



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

Application Fees

The application fee of \$200.00 must accompany the license application. Initial Student Permit fee is \$75.00. Use Money Order, Certified Check or Personal Check made payable to the West Virginia Board of Respiratory Care as your method of payment. **Do not send cash.** If checks are returned by your institution your license to practice is automatically null and void.

Required Documents when Mailing Applications

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

- (1) **Notarized copy** of the certificate of completion (official transcript or diploma) of an approved respiratory care educational program.
- (2) **Notarized copy** of the original NBRC Credential Certificate or official "Statement of Credentials" from the NBRC direct to this board.
- (3) **Copy of Photo Government Issued ID** (passport or driver's license)
- (4) **Continuing Education Requirements:** *Not Applicable to New Graduates*

New Applicant: **

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

Reinstatement: **

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

Mail Completed Application and Fee to:

WV Board of Respiratory Care
PO Box 40329
Charleston, WV 25364

APPLY FOR A LICENSE ONLINE: (PREFERRED)

PLEASE NOTE WHEN YOU "APPLY" FOR A LICENSE ONLINE, YOU MAY PAY BY CREDIT CARD AND UPLOAD COPIES OF YOUR ORIGINAL DOCUMENTS; NBRC CERTIFICATE OR SCORE REPORTS, SCHOOL DIPLOMA OR OFFICIAL TRANSCRIPTS, ANY REQUIRED CEUS, AND A COPY OF YOUR GOVERNMENT ISSUED PHOTO ID. WHEN APPLYING ONLINE YOU ARE NOT REQUIRED TO HAVE YOUR DOCUMENTS NOTARIZED. www.wvborc.com**



State of West Virginia
Board of Respiratory Care
106 Dee Drive, Suite 1, Charleston, WV 25311
Application for License

New Application _____

Reinstatement of License Number _____
Inactive _____ or Expired _____ Year _____

Legal Name: _____
Last First Middle Initial

Previous Names Used: _____

Permanent Address: _____
Street

City County State Zip Code

Social Security Number: _____ Birth Date: _____

Permanent Telephone: () _____ Work: () _____

Email Address: _____

Employer Name/Address: _____

(This is the employer that you will be working for while practicing as a Respiratory Therapist in West Virginia)

If you are employed by a staffing agency you must provide the name and address of the facility/healthcare provider where you will be physically practicing: _____

Please Check License Type:

- Student Temporary Permit (STP)
 Licensed Respiratory Therapist Certified (LRTC)
 Licensed Respiratory Therapist Registered (LRTR)

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

Name: _____ Year: _____

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

In what year does your NBRC credential expire? _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Do you have child support obligation? If yes, is it equal to or more than six months in arrears? _____

Are you the subject of a child support related subpoena or warrant? _____

If yes, which in which state or providence was the petition ordered?

I hereby attest that I am the person who completed this application, truthfully and to the best of my knowledge, for a license to practice respiratory care in the State of West Virginia.

Signature: _____ Date: _____

Please detach and mail with your application/fee.

Applicants Name and Address:

Check Number:

Mail To:

*WV Board of Respiratory Care
PO Box 40329
Charleston, WV 25364*

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EMPLOYER'S STATEMENT

(For Student Temporary Permit Applicants Only)

We, the undersigned Human Resources Representative and Direct Supervisor, acknowledge that the following skills of _____ (Student Temporary Permit holder) must always be performed with and documented by a licensed Respiratory Therapist, while employed at _____ (Name of Facility).

- Initial setup and maintenance of invasive mechanical ventilation including all ventilator setting and circuit changes except for FIO2.
- Initial setup of non-invasive ventilation for acute condition including all non-invasive setting and circuit changes except for FIO2.
- Resecure or reposition of endotracheal or nasotracheal tube.
- Resecure or changing inner cannula of tracheostomy tube.
- Transport of patients receiving invasive mechanical ventilation.
- Transport of patients receiving non-invasive ventilation for acute condition.
- Endotracheal extubation.
- Intubation.
- Nasotracheal suctioning.
- Delivery of inhaled nitric oxide or heliox.
- Aerosolized medications via invasive mechanical ventilation.
- High risk delivery response.
- Arterial and Capillary Blood Gas puncture or sampling.

Further;

The holder of the Student Temporary Permit must work under the supervision of a licensed Respiratory Therapist. The licensed Respiratory Therapist must be present in the facility where the holder of the Student Temporary Permit is working. The licensed Respiratory Therapist must be available in the event of an emergent need and act as a resource for the holder of the Student Temporary Permit. Staffing ratios for Student Temporary Permit holders are one licensed Respiratory Therapist to one Student Temporary Permit holder per shift.

Procedures may be assigned to a Student Temporary Permit holder if the permit holder has demonstrated the completion and competence of such tasks in the documentation from the school facility and the employer. **Completed competency forms from the school and the employer shall be sent to the Board for review and approval.**

The Student Temporary Permit holder skills that must always be performed with and documented by a licensed Respiratory Therapist are as follows: A holder of the Student Temporary Permit may perform procedures on patients requiring mechanical ventilation, or on patients in critical care situations or environments, such as: emergency rooms, intensive care units, and post anesthesia care units. Procedures performed in these critical care areas must be performed with and documented by a licensed Respiratory Therapist.

The undersigned employer representatives acknowledge and agree to the procedures of the above named Student Temporary Permit holder.

Human Resources Representative
(Print): _____
Phone: _____
Email: _____
Signature: _____
Date: _____

Respiratory Director/Supervisor
(Print): _____
Phone: _____
Email: _____
Signature: _____
Date: _____

Note: Please notify the WV Board of Respiratory Care (304-558-1382) should the Student Temporary Permit holder terminate employment while practicing under this permit.

EDUCATIONAL FACILITY AFFIDAVIT (For Student Temporary Permit Applicants Only)

I attest, by signature below, that _____, has completed their first year of the respiratory care program or a minimum of 30 semester hours or the quarter hour equivalent. 18 hours of the minimum 30 semester hours have been completed in core respiratory courses.

Further, this student has didactic proficiency and clinical competency in the following procedures and tasks.

- Set up and maintenance of low flow oxygen devices of 6 LPM or less to include nasal cannula or a simple mask.
- Set up and maintenance of aerosol devices with FiO₂ of equal to or less than 50%.
- Delivery of medications through a spontaneous small volume nebulizer.
- Medication delivery via Metered Dose Inhaler or Dry Powder Inhaler.
- Measurement of peak flow.
- Measurement of simple spirometry.
- Measurement of pulse oximetry.
- Use of the following airway clearance devices or techniques: therapy vest, chest physiotherapy, incentive spirometry, suctioning via artificial airway, and positive expiratory pressure therapies.
- Cardiopulmonary Resuscitation after Basic Life Support Certification.

Completed competency forms from the school and the employer shall be sent to the Board for review and approval.

Respiratory Care Program Director
Name: _____
Phone: _____
Email: _____
Signature: _____
Date: _____

Administrative Officer
Name: _____
Phone: _____
Email: _____
Signature: _____
Date: _____

Affix Institution Seal