

**STATE OF WEST VIRGINIA
BOARD OF RESPIRATORY CARE**

106 Dee Drive, Suite 1
Charleston, WV 25311
304.558.1382, Fax: 304.558.1383, www.borc.wv.gov



2023 LICENSE RENEWAL APPLICATION / RESPIRATORY THERAPIST
CEU'S ARE DUE TO BE REPORTED THIS YEAR AND LISTED WITH THIS RENEWAL

Name _____

Last 4 Digits SSN _____

Address _____

HM Telephone _____

WK Telephone _____

Required Employer Name/Address: _____

Required Email Address: _____

Have you been the subject of any discipline procedure by your employer or any governing agency in regard to your respiratory practice since your last renewal application? _____

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

Have you ever, or are you currently abusing any type of illegal narcotics, prescription medication, or over-the-counter medication? _____

(WV Code §48-15-303); I do ___ or do not ___ have child support obligations in arrearage of six months or more. I am ___ or ___ am not the subject of a child support related subpoena or warrant.

I, the undersigned, attest that the information herein is true to the best of my knowledge:

Signature _____ Date _____

Privacy Statement - This board may share only your name and address with organizations which may wish to offer continuing education or employment opportunities. Note; This board is required by Federal Law to submit discipline actions (including SSN) regarding an applicant or licensee to the US Healthcare Integrity and Protection Data Bank.

License Renewal Fees: Money order, cashier's check, or personal check will be accepted. Do not send cash. If payment is returned by your financial institution, your license to practice respiratory care in the State of West Virginia is automatically invalid.

\$ 55.00 Payment envelope must be postmarked prior to December 1, 2022

\$ 65.00 Payment envelope must be postmarked prior to January 1, 2023

Name Change - Attach a copy of the legal document that changes your name.

Upgrading from Certified to Registered - Attach Notarized Copy of valid NBRC Certificate and include an additional \$10.00 to the renewal fee.

Notice - Licenses not renewed prior to December 31, 2022, will be subject to a new application fee of \$200.00. It is in direct violation of Chapter 30, Article 34 of the West Virginia State Code to practice respiratory care within the State of West Virginia without a valid license. Practitioners and permitting employers may be subject to fines up to \$1,000.00 per day.

Do not separate application from stub. Return entire form with payment to the address below.

STATE OF WEST VIRGINIA – BOARD OF RESPIRATORY CARE

Amount Enclosed _____ Check/Money Order Number _____

Payable to: WV Board of Respiratory Care
Online payments may be accessed at www.wvborc.com

Licensee Name _____

Licensee Number _____

Mail Entire Form/Payment to:
WV Board of Respiratory Care
P. O. Box 40329
Charleston, WV 25364

2023BRCONLINEFM0055

CONTINUING EDUCATION REPORTING FORM - 10/01/2018 thru 9/30/2022
DO NOT MAIL CERTIFICATES – IF SELECTED FOR AUDIT YOU WILL BE CONTACTED BY THE BOARD TO MAIL IN YOUR CERTIFICATES DURING THE MONTH OF JANUARY 2023

Course Title Provider/Accrediting Organization Date #CEU's

Example:

<i>"Respiratory Update 2018"</i>	<i>ABC Medical Center/AARC Course # 123456</i>	<i>10/1/2018</i>	<i>.0</i>
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Amount of Carry-Over from 2016 - 2018 Accrual Period + _____
Total CEU's _____

You may carry over a maximum of six (6) CEU's forward to the next accrual period starting 10/1/22 thru 09/30/24.

Note: You may report the following certifications for the full course credit only once every 5 years. The Board grants the following CEU credits; Advanced Cardiac Life Support (ACLS) = 16.1, Recertification = 6.0, Pediatric Advanced Life Support (PALS) = 18.3, Recertification = 4.5, Neonatal Resuscitation Program (NRP/NALS) = 9.0. The Board accepts respiratory CEU's in sleep.

I, _____, hereby certify that I have completed the continuing education courses listed above and understand that if I am selected for audit, I will provide proof of attendance to the board office. Should I fail to provide proof of attendance, I understand the WV Board of Respiratory Care has the power to refuse to renew, suspend, and/or render other disciplinary actions against my license to practice as a respiratory therapist in the State of West Virginia.

Note: The Board will be randomly auditing CEU reports thru March 1, 2023.

Signature / Date