NEVADA STATE BOARD OF MEDICAL EXAMINERS
APPLICATION FOR PRACTITIONER OF RESPIRATORY CARE LICENSURE
FEE SCHEDULE FOR JULY 1, 2011 THROUGH JUNE 30, 2013

APPLICATIONS FOR PRACTITIONER OF RESPIRATORY CARE LICENSURE WILL NOT BE PROCESSED WITHOUT RECEIPT OF BOTH THE APPLICATION AND REGISTRATION FEES IN THE FORM OF EITHER A **CASHIER'S CHECK OR MONEY ORDER ONLY**. ONLY original applications for licensure sent from The Nevada State Board of Medical Examiners or downloaded online applications will be accepted. **Any applications which appear *to have been altered in any form will not be accepted. Applications must be received on single sided white bond paper, 8 ½" x 11" in size.***

Non-Refundable Application Fee	**$100**
Active Licensure Mid Biennial Registration Fee	**$200**
Criminal Background Investigation Fee	**$ 75**
Total	**$ 375**

PLEASE NOTE:

Applications not completed within six (6) months from date of receipt will be rejected per NAC 630.180 (2). The application and criminal background investigation fees will not be refunded. The application, Applicant Responsibility statement, and Form A are to be completed by the applicant, notarized as indicated, and returned to the Nevada State Board of Medical Examiners.

The Nevada State Board of Medical Examiners conducts an investigation into your background. If, in the process, staff becomes aware of circumstances warranting a personal appearance before the board at a board meeting, your application must be completed 45 days prior to any regularly scheduled board meeting in order for your licensure application to be placed on the agenda of that meeting. Under Nevada law, a public body cannot hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to that person of the time and place of the meeting. The written notice must be sent by certified mail to the last known address of that person at least 21 working days before the meeting. A public body must receive proof of service of the notice before such a meeting may be held. If, at the time you meet with the board, the board votes to deny or **not** accept your application for licensure, this denial or non-acceptance of your application may become a reportable action to the National Board for Respiratory Care, Inc., or its successor organization.

If the practitioner of respiratory care applicant has not practiced as a practitioner of respiratory care for 12 months or more before applying for licensure in this state, he or she may, at the order of the board, be required to take and pass such examination to test professional competency as the board shall deem appropriate.

The practitioner of respiratory care applicant must be able to communicate adequately, both orally and in writing, in the English language. The practitioner of respiratory care applicant must be of good moral character and reputation. If a licensee loses certification by the National Board of Respiratory Care, Inc., or its successor organization, his or her license to practice respiratory care in Nevada is automatically suspended until further order of the board. The practitioner of respiratory care shall immediately notify the board of termination of employment as a practitioner of respiratory care. The practitioner of respiratory care shall submit to the board a summary of the reasons for and circumstances of the termination of employment.

Practitioner of respiratory care licenses will be issued in the applicant's name as indicated on the submitted documentation for proof of such name (i.e. U.S. birth certificate, Certificate of Naturalization or alien registration card).

Grounds for rejection of an application for practitioner of respiratory care licensure:

If it appears that:

1. An applicant for licensure as a practitioner of respiratory care is not qualified or is not of good moral character or reputation;
2. Any credential submitted is false; or
3. The application is not made in proper form or other deficiencies appear in it, the application may be rejected.

NAC 630.500 Qualifications of applicants. (NRS 630.130, 630.279)

An applicant for licensure as a practitioner of respiratory care must have the following qualifications:

1. If he has not practiced as a practitioner of respiratory care for 12 months or more before applying immediately preceding his application for licensure in this State, he must, except as otherwise provided in subsections 2 and 3, at the order of the Board, take and pass [an] any examination that the Board deems appropriate to test the professional competency of the practitioner.

2. If he has not practiced as a practitioner of respiratory care for 12 months or more but less than 5 years immediately preceding his application for licensure in this State, he may provide proof that he has successfully completed 10 units of continuing education for each year or portion thereof he has not practiced respiratory care. If he provides proof of successfully completing at least 10 units of continuing education for each year or portion thereof he has not practiced respiratory care, he is exempt from the examination required pursuant to subsection 1.

3. If he has not practiced as a practitioner of respiratory care for 5 years or more immediately preceding his application for licensure in this State, he must retake and pass the examination required to be certified as a practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization.

4. Be able to communicate adequately orally and in writing in the English language.

5. Be of good moral character and reputation.

6. Be in compliance with the provisions of NRS 630.277.

NAC 630.505 Application for license. (NRS 630.130, 630.279)

1. An application for licensure as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

(a) The date of birth and the birthplace of the applicant, his sex and the various places of his residence after reaching 18 years of age;

(b) The education of the applicant, including, without limitation, all high schools, postsecondary institutions and professional institutions attended, the length of time in attendance at each high school or institution and whether he is a graduate of those schools and institutions;

(c) Whether the applicant has ever applied for a license or certificate as a practitioner of respiratory care in another state and, if so, when and where and the results of his application;

(d) The professional training and experience of the applicant;

(e) Whether the applicant has ever been investigated for misconduct as a practitioner of respiratory care or had a license or certificate as a practitioner of respiratory care revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him by a licensing body in any jurisdiction;

(f) Whether the applicant has ever been convicted of a felony or an offense involving moral turpitude;

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or distribution of controlled substances; and

(h) A public address where the applicant may be contacted by the Board.

2. An applicant must submit to the Board:

(a) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the National Board for Respiratory Care or its successor organization;

(b) Proof of passage of the examinations required by NRS 630.277 and NAC 630.500 and 630.515; and

(c) Such further evidence and other documents or proof of qualifications as required by the Board.

3. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

NAC 630.525 Period of validity of license; fee; cause for disciplinary action or refusal to issue license. (NRS 630.130, 630.279)

1. On or before July 1 of each odd-numbered year after March 1, 2010, each holder of a license to practice respiratory care shall pay the applicable fee for biennial registration to the Secretary-Treasurer of the Board.

2. A practitioner of respiratory care who has been licensed by the Board but is not currently licensed, has surrendered his license or has failed to renew his license may be disciplined by the Board, if the Board deems necessary, upon hearing a complaint for disciplinary action against him.
3. If the Board determines that the conduct of a practitioner of respiratory care when he was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the practitioner of respiratory care.

NAC 630.530 Renewal of license; notification of withdrawal of certification; suspension and reinstatement of license. (NRS 630.130, 630.279)

1. The license of a practitioner of respiratory care may be renewed biennially upon dates set by the Board. The license will not be renewed unless the practitioner of respiratory care provides satisfactory proof:
   (a) Of current certification by the National Board for Respiratory Care or its successor organization; and
   (b) That he has completed the number of contact hours of continuing professional education required by subsections 2 and 3.
2. To renew a license for the practice of respiratory care, a licensee shall complete the number of contact hours of continuing education required by subsection 3, of which:
   (a) Sixty percent must be from an approved educational source directly related to the practice of respiratory care. Two hours of this 60 percent must be in medical ethics.
   (b) Forty percent must be in any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education or any program of another organization approved by the Board.
3. The following contact hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:
   (a) If licensed during the first 6 months of the biennial period of registration, 20 hours.
   (b) If licensed during the second 6 months of the biennial period of registration, 15 hours.
   (c) If licensed during the third 6 months of the biennial period of registration, 10 hours.
   (d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours.
4. A practitioner of respiratory care shall notify the Board within 10 days if his certification by the National Board for Respiratory Care or its successor organization is withdrawn.
5. To allow for the renewal of a license to practice respiratory care by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:
   (a) Mail a renewal notice at least 60 days before the expiration of a license to practice respiratory care; and
   (b) Send a renewal application to a licensee at the last known address of the licensee on record with the Board.
6. If a licensee fails to pay the fee for biennial registration required by NAC 630.525 on or before July 1 of each odd-numbered year, or fails to submit proof that the licensee completed the number of contact hours of continuing education required by subsection 2 and 3, his license to practice respiratory therapy in this State is automatically suspended. Within 2 years after the date his license is suspended, the holder may be reinstated to practice respiratory care if he:
   (a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;
   (b) Submits proof that he or she completed the number of contact hours of continuing education required by subsections 2 and 3; and
   (c) Is found to be in good standing and qualified pursuant to the provisions of NRS 630.277 and chapter 630 of NAC.

THE FOLLOWING CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065:

NRS 630.301 Criminal offenses; disciplinary action taken by other jurisdiction; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.
2. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive.
3. Any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state, the Federal Government, a foreign country or any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.
4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if the malpractice is established by a preponderance of the evidence.
5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner.
6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.
8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when the failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.
9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.
10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.
11. Conviction of:

(a) Murder, voluntary manslaughter or mayhem;

(b) Any felony involving the use of a firearm or other deadly weapon;

(c) Assault with intent to kill or to commit sexual assault or mayhem;

(d) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;

(e) Abuse or neglect of a child or contributory delinquency;

(f) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS; or

(g) Any offense involving moral turpitude.

(Added to NRS by 1977, 824; A 1981, 590; 1983, 305; 1985, 2236; 1987, 197; 1991, 1070; 1993, 782; 1997, 684; 2001, 766; 2003, 2707, 3433; 2003, 20th Special Session, 264, 265; 2005, 2522; 2007, 3045)

NRS 630.304 Misrepresentation in obtaining or renewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.
2. Advertising the practice of medicine in a false, deceptive or misleading manner.
3. Practicing or attempting to practice medicine under another name.
4. Signing a blank prescription form.
5. Influencing a patient in order to engage in sexual activity with the patient or with others.
6. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.
7. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

(Added to NRS by 1983, 301; A 1985, 2236; 1987, 198)

NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

(a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.

(b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.

(c) Referring, in violation of NRS 439B.425, a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.

(d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.

(e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.

(f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.

(g) Failing to disclose to a patient any financial or other conflict of interest.

(h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for the licensee's medical education.

2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.

(Added to NRS by 1983, 301; A 1985, 2237; 1987, 198; 1989, 1114; 1991, 2437; 1993, 2302, 2596; 1995, 714, 2562)

THE FOLLOWING CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065 (cont.):

NRS 630.306 Inability to practice medicine; deceptive conduct; violation of regulation governing practice of medicine or adopted by State Board of Pharmacy; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient or patient's family; lack of skill or diligence; habitual intoxication or dependency on controlled substances; filing of false report; failure to report certain changes of information or disciplinary or criminal action in another jurisdiction; failure to be found competent after examination; certain operation of a medical facility; prohibited administration of anesthesia or sedation; engaging in unsafe or unprofessional conduct; violating remediation agreement. [Effective through June 30, 2011.] The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.

2. Engaging in any conduct:

(a) Which is intended to deceive;

(b) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or

(c) Which is in violation of a regulation adopted by the State Board of Pharmacy.

3. Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law.

4. Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.

5. Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training.

6. Performing, without first obtaining the informed consent of the patient or the patient's family, any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental.

7. Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.

8. Habitual intoxication from alcohol or dependency on controlled substances.

9. Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.

10. Failing to comply with the requirements of NRS 630.254.

11. Failure by a licensee or applicant to report in writing, within 30 days, any disciplinary action taken against the licensee or applicant by another state, the Federal Government or a foreign country, including, without limitation, the revocation, suspension or surrender of a license to practice medicine in another jurisdiction.

12. Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

13. Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to NRS 630.318.

14. Operation of a medical facility at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

This subsection applies to an owner or other principal responsible for the operation of the facility.

15. Failure to comply with the requirements of NRS 630.373.

16. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 199, 800, 1554, 1575; 2007, 3046; 2009, 533, 879, 2961, 2962, effective July 1, 2011)

NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.

2. Altering medical records of a patient.

3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or willfully obstructing or inducing another to obstruct such filing.

4. Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061.

5. Failure to comply with the requirements of NRS 630.3068.

6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

(Added to NRS by 1985, 2223; A 1987, 199; 2001, 767; 2002 Special Session, 19; 2003, 3433; 2009, 2963)

NRS 630.3065 Willful disclosure of privileged communication; willful failure to comply with statute or regulation governing practice of medicine. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Willful disclosure of a communication privileged pursuant to a statute or court order.

2. Willful failure to comply with:

(a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;

(b) A court order relating to this chapter; or

(c) A provision of this chapter.

3. Willful failure to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of NRS 439B.410.

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 200; 1989, 1663; 1993, 2302)

PRACTITIONER OF RESPIRATORY CARE
APPLICATION CHECKLIST

Revised 3/31/2011

TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT:

_____a. Properly completed, signed and notarized application including Responsibility Statement, Criminal Background Investigation authorization and pages 1 – 3;

_____b. Recent photograph of applicant (at least 2" x 2") attached to page 3 of application, signed by applicant in ink on lower edge of photograph;

_____c. Appropriate explanations attached for affirmative responses to questions numbered 8, 9, 10, 11, 12, 13, 14, 20, 21, 22, 23, 24, and 25. Please include copies of court documentation;

(Examples: If you have ever been a defendant in a legal action involving professional liability (malpractice), whether or not you have ever had a settlement paid on your behalf, you should answer affirmatively to the appropriate question and submit the appropriate documentation.
If you have ever had any actions, restrictions or limitation imposed on you, or have been placed on probation while participating in any type of training program, you should answer affirmatively to the appropriate question and submit the appropriate documentation.
If you have ever been notified that you were under investigation by any medical licensing board, hospital, medical society, governmental entity or other agency, whether or not you were charged with or convicted of any violation of a statute, rule or regulation governing your practice as a practitioner of respiratory care, you should answer affirmatively to the appropriate question and submit the appropriate documentation.)

_____d. U.S. citizens – Certified birth certificate that bears an original seal or stamp of the issuing agency (Notarized copies are not acceptable). This document will be returned to you via secured mail;

_____e. Foreign-born citizens - Original Certificate of Naturalization or current U.S. passport. This document will be returned to you via secured mail;

_____f. Non U.S. citizens - Copy of both sides of Alien Registration card or Employment Authorization card or Visa;

_____g. Release Form A, signed by applicant and notarized;

_____h. Copy of high school diploma (or general equivalency diploma) or high school transcript indicating graduation date;

_____i. Application, criminal background investigation and registration fees **payable by cashier's check or money order only**. (Fingerprint cards will be sent following receipt of fees);

_____j. Copy of transcripts or diplomas for degrees other than respiratory care - Associates, Bachelors or Masters Degree if you would like the educational information placed in the Board's data base.

TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN TO BOARD OFFICE:
(Verifying agencies may charge a fee.)

Do not provide pre-stamped or pre-addressed envelopes.

_____a. Current certification by the National Board for Respiratory Care, Inc. (Form 1) forwarded directly to the Nevada State Board of Medical Examiners by the National Board for Respiratory Care, Inc., or its successor organization (applicant may request this on line: www.nbrc.org);

_____b. Practitioner of Respiratory Care Education Verification (Form 2) - official transcripts are not required;

_____c. State Certification/Registration Verification (Form 3) from all states where applicant is currently licensed or has ever been licensed (including any temporary licenses);

_____d. FBI Criminal history background report – returned directly by the verifying institution to the Board office. **(Once application fees have been received, fingerprint cards and instructions will be mailed to the applicant.)**

ATTENTION APPLICANT!
RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners,
P.O. Box 7238, Reno, NV 89510
or
1105 Terminal Way, Ste 301, Reno, NV 89502

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during your training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

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I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name_____

Sign your name_____

Date_____

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occur prior to you being granted licensure to practice medicine in the State of Nevada.

7/1/2011 – 6/30/2013 PRACTITIONER OF RESPIRATORY CARE
APPLICATION FOR LICENSURE
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Date Received by Board

License No._____

File No._____

1105 Terminal Way, Ste. 301, Reno, NV 89502 Phone (775) 688-2559 (For Board Use Only)

1. Present Legal Name _____
Last First Middle Maiden

List any other name ever used _____

2. Business and/or Mailing Address _____
Street City County State Zip

3. Home Address _____
Street City County State Zip

4. Telephone Number _(_____)_____ _(_____)_____ Fax Number _(_____)_____
Office Home
Cellular Number (Optional) _____ Email Address_____

5. Date of Birth _____ Place of Birth _____ Gender___F___M
Month / Day / Year (City / State / Country)

6. Citizenship: U.S. Citizen _____ Alien Registration # _____ Employment Authorization # _____ Applying for Visa_____
Submit a certified copy of birth certificate or original Certificate of Naturalization or current U.S. passport or copy of the front and back of your alien registration card, Employment Authorization or Visa. Please note: Copy of document authorizing a name change (marriage license, divorce decree, etc) must be included.

7. Social Security Number _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
NRS 630.165(3) An application submitted pursuant to subsection 1 or 2 must include the social security number of the applicant;
NRS 630.165(5) The applicant bears the burden of proving and documenting his qualifications for licensure.

The "practice of respiratory care" includes:

1. **Therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus;**
2. **The administration of drugs and medications to the cardiopulmonary system;**
3. **The provision of ventilatory assistance and control;**
4. **Postural drainage and percussion, breathing exercises and other respiratory rehabilitation procedures;**
5. **Cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;**
6. **Carrying out the written orders of a physician, physician assistant, certified registered nurse anesthetist or an advanced practitioner**
7. **of nursing relating to respiratory care;**
8. **Techniques for testing to assist in diagnosis, monitoring, treatment and research related to respiratory care, including the**
9. **measurement of ventilatory volumes, pressures and flows, collection of blood and other specimens, testing of pulmonary functions**
10. **and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and**
11. **Training relating to the practice of respiratory care.**

For the purposes of the following questions, these phrases or words have these meanings:

"Medical condition" includes physiological, mental or psychological condition or disorder.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completing of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE ATTACHED SHEET.

8. Do you currently have a medical condition that in any way impairs or limits your ability to provide respiratory care services with reasonable skill and safety?
_____Yes _____No

9. If you currently have a medical condition which in any way impairs or limits your ability to provide respiratory care services, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?
_____Yes _____No _____N/A

10. If you currently use chemical substances, does your use in any way impair or limit your ability to provide respiratory care services with reasonable skill and safety?
_____Yes _____No _____N/A

11. Have you EVER been named as a defendant, or been requested to respond as a defendant or potential defendant, to a legal action involving professional liability (malpractice), including any military tort claims, if applicable? (If "Yes," attach explanation on separate sheet.)
_____Yes _____No

12. Have you professional liability (malpractice) claim paid on your behalf, or paid such a claim yourself (including any military tort claims if applicable)? (If "Yes," attach explanation on separate sheet.)
_____Yes _____No

13. Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? *Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement. (If "Yes," attach explanation on separate sheet.)

_____Yes _____No

14. Have you previously applied for an allied health license in Nevada? (This does not include Blood Gas Licenses). _____Yes _____No

15. List all schools attended in **chronological order** including high school, college and/or university, and Practitioner of Respiratory care education. Please show dates of attendance in months and years:

School Name	City/State	Type of Degree / Major Received	Dates of Attendance From (mo/yr)	To (mo/yr)

(All information must begin on the application. If more space is needed, please attach separate sheet.)

16. Respiratory Degree granted by:

Respiratory School	City / State	Exact Date of Issuance

17. List briefly all activities in **chronological order** since graduation from respiratory school: (ALL PERIODS OF TIME MUST BE ACCOUNTED FOR.)

City / State / Country	Activity	From (mo/yr)	To (mo/yr)

(All information must begin on the application. If more space is needed, please attach separate sheet)

18. List any and all licenses (including training licenses and permits) YOU HOLD OR HAVE HELD to practice as a respiratory therapist in any state or territory.

State/Territory	License #	Date of Issuance (Mo/Yr)	Date of Expiration (Mo/Yr)

(All information must begin on the application. If more space is needed, please attach separate sheet)

19. Are you currently certified by and/or registered with the National Board of Respiratory Care? _____Yes _____No

If "No", Date scheduled to sit for the exam: _____

Expiration Date: _____
(For those who are certified or registered after 7/1/2002)

If you are an RRT, provide Registration number: _____

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE ATTACHED SHEET.

20. Have you ever been denied a license or certification/registration to provide respiratory care services or permission to practice as a respiratory care therapist or permission to take an examination to practice as a respiratory care therapist or permission to practice any other healing art in any state, country or U.S. territory?

_____Yes _____No

21. Have you ever had a certificate or license to provide respiratory care services or any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

_____Yes _____No

22. Have you ever voluntarily surrendered a license or certificate to provide respiratory care services or any other healing art in any state, country or U.S. territory? _____Yes _____No

23. Have you ever failed the National Board of Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration as a practitioner of respiratory care?

_____Yes _____No

24. Have you ever had your registration/certification revoked, suspended and/or limited by the National Board of Respiratory Care? _____Yes _____No

25. Have you ever been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a provider of respiratory care by any licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners?

_____Yes _____No

CHILD SUPPORT STATEMENT

The law of the state of Nevada requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. You are advised that this question is part of your application, your response is given under oath, and any response hereto which is false, fraudulent, misleading, inaccurate or incomplete, may result in your application being denied. You must mark one of the following responses, and failure to mark one of the responses may result in denial of your application.

Please place a check mark next to one of the following statements:

_____ (a) I am not subject to a court order for the support of a child;

_____ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR

_____ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I, _____

(print your full name)

being duly sworn, depose and say: That the answers to the foregoing questions and statements made in the above application as well as any and all further explanations contained on any separate attached pages are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied.

I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occur prior to my being granted licensure to practice medicine in the State of Nevada.

_____ _____

Signature of applicant **Date**

State of _____ County of _____

Subscribed and sworn to before me this _____ day of

_____, 2_____.

(NOTARY SEAL)

Notary Public for the State of _____

My Commission Expires: _____

Residing at: _____

City State

_____

Signature of Notary

ATTACH A FINISHED PHOTOGRAPH OF PASSPORT QUALITY OF YOUR HEAD AND SHOULDERS ONLY.

PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN THE LAST SIX (6) MONTHS AND BE AT LEAST 2" x 2" IN SIZE.

SIGN THE PHOTOGRAPH IN INK ACROSS THE LOWER PORTION OF ITS FRONT SIDE.

CENTER AND ATTACH PHOTOGRAPH HERE.

I hereby certify that the attached photograph is a true likeness of me taken within the last six (6) months.

_____ _____

Signature of applicant **Date**

FORM A

RELEASE

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present) business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records required by the Nevada State Board of Medical Examiners for its evaluation of my professional, ethical, physical, and mental qualifications for licensure in the state of Nevada.

DATED this _____ day of _____, 2_____.

Signature: _____

Typed or Printed Name: _____

(NOTARY SEAL)

State of _____ County of _____

Subscribed and sworn to before me this _____ day of

_____, 2_____.

Notary Public for the State of _____

My Commission Expires: _____

Residing at: _____

City State

_____

Signature of Notary

A photocopy of this form will serve as an original.

Please return completed form to:

Nevada State Board of Medical Examiners
1105 Terminal Way, Ste. 301, Reno, NV 89502
Or
P.O. Box 7238
Reno, NV 89510

FORM 1

The National Board for Respiratory Care, Inc.
18000 W. 105th Street
Olathe, Kansas 66061-7543
(913) 895-4900

Part 1 - *to be completed by applicant*

Printed name of applicant: _____
And / or social security number: _____

I am in the process of applying for practitioner of respiratory care licensure in the state of Nevada. I hereby authorize release of the information, requested in Part 2 below, directly to the Nevada State Board of Medical Examiners.

Signature of applicant: _____

*You must include check or money order in the amount of $5.00 made payable to the NBRC.
(If you are not an active member the fee is $20.00)

Part 2 - *to be completed by The National Board for Respiratory Care, Inc. and RETURNED DIRECTLY TO THE OFFICE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS – (Applicant may request this online: www.nbrc.org)*

I certify that _____
(Name of applicant)

was granted initial certification/registration by The National Board for Respiratory Care, Inc. on:

Date issued: _____

Certificate/Registration Number: _____

The above-referenced certificate/registration is: _____ Current, in good standing
_____ Not current

Expiration date of current certification/registration: _____

Signature and title of certifying individual:

_____ _____
(date)

Completed form is to be returned by The National Board for Respiratory Care, Inc. directly to:
Nevada State Board of Medical Examiners
1105 Terminal Way, Ste. 301
Reno, NV 89502

FORM 2

PRACTITIONER OF RESPIRATORY CARE EDUCATION VERIFICATION

This certifies that: _____
(printed name of applicant)

DOB: _____ SSN: _____

The following information to be completed by program only.

was enrolled in: _____
(name of school / name of respiratory care program)

located at: _____
(address of practitioner of respiratory care program)

from: _____ to: _____
(dates of attendance – month/year) (dates of attendance – month/year)

The applicant successfully completed their respiratory care practitioner training program on

the _____ day of _____, _____.
(date) (month) (year)

Signed and the seal affixed this _____ day of

_____, 2_____.

(Affix Seal Here)

By _____
(typed name and title of President, Dean or Registrar)

_____
(signature of President, Dean or Registrar)

**** Signatures by personnel other than the President, Registrar or Dean must attach documentation granting authorization to sign in lieu of the President, Registrar or Dean.**

Completed form is to be returned by verifying program directly to:

Nevada State Board of Medical Examiners
1105 Terminal Way, Ste. 301
Reno, NV 89502

FORM 3

PRACTITIONER OF RESPIRATORY CARE
STATE CERTIFICATION/REGISTRATION VERIFICATION

Part 1 - *to be completed by applicant*

Printed name of applicant: ____________________

Date of birth of applicant: ____________________

I am applying for practitioner of respiratory care licensure in the state of Nevada. I hereby authorize release of the information, requested in Part 2 below, directly to the Nevada State Board of Medical Examiners.

Signature of applicant: ____________________

- -

Part 2 - *to be completed by each state and RETURNED DIRECTLY TO THE OFFICE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS*

I certify that ____________________
(name of applicant)

was granted certificate/license # ____________________ on ____________________
(date issued)

by the state of ____________________

on the basis of ____________________.
(The National Board for Respiratory Care, Inc. - state examination - other)

The above-referenced certificate/license is:

_______ Current, in good standing _______ Not current, due to non-payment of fees

_______ Other (please attach explanation)

Expiration date of current certificate/license: ____________________

I certify that the records in this office indicate that there are not now nor have there ever been any disciplinary action filed against the holder of this certificate/license. (If disciplinary action has been filed, please attach an explanation.)

Signature and title of certifying individual:

____________________ ____________________
(date)

Completed form is to be returned by certifying/licensing state directly to:

Nevada State Board of Medical Examiners
1105 Terminal Way, Ste. 301
Reno, NV 89502

PERMISSION TO SEEK
CRIMINAL BACKGROUND INVESTIGATION REPORT
AND TO OBTAIN AND USE A SET OF MY FINGERPRINTS IN THIS REGARD

I understand that all applicants applying for licensure with the Nevada State Board of Medical Examiners, pursuant to the Nevada Revised Statutes, Chapter 630, must submit a full set of his/her fingerprints, along with an authorization for the Nevada State Board of Medical Examiners to forward his/her fingerprints to the Department of Public Safety Records and Technology Division and to the Federal Bureau of Investigation for a state and federal criminal background investigation and report.

I herewith and hereby grant permission and fully authorize the Nevada State Board of Medical Examiners to submit a complete set of my fingerprints to the Department of Public Safety Records and Technology Division for submission to the Federal Bureau of Investigation for their reports.

I UNDERSTAND THAT THE COSTS OF FINGERPRINTING, THE BACKGROUND CHECK AND THE REPORT SHALL BE AT MY OWN EXPENSE.

Dated this _____ day of _____, 2_____

_____
Signature of Applicant

_____
Print Name

By signing my signature on the line below, I do hereby understand that I must timely submit my fingerprints to the Nevada State Board of Medical Examiners in order for the Board to submit a complete set of my fingerprints to the Department of Public Safety Records and Technology Division for submission to the Federal Bureau of Investigation for their reports. Failure to do so could result in disciplinary action up to and including immediate summary suspension of my license. NRS 630.167.

_____
Signature of Applicant **Date**

Return this form to:

Nevada State Board of Medical Examiners
1105 Terminal Way, Ste. 301, Reno, NV 89502
Or
P.O. Box 7238
Reno, NV 89510