.

The following categories of experience will be accepted for meeting the continuing education requirements:

- a. Courses completed in the techniques and application of respiratory therapy care provided through an approved respiratory care educational program.
- b. Participation in programs which provide for the awarding of continuing respiratory care education, continuing education units or equivalent credits which may be granted through national or state organizations such as the American Association of Respiratory Care, Arkansas Society for Respiratory Care, American Thoracic Society or the American College of

Chest Physicians, or their successor organizations.

- c. Instruction in programs as described in the preceding sections (a,b) provided such instruction is not related to one's employment responsibilities.
- d. Passage of the National Board for Respiratory Care credentialing or re-credentialing examinations for the entry level practitioner or the written or clinical simulation for advanced practitioners.
- e. Any activity completed within the 12 months prior to the issuance of the initial license.

5.3 DOCUMENTATION. All licensed practitioners shall submit documentation of completion of continuing education experiences on such forms as the Board shall supply, upon request by the Board. Acceptable documentation is as follows:

- a. Official transcripts documenting completion of respiratory care course work.
- b. A signed notarized certification by a program leader or instructor of the practitioner's attendance in a program by letter on letterhead of the sponsoring agency, certificate, or official continuing education transcript accompanied by a brochure, agenda, program, or other applicable information indicating the program content.
- c. A letter from a sponsoring institution on the agency's letterhead giving the name of the program, location, dates, subjects taught, and hours of instruction.
- d. A notarized copy of the official transcript indicating successful passage of the National Board of Respiratory Care credentialing or re-credentialing examinations for the entry level practitioner or the written or clinical simulation for advanced practitioners.

5.4 CONTINUING EDUCATION CREDIT. Continuing education credits will be awarded based on the following criteria:

- a. For completed applicable respiratory care course work, five (5) continuing education units will be awarded for each semester credit or hour successfully completed.
- b. For programs attended, continuing education units will be awarded as stated in the program literature or one (1) continuing education unit will be awarded for each hour of instruction.
- c. For instruction, three (3) continuing education units will be awarded for each clock hour of respiratory care instruction, signed by program director.
- d. For passage of the National Board for Respiratory Care credentialing or re-credentialing examinations for the entry level practitioner or the written or clinical simulation or advanced practitioner, six (6) continuing education units will be awarded.
- e. Any activity approved by the Arkansas Respiratory Care Examining Committee.

5.5 FAILURE TO COMPLETE THE CONTINUING EDUCATION REQUIREMENT. A practitioner who has failed to complete the requirements for continuing education as specified in Section 5:

- a. May be granted up to a three (3) month extension at which time all requirements must be met.

b. A practitioner may not receive another extension at the end of the new reporting period.

5.6 EXCESSIVE CONTINUING EDUCATION CREDITS.

Credits reported on the Board which exceed the required number as specified in Section 4.1 shall not be credited to the new reporting period.

5.7 HARDSHIP. The Board has considered hardship situation in formulating these sections.

5.8 The provisions of this Section (5-5.8) shall become effective January 1, 1989.

6. DEFINITIONS.

6.1 ACT DEFINED. The term Act as used in these rules shall mean Act 1094, the Arkansas Respiratory Care Act of 1995.

6.2 NATIONAL CREDENTIALS DEFINED. The National Board of Respiratory Care issues the credentials of C.R.T.T. (Certified Respiratory Therapy Technician) and R.R.T (Registered Respiratory Therapist). Persons holding these credentials meet the qualifications for licensure in the state of Arkansas until otherwise determined by the Board.

6.3 STATE CREDENTIALS DEFINED. Persons who have met the qualifications and obtained a license in the state of Arkansas shall be designated by the credentials of L.R.C.P. (Licensed Respiratory Care Practitioner).

7. OTHER DEFINITIONS.

7.1 STUDENT. A Person currently enrolled in an accredited, approved training program who is actively engaged in the clinical practice of respiratory care at the level of their clinical education.

7.2 LIMITED. The clinical practice of respiratory care shall be restricted to the level of current and progressive clinical training as provided by an accredited, approved training program in respiratory care. The definition applies to respiratory care students.

7.3 SUPERVISION. Supervision by a licensed respiratory care practitioner who is responsible for the functioning of the practitioner.

7.4 APPROVED TRAINING PROGRAM. Respiratory care programs approved by the Arkansas State Board of Higher Education or like organizations in other states.

8. Members of the Arkansas Respiratory Care Examining Committee will be paid the sum of \$35.00 per day per diem when they are meeting as a Committee.

**History:** Adopted May 25, 1988; Amended September 8, 1995, December 4, 1997; Revised March 5, 1999;

\*Revised February 4, 2000; Amended

December 6, 2001

## **Important Communication Tools Respiratory Therapy**

Arkansas State Medical Board Website:

[www.armedicalboard.org](http://www.armedicalboard.org)

- MPA can be downloaded at anytime
- Updates: Committee meetings, Notices, etc.
- Applications and verification forms can now be viewed or downloaded

Contact at the Arkansas State Medical Board:

- Mandi Roberge, Licensing Coordinator
- 501-296-1978 or fax @ 501-296-1972
- Hours: 8:00 am - 5:00 pm weekdays
- Email: [adr@armedicalboard.org](mailto:adr@armedicalboard.org)

Current Fees:

- Temporary to Full - \$ 110.00
- Full - \$ 75.00
- 2<sup>nd</sup> Temporary's - \$ 35.00
  
- Angela Sanders, MPH, RRT, AE-C, LRCP - Chairperson
- Erna Boone, M.Ed, RRT, LRCP
- Darrell Benham, RRT, LRCP
- Noel Lawson, M.D.
- James Phillips, M.D.

Arkansas State Medical Board:

- Trent P. Pierce, MD, Chairman
- Peggy Pryor Cryer, Executive Secretary