

Minutes

The Respiratory Care Advisory Committee of the Board of Medical Licensure and Supervision met on February 6, 2024. This regular meeting was held consistent with the Oklahoma Open Meeting Act. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on January 26, 2024, at 11:02 a.m. pursuant to 25 O.S. § 311(A)(9).

Members present were:

Jim Grantz, RCP, Chair
Dawn Ayala, RCP
Melody Beard, RCP
Kelly Hennessey, RCP
Beth Tenney, RCP
Kevin O'Neal, DO
Chelsey Gilbertson, DO

Members absent were:

OSMA Physician Member (Vacant)
MD Board Member (Vacant)

Others participating included:

Sandra Harrison, JD, Deputy Director
Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Mr. Grantz, having noted a quorum, called the meeting to order at 11:30 a.m. Barbara Smith called roll to establish the quorum on the record. Introductions of new committee members, Kevin O'Neal, DO, and Chelsey Gilbertson, DO, were made and they were welcomed to the Committee.

Following review, Ms. Ayala moved to approve the minutes of November 28, 2023, as written. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative with Dr. O'Neal and Dr. Gilbertson ABSTAINING.

JIMMY DARNELL appeared virtually in support of his application for Respiratory Care Practitioner licensure. He last practiced in January of 2021 and his license expired August 31, 2022. He is currently certified with the National Board for Respiratory Care and he is not currently licensed in any other state. The applicant advised the Committee that he left the practice of respiratory care and went into teaching due to the stress of the Covid pandemic. Currently, he has nine CEUs. Mr. Darnell further advised the Committee that he does not have a job offer at this time. Following discussion and review, Ms. Ayala moved to recommend approval of the application pending completion of the file to include proof of obtaining a total of 12 CEUs. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative.

GREGORY FUNCHESS appeared personally in support of his application for Respiratory Care Practitioner licensure. He last practiced in April of 2022 and his National Board for Respiratory Care certification does not expire. The applicant currently holds an active license in California. Mr. Funchess advised there is not a CEU requirement currently for California licensure, but that is set to change in the future. He further stated that he left the practice to return to the construction business and has now moved to Oklahoma to help his father whose health is failing. The applicant confirmed he has his Registered Respiratory Therapist Neonatal Pediatric Specialty. His application is incomplete. Following discussion, Ms. Tenney moved to recommend approval of the application pending completion of the file to include successfully retaking the National Board for Respiratory Care entry level exam. Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.

JILL LEWIS did not appear personally in support of her application for Respiratory Care Practitioner licensure. Following discussion, Ms. Ayala moved to table the application pending a personal appearance before the Committee. Dr. Gilbertson seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Ms. Tenney moved to recommend approval of the incomplete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto pending completion of the file(s). Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.

Ms. Ayala moved to recommend approval of the complete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative.

Ms. Tenney moved to recommend approval of the incomplete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto pending completion of the file(s). Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.

Ms. Tenney moved to recommend approval of the incomplete application(s) for reinstatement of Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto pending completion of the file(s). Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.

Ms. Ayala moved to recommend approval of the complete application(s) for reinstatement of Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto. Dr. Gilbertson seconded the motion and the vote was unanimous in the affirmative.

Ms. Tenney moved to recommend approval of the complete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto. Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Mr. Grantz moved to adjourn the meeting. The time was 12:00 p.m.

Respiratory Care Advisory Committee

February 6, 2024

INCOMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS

PR 2280	MIRANDA, VICTORIA MARIE
PR 2284	CARR, RYAN DEAN
PR 2288	LE, JACKY
PR 2289	DIAZ, AMY DAWN
PR 2290	FORD, MASON M
PR 2291	KEMP, ASHLEY MARIE
PR 2292	GARZA, SYLICE MICHEL
PR 2294	LAMBETH-HARMON, CYRUS JAY

COMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS

PR 2282	BARNES, ERIN LYNN
PR 2283	PARKS, BRANDYN ALLEN
PR 2285	WILLIAMS, ZHANE L
PR 2286	SERNA, JUAN JOSE
PR 2287	HAIMOUR, HANAN M
PR 2293	GAYLOR, JESIKA MARIE

INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 5761	DEPRIEST, CRISTY
RC 6332	DEES, KIMBERLY RENA
RC 6335	WHITE, KIMBERLY GREGORY
RC 6336	KRUG, ALICIA ANN
RC 6337	SANBORN, ANGELA RAE
RC 6340	QUADOR, SANDRA D
RC 6343	CUMMINGS, BARBARA LYNN
RC 6345	TARVER, KARI AURORA
RC 6346	BRUNKHARDT, ANGELA D
RC 6347	MACHOKA, SANTOS
RC 6348	MOORE, WILLIAM ERNEST
RC 6350	BLAKLEY, MATTHEW
RC 6351	PARK, CHRIS
RC 6352	FORCE, MARISSA DORAYNE
RC 6353	GARZA, JOSE
RC 6355	PERRY, ELISA K
RC 6356	LAMBERT, JORDAN ELISE
RC 6357	JONES, EKATERINA L
RC 6358	WATTS, ALEXIS XANTIPPE HARRIS
RC 6359	STEWART, MONA L
RC 6360	MEGGS, KEEUNNA KAY
RC 6363	CABRAL, JENNIFER LYNN
RC 6364	MILES, SHANTRELL EVETTE

INCOMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS

RC 1352	ROBINSON, DEBORAH JANENE
RC 3337	CAMACHO, AMANDA MIKEL
RC 3903	GOSNELL, MILLIE SUSANNE

COMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATION

RC 4873	SHELTON, KATLYNN BETH
---------	-----------------------

COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 6333	PORTER, GERALD LYNN
RC 6334	BROWN, SHELIYAH DASHUN
RC 6338	DAILEY, RHONDA ANNETTE
RC 6341	MOLINA, MADELINE
RC 6342	VILLEGAS, KELSY LEIGH

COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS (CONTINUED)

Respiratory Care Advisory Committee
February 6, 2024

RC 6344	MONTES, MAYRA ELENA
RC 6349	WHITE, CRYSTAL LEAH
RC 6354	LOPEZ, KIRI J
RC 6361	COLEMAN, SAMARA



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 13, 2024

Ashley Bagley, RC Applicant 2994
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Re-entry Respiratory Care Practitioner** Licensure has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **April 23, 2024 at 11:30 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or virtually via Zoom.** (See: *Okla. Admin. Code 435:45-3-5* provided below)

The information you provided on your application states the following:

- (a) Your last practice as a Respiratory Care Practitioner was November 2021; and
- (b) Your Oklahoma license lapsed November 30, 2021; and
- (c) Your National Board for Respiratory Care Certification expires/expired October 31, 2028; and
- (d) You are not currently licensed in any other state.

Okla. Admin. Code 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed **more than twelve months** wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 2994 ASHLEY NICOLE BAGLEY
 Respiratory Care Practitioner

Practice Address:
 January 18, 2024
 ST. JOHN MEDICAL CENTER

 TULSA, OK 74104
 TULSA

Status: I
Res: RI
Received: 01/27/2024
Entered: 01/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2994
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: 11/01/2007 **Orig. Lic. Exp:** 11/30/2021

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/23/2024

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2003	To: 7/ 2007 Verified:
Degree: RESP			
<hr/>			
School Name: CHARLES PAGE HIGH SCHOOL		State: OK	Country: UNITED STATES
City: SAND SPRINGS		From: 8/2000	To: 5/ 2003 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 2994 ASHLEY NICOLE BAGLEY
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Hillcrest medical center **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: FLOOR RT AND VENT TECH IN THE **From:** 10 /2020 **To:** 11 /2021 **Verified:**
 ADULT UNITS
Comments:

Employed: St john medical center **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: NICU **From:** 2 /2014 **To:** 2 /2020 **Verified:**
Comments:

Employed: HILLCREST MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: RCP **From:** 5 /2011 **To:** 9 /2014 **Verified:**
Comments:

Employed: ST JOHN MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: RESP **From:** 12 /2006 **To:** 10 /2015 **Verified:**
Comments:

Employed: ST JOHN MEDICAL CENTER **Supervisor:**
City: SAPULPA **State:** OK **Country:** UNITED STATES
Specialty: RESP **From:** 5 /2006 **To:** 12 /2006 **Verified:**
Comments:

Employed: ST JOHN MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: ORDERLY **From:** 5 /2004 **To:** 5 /2006 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 971	I	9/14/06	9/30/07	2/23/24
OK	RC 2994	I	11/1/07	11/30/21	2/23/24

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Time Deficiency Form for: 2/2020 - 10/2020; 11/2021 - PRESENT -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU WERE EMPLOYED AS A RESPIRATORY THERAPIST? / DO OR HAVE YOU EVER HAD A RESP LICENSE IN ANY OTHER STATE?



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 13, 2024

Kimberly Dorsey RC Applicant 3642
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Respiratory Care Practitioner** Licensure has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **April 23, 2024 at 11:30 a.m., at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:45-3-4* provided below).

Per your application we have determined the following:

- (a) Your Oklahoma license lapsed on November 30, 2023; and
- (b) Your last practice as Respiratory Care Practitioner was unknown due to lack of information provided on application; and
- (c) Your National Board for Respiratory Care expired/expires on unable to verify credentials online; and
- (d) You are not currently licensed in another state.

Okla. Admin. Code 435:45-3-4. Application for Licensure; reinstatement guidelines

435:45-3-4. Reinstatement guidelines.

Respiratory Therapists with licenses lapsed **twelve months or less** wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 12 continuing respiratory care education units.
- (3) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

Please confirm your attendance at this meeting either in person or via Zoom.

Sincerely,

Handwritten signature of Lisa K. Cullen in blue ink.

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 3642 KIMBERLY DENICE DORSEY
 Respiratory Care Practitioner

Practice Address:
 February 09, 2024
 PAM SPECIALTY CARE
 1407 NORTH ROBINSON AVE

 OKLAHOMA CITY, OK 73103
 OKLAHOMA

Status: I
Res: RI
Received: 02/09/2024
Entered: 02/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3642
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: 11/03/2011 **Orig. Lic. Exp:** 11/30/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	.				
Test 2:					
Test 3:					
Test AV:					
Total Possible:	0				
Okla Passing:	0				
Total Score:	0				

NBRC:

PRE-MED EDUCATION			
School Name: CONCORDE CAREER COLLEGE		State: TN	Country: UNITED STATES
City: MEMPHIS		From: 12/2005	To: 8/ 2007 Verified:
Degree: ASSOCIATES			

PRACTICE HISTORY			
Employed: SS Medical Inc		Supervisor:	
City: EDMOND		State: OK	Country: UNITED STATES
Specialty: VA HOME OXYGEN COMPANY MANAGER		From: 12 /2020	To: / Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MD	Respiratory Care Practitioner L0005439		5/30/10		
DC	Respiratory Care Practitioner RC1287		2/1/11		
OK	RC 3642	I	11/3/11	10/30/23	3/7/24

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
RC	3642	KIMBERLY DENICE DORSEY

Respiratory Care Practitioner

DEFICIENCIES

Verify License from MD L0005439

Verify License from DC RC1287

NBRC Credentials

REQUIRED AFFIDAVITS NOT RECEIVED

Application Instructions

Time Deficiency Form for: 12/1996-12/2005, 8/2007-12/2020, 12/2020-PRESENT -- MUST USE TIME

DEFICIENCY FORM.

OTHER DEFICIENCIES: MUST SUBMIT 12 HOURS OF CE COMPLETED BETWEEN 12/1/21-11/30/2023 /
ARE YOU STILL PRACTICING AS AN RC AT SS MEDICAL INC?



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

APPLICATION Tabled
12/4/2023

March 13, 2024

Teresa Lee, RC Applicant 4675
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Re-entry Respiratory Care Practitioner* Licensure has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **April 23, 2024 at 11:30 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or virtually via Zoom.** (See: *Okla. Admin. Code 435:45-3-5* provided below)

The information you provided on your application states the following:

- (a) Your last practice as a Respiratory Care Practitioner was March 2017; and
- (b) Your Oklahoma license lapsed December 31, 2019; and
- (c) Your National Board for Respiratory Care Certification expires/expired May 31, 2023; and
- (d) You are currently working in the Durable Medical field and not practicing hands on respiratory therapy; and
- (e) You are currently licensed Arkansas, that licensure will expire on December 31, 2024.

Okla. Admin. Code 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed *more than twelve months* wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4675 TERESA LEE
 Respiratory Care Practitioner

Practice Address:
 January 26, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 07/25/2023
Entered: 07/25/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action: TB
License #: 4675
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: 12/19/2017 **Orig. Lic. Exp:** 12/31/2019

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		0			
Okla Passing:		0			
Total Score:		0			

NBRC:

PRE-MED EDUCATION			
School Name: PULASKI TECHNICAL		State: AR	Country: UNITED STATES
City: N. LITTLE ROCK		From: 1/2004	To: 5/ 2007 Verified:
Degree: ASSOCIATE OF SCIENCE/RESPIRATORY			
School Name: UACCM		State: AR	Country: UNITED STATES
City: MORRILTON		From: 1/2002	To: 5/ 2004 Verified:
Degree: PREREQS			
School Name: CONWAY ADULT SCHOOL OF EDUCATION		State: AR	Country: UNITED STATES
City: CONWAY		From: 7/2001	To: 9/ 2001 Verified:
Degree: GED			
School Name: LEE HIGH SCHOOL		State: AR	Country: UNITED STATES
City: MARIANNA		From: 6/1986	To: 4/ 1988 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4675 TERESA LEE
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: LINCARE City: SPRINGDALE Specialty: RESPIRATORY DELIVER AND SETUP EQUIPMENT Comments:	Supervisor: State: AR Country: UNITED STATES From: 3 /2017 To: / Verified:		
Employed: NORTHWEST MEDICAL CENTER City: SPRINGDALE Specialty: RT Comments: RESPIRATORY TREATMENTS, ICU, EMERGENCY DEPARTMENT, VENT SETUP AND MONITORING, FLOOR TX, UD TX...	Supervisor: State: AR Country: UNITED STATES From: 1 /2015 To: 3 /2017 Verified:		
Employed: SPARKS MEDICAL CENTER City: FORT SMITH Specialty: RT Comments: WORKED IN EMERGENCY DEPARTMENT, UD TREATMENTS, VENT CHECKS	Supervisor: State: AR Country: UNITED STATES From: 6 /2012 To: 1 /2013 Verified:		
Employed: NATIONWIDE MEDICAL City: AGOURA Specialty: DELIVER AND SET UP EQUIPMENT Comments: DELIVER CPAP/BIPAP EQUIPMENT AND SET IT UP	Supervisor: State: CA Country: UNITED STATES From: 4 /2012 To: / Verified:		
Employed: HEALTHSOUTH City: FAYETTEVILLE Specialty: RESPIRATORY TX, O2 CHECKS... Comments:	Supervisor: State: AR Country: UNITED STATES From: 9 /2011 To: 4 /2012 Verified:		
Employed: KATHERINE'S PLACE City: FAYETTEVILLE Specialty: NOT SPECIFIED Comments:	Supervisor: State: AR Country: UNITED STATES From: 2 /2011 To: 9 /2011 Verified:		
Employed: RELOCATED City: FAYETTEVILLE Specialty: N/A Comments:	Supervisor: State: AR Country: UNITED STATES From: 11 /2010 To: 2 /2011 Verified:		
Employed: HIGHTS RETIREMENT HOME City: CONWAY Specialty: ADULT HEALTH CARE Comments:	Supervisor: State: AR Country: UNITED STATES From: 6 /2009 To: 11 /2010 Verified:		
Employed: CONWAY REGIONAL MEDICAL CENTER City: CONWAY Specialty: CRT Comments:	Supervisor: State: AR Country: USA From: 2 /2007 To: 6 /2009 Verified:		
Employed: FAULKNER COUNTY NURSING City: CONWAY Specialty: CNA Comments:	Supervisor: State: AR Country: UNITED STATES From: 7 /2000 To: 12 /2002 Verified:		
Employed: VIRCO City: CONWAY Specialty: UPHOLSTERY	Supervisor: State: AR Country: UNITED STATES From: 2 /1999 To: 7 /2000 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4675 TERESA LEE
 Respiratory Care Practitioner

Comments:					
Employed: MCDONALD'S		Supervisor:			
City: CONWAY		State: AR	Country: UNITED STATES		
Specialty: CASHIER		From: 8 / 1998	To: 2 / 1999	Verified:	
Comments:					
Employed: RELOCATED		Supervisor:			
City: CONWAY		State: AR	Country:		
Specialty: N/A		From: 8 / 1997	To: 8 / 1998	Verified:	
Comments:					
Employed: BOAR'S HEAD		Supervisor:			
City: FORREST CITY		State: AR	Country: UNITED STATES		
Specialty: LINE LEADER		From: 5 / 1995	To: 8 / 1997	Verified:	
Comments:					
Employed: CREST PARK NURSING HOME		Supervisor:			
City:		State:	Country: UNITED STATES		
Specialty: CNA		From: 5 / 1991	To: 10 / 1995	Verified:	
Comments:					
Employed: LEE COUNTY HEALTH		Supervisor:			
City:		State:	Country: UNITED STATES		
Specialty: HOME HEALTH AIDE		From: 6 / 1990	To: 5 / 1991	Verified:	
Comments:					
Employed: LIPSKY'S FARM		Supervisor:			
City: BRICKEYS		State: AR	Country: USA		
Specialty: HURDING CATTLE		From: 4 / 1988	To: 11 / 1990	Verified:	
Comments:					

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	RC RCP-2951	A	5/28/08	12/31/24	1/26/24
OK	RC 4675	I	12/19/17	12/31/19	8/7/23
AR	RC R-T0746	I	6/4/07	12/4/07	8/7/23
AR	RC R-T0786	I	11/29/07	5/29/08	8/7/23

DEFICIENCIES

OATH

Extended Background Check

Time Deficiency Form for: 1/2013 - 1/2015; 3/2017 - PRESENT - MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: PHOTO/OATH PAGE- MUST HAVE PHOTO ATTACHED - RESUBMIT/ NEED TO LIST CITY AND STATE WHEN YOU WORKED AT THE FOLLOWING: 1) LEE COUNTY HEALTH, 2) CREST PARK NURSING HOME / WHEN DID YOU LAST PRACTICE HANDS-ON RESPIRATORY CARE? / ARE YOU CURRENTLY WORKING FOR NATIONWIDE MEDICAL?

NBRC Credentials



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 13, 2024

Jill Lewis, RC Applicant 6362
[REDACTED]

TABLED
FEBRUARY 6, 2024

NOTICE OF COMMITTEE APPEARANCE

Your application for *Respiratory Care Practitioner* Licensure has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **April 23, 2024, at 11:30 am, at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or virtually via Zoom.** (See: *Okla. Admin. Code 435:45-3-2(h)* provided below).

The information you provided on your application states the following:

- (a) Your application was received on January 6, 2024;
- (b) Your last practice as a "hands on" Respiratory Care Practitioner was March 2000; and
- (c) Your National Board for Respiratory Care certification expires/expired does not expire; and
- (d) You are not currently licensed in any other state. Your Colorado license was issued 11/14/2002 and expired August 31, 2010.

Okla. Admin. Code 435:45-3-2(h). Required documentation

(h) Applicants who have **never held an Oklahoma license** and who **have not practiced within the previous twelve months** wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

Please confirm your attendance at this meeting and advise whether you will be appearing in person or via Zoom.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6362 JILL MARIE LEWIS
 Respiratory Care Practitioner

Practice Address:
 January 08, 2024

Status:
Res:
Received: 01/06/2024
Entered: 01/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action: TB
License #: 6362
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 01/09/2024

PRE-MED EDUCATION			
School Name: STANFORD SLEEP SCHOOL OF MEDICINE		State: CA	Country: UNITED STATES
City: PALO ALTO		From: 1/2001	To: 1/ 2001 Verified:
Degree:			
School Name: UNIVERSITY OF TOLEDO		State: OH	Country: UNITED STATES
City: TOLEDO		From: 9/1986	To: 6/ 1990 Verified:
Degree: ASSOCIATE DEGREE OF SCIENCE/ RESPIRATORY THERAPY			
School Name: ST. URSULA		State: OH	Country: UNITED STATES
City: TOLEDO		From: 9/1981	To: 6/ 1985 Verified:
Degree: HIGH SCHOOL			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6362 JILL MARIE LEWIS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Masimo Corporation **Supervisor:**
City: IRVINE **State:** CA **Country:** UNITED STATES
Specialty: CLINICAL MANAGER **From:** 3 /2010 **To:** 9 /2023 **Verified:**
Comments: CLINICAL MANAGER. EDUCATION PROVIDED TO RESPIRATORY THERAPISTS AND
 NURSING. EDUCATION ON MASIMO EQUI

Employed: Pacific Pulmonary **Supervisor:**
City: EVERGREEN **State:** CO **Country:** UNITED STATES
Specialty: SALES AND HOME CARE TO OXYGEN **From:** 8 /2007 **To:** 3 /2010 **Verified:**
 DEPENDENT PATIENTS
Comments: SALES AND HOME CARE TO OXYGEN DEPENDENT PATIENTS. CPAP/BILEVEL SET-UPS

Employed: St. Anthony Central **Supervisor:**
City: DENVER **State:** CO **Country:** UNITED STATES
Specialty: SLEEP LAB TECHNICIAN **From:** 6 /2003 **To:** 8 /2007 **Verified:**
Comments: SLEEP LAB TECHNICIAN AND ALSO WORKED IN THE RESPIRATORY DEPARTMENT

Employed: ResMed **Supervisor:**
City: DENVER **State:** CO **Country:** UNITED STATES
Specialty: CLINICAL SPECIALIST **From:** 3 /2000 **To:** 6 /2003 **Verified:**
Comments: CLINICAL SPECIALIST FOR WESTERN TERRITORIES INSTRUCTING ON SLEEP
 DISORDERS AND RESMED EQUIPMENT

Employed: Lutheran Hospital/Homecare **Supervisor:**
City: DENVER **State:** CO **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY **From:** 9 /1998 **To:** 3 /2000 **Verified:**
 THERAPIST
Comments: RESPIRATORY THERAPIST, ER ICU OR ALSO WORKED IN THEIR HOME CARE DIVISION

Employed: St. Joseph Hospital **Supervisor:**
City: DENVER **State:** CO **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY **From:** 6 /1990 **To:** 9 /1998 **Verified:**
 THERAPIST
Comments: REGISTERED RESPIRATORY THERAPIST. FLOOR THERAPY, ICU, ER, OR, NICU,
 MANAGER

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA					
CO	RC RTL.0002006	I	11/14/02	8/31/10	1/9/24

DEFICIENCIES

Time Deficiency Form for: 6/1985-9/1986, 9/2023- PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: Tabled Pending Personal Appearance at a Committee Meeting/
 When is the last time you did respiratory care duties?/ Are you licensed in CA as a
 Respiratory Therapist?

Verify License from CA



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 11, 2024

Joseph Niekamp, RC Applicant 6389
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Respiratory Care Practitioner** Licensure has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **April 23, 2024, at 11:30 am, at the office of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or virtually via Zoom.** (See: *Okla. Admin. Code 435:45-3-2(h)* provided below).

The information you provided on your application states the following:

- (a) Your application was received on February 9, 2024;
- (b) Your last practice as a "hands on" Respiratory Care Practitioner was September 2020, according to your application; and
- (c) Your National Board for Respiratory Care certification expires/expired July 31, 2027; and
- (d) You are not currently licensed in any other state. Your Texas license was issued 08/01/2007 and expired 11/30/2022.

Okla. Admin. Code 435:45-3-2(h). Required documentation

(h) Applicants who have **never held an Oklahoma license** and who **have not practiced within the previous twelve months** wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

Please confirm your attendance at this meeting and advise whether you will be appearing in person or via Zoom.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6389 JOSEPH MICHAEL NIEKAMP
 Respiratory Care Practitioner

Practice Address:
 February 09, 2024

Status:
Res:
Received: 02/09/2024
Entered: 02/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6389
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/06/2024

PRE-MED EDUCATION			
School Name: TARRANT COUNTY COLLEGE		State: TX	Country: UNITED STATES
City: FORT WORTH		From: 6/2005	To: 5/ 2007 Verified:
Degree: ASSOCIATE IN APPLIED SCIENCE			

PRACTICE HISTORY			
Employed: John Peter Smith Health Network		Supervisor:	
City: FORT WORTH		State: TX	Country: UNITED STATES
Specialty: STAFF RESPIRATORY THERAPIST FOR COUNTY HOSPITAL.		From: 7 /2007	To: 10 / 2020 Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP00070288	I	8/1/07	11/30/22	3/6/24

DEFICIENCIES
 Application Instructions
 Time Deficiency Form for: 09-1974-06/2005, 10/2020- PRESENT -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6389	JOSEPH MICHAEL NIEKAMP
Respiratory Care Practitioner		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PR 2297 CONNIE AGUIRRE
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS BAPTIST MEDICAL CENTER **Supervisor:** ANNA VILLA, RC 3705
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 2 /2024 **To:** / **Verified:** 2/23/2024
Comments: 2/23/2024 RCVD FORM 5, APP INCOMPLETE TEMP NOT ISSUED. TS
 3300 NW EXPRESSWAY
 OKLAHOMA CITY, OK 73112
 405-949-3534

Employed: EMSA **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PARAMEDIC **From:** 10 /2021 **To:** / **Verified:**
Comments: PARAMEDIC
 PROVIDING BASIC AND ADVANCED LIFE SUPPORT SKILLS IN EMERGENCY HEALTH SYSTEMS

Employed: Pafford EMS **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: EMT/PARAMEDIC **From:** 3 /2019 **To:** 10 /2021 **Verified:**
Comments: EMT/PARAMEDIC
 PROVIDING BASIC AND ADVANCED LIFE SUPPORT SKILLS IN EMERGENCY HEALTH SYSTEMS

Employed: Variety Care **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: REFERRAL CLERK **From:** 3 /2019 **To:** 9 /2021 **Verified:**
Comments: REFERRAL CLERK - ASSISTING PATIENTS SEEKING SPECIALTY CARE
 CALL CENTER TEAM LEAD

Employed: Guaranty Laundry Inc now EcoTex **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: MECHANIC **From:** 6 /2008 **To:** 7 /2010 **Verified:**
Comments: MECHANIC
 PRODUCTION - LINEN CLEANING SERVICE FOR HOSPITALS AND HOTEL

Employed: Phone Zone LLC **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SALES REPRESENTATIVE **From:** 2 /2008 **To:** 5 /2008 **Verified:**
Comments: SALES REPRESENTATIVE - SELLING, PROGRAMMING AND ACTIVATION OF CELL PHONE SERVICES

Employed: JC Penney at Penn Square Mall **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: SALES ASSOCIATE, CASHIER **From:** 2 /2007 **To:** 1 /2008 **Verified:**
Comments:

Employed: Jimmy's Egg **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: CASHIER, WAIT STAFF, EXPEDITE SERVICE **From:** 5 /2005 **To:** 2 /2007 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2297 CONNIE AGUIRRE
 Provisional Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Paramedic 77998		6/22/23		

DEFICIENCIES
 Time Deficiency Form for: 6/2013- 8/2018 -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT EMSA?
 Verify License from OK 77998

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2298 JENNIFER CORINA TOJ
 Provisional Respiratory Care Practitioner

Practice Address:

February 22, 2024
 INTEGRIS BAPTIST MEDICAL CENTER RESPIRATOR
 3300 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112
 OKLAHOMA

UNITED STATES

Status:

Endorsed By: EDUCATION

Res:

Orig Issued:

Orig. Lic. Exp:

Received: 02/10/2024

Entered: 02/10/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 2298

Sex: F

Ethnic Origin: 4

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: ROSE STATE COLLEGE	State: OK	Country: UNITED STATES		
City: MIDWEST CITY	From: 8/2023	To: /	Verified:	
Degree: RESPIRATORY THERAPIST				
School Name: SOUTHERN NAZARENE UNIVERSITY	State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY	From: 8/2020	To: 5/ 2022	Verified:	
Degree:				
School Name: TYLER JUNIOR COLLEGE	State: TX	Country: UNITED STATES		
City: TYLER	From: 1/2011	To: 12/ 2013	Verified:	
Degree:				
School Name: JOHN TYLER HIGH SCHOOL	State: TX	Country: UNITED STATES		
City: TYLER	From: 8/2006	To: 6/ 2009	Verified:	
Degree:				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2298 JENNIFER CORINA TOJ
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY					
Employed:	INTEGRIS BAPTIST MEDICAL CENTER RESPIRATORY DEPT	Supervisor:	ANNA VILLA, RC 3705		
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: PR	From: 2 / 2024	To: /	Verified:	
Comments:	02/15/24-TEMP NOT ISSUED, APPLICATION INCOMPLETE, (KB) 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3534				
Employed:	Integris health baptist medical center	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: NURSE ASSITANT	From: 7 / 2022	To: /	Verified:	
Comments:					
Employed:	Christus francis hospital	Supervisor:			
	City: TYLER	State: OK	Country:	UNITED STATES	
	Specialty: HUC	From: 2 / 2020	To: 6 / 2020	Verified:	
Comments:					
Employed:	UT Tyler Hospital	Supervisor:			
	City: TYLER	State: TX	Country:	UNITED STATES	
	Specialty: NURSE ASSISTANT	From: 7 / 2019	To: 1 / 2020	Verified:	
Comments:					
Employed:	Charlton Methodist Medical Center	Supervisor:			
	City: DALLAS	State: TX	Country:	UNITED STATES	
	Specialty: CERTIFIED NURSE ASSITANT	From: 10 / 2016	To: 7 / 2020	Verified:	
Comments:					
Employed:	HANGERS OF HOPE	Supervisor:			
	City: TYLER	State: TX	Country:		
	Specialty: CUSTOMER SERVICE	From: 11 / 2015	To: 6 / 2016	Verified:	
Comments:					
Employed:	Max Beauty Supply	Supervisor:			
	City: TYLER	State: TX	Country:	UNITED STATES	
	Specialty: CUSTOMER SERVICE	From: 1 / 2011	To: 10 / 2015	Verified:	
Comments:					
Employed:	NONE	Supervisor:			
	City: TYLER	State: TX	Country:		
	Specialty: UNEMPLOYED	From: 8 / 2009	To: 6 / 2010	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
PR	2298	JENNIFER CORINA TOJ

Provisional Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 6/2010-1/2011 , 6/2016-10/2016 -- MUST USE TIME DEFICIENCY FORM
OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT INTEGRIS ?/ WHEN IS EXPECTED
GRADUATION DATE FROM ROSE STATE ?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2301 CATLYN CHANCELLOR WILLIAMS
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Norman Regional Hospital **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: EMERGENCY REGISTRATION CLERK **From:** 6 /2022 **To:** 5 /2023 **Verified:**
Comments:

Employed: Academy sports and outdoors **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: TEAM LEAD **From:** 10 /2014 **To:** 6 /2022 **Verified:**
Comments:

Employed: Big 5 sporting goods **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE REP,
 ASSISTANT MANAGER **From:** 10 /2011 **To:** 10 /2014 **Verified:**
Comments:

Employed: Arvest Bank **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: BANK TELLER **From:** 1 /2011 **To:** 9 /2011 **Verified:**
Comments:

Employed: Blockbuster Video **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: ASSISTANT MANAGER, CUSTOMER
 SERVICE REP **From:** 12 /2009 **To:** 1 /2011 **Verified:**
Comments:

Employed: Goody Clothing **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: CASHIER, CUSTOMER SERVICE REP **From:** 3 /2008 **To:** 11 /2009 **Verified:**
Comments:

Employed: Lonestar steakhouse **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: HOSTESS, CLEANED TABLES,
 ROLLED SILVERWARE **From:** 2 /2006 **To:** 3 /2008 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2301	CATLYN CHANCELLOR WILLIAMS

Provisional Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU GET YOUR PR DEGREE? WHEN IS GRADUATION DATES FROM OCCC AND FRANCIS TUTTLE?

Supervisors

Form 6

Task Proficiency

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2302 LUCY YANG
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: Integris Community Hospital					
City: OKLAHOMA CITY		Supervisor:			
Specialty: PATIENT ACCESS SPECIALIST		State: OK	Country: UNITED STATES		
Comments:		From: 2 / 2019	To: /	Verified:	
<hr/>					
Employed: St. John's Medical Center					
City: TULSA		Supervisor:			
Specialty: PATIENT ACCESS REPRESENTATIVE		State: OK	Country: UNITED STATES		
Comments:		From: 1 / 2018	To: 1 / 2019	Verified:	
<hr/>					
Employed: OU Children's Hospital					
City: OKLAHOMA CITY		Supervisor:			
Specialty: REGISTRAR		State: OK	Country: UNITED STATES		
Comments:		From: 12 / 2016	To: 1 / 2018	Verified:	
<hr/>					
Employed: JC Penney					
City: FORT SMITH		Supervisor:			
Specialty: SALE ASSOCIATE		State: AR	Country: UNITED STATES		
Comments:		From: 11 / 2013	To: 1 / 2015	Verified:	
<hr/>					
Employed: J's Hallmark					
City: FORT SMITH		Supervisor:			
Specialty: SALE ASSOCIATE		State: AR	Country: UNITED STATES		
Comments:		From: 8 / 2012	To: 7 / 2013	Verified:	
<hr/>					
Employed: Abercrombie & Fitch					
City: FORT SMITH		Supervisor:			
Specialty: SALE ASSOCIATE		State: AR	Country: UNITED STATES		
Comments:		From: 9 / 2011	To: 7 / 2012	Verified:	
<hr/>					
Employed: Abercrombie & Fitch					
City: LITTLE ROCK		Supervisor:			
Specialty: SALE ASSOCIATE		State: AR	Country: UNITED STATES		
Comments:		From: 9 / 2009	To: 6 / 2010	Verified:	
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
<hr/>					

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
PR	2302	LUCY YANG

Provisional Respiratory Care Practitioner

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: ADDRESS ON BACKGROUND CHECK DOES NOT MATCH APPLICATION.
WHAT IS YOUR CURRENT ADDRESS? / WHEN IS EXPECTED GRADUATION DATE FROM EASTERN
OKLAHOMA STATE COLLEGE? / ARE YOU CURRENTLY EMPLOYED AT INTEGRIS COMMUNITY
HOSPITAL?

Supervisors

Form 6

Task Proficiency

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 5/2011-09/2011, 1/2015-12/2016 -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2303 SKYELAR BHREIGHZ COGBURN
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: Paris Regional health City: PARIS Specialty: RESPIRATORY TECH Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2023 To: / Verified:		
Employed: Paris Regional Health City: PAIRS Specialty: CERTIFIED NURSING ASSISTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2023 To: 11 /2023 Verified:		
Employed: Tadpoles Marine City: HUGO Specialty: SECRETARY Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 6 /2023 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status Application Instructions OATH Extended Background Check PHOTO OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA STATE COLLEGE? / ARE YOU CURRENTLY EMPLOYED AT PARIS REGIONAL HEALTH? Supervisors Form 6 Task Proficiency

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2304	KAITLYN GRACE BROWN

Provisional Respiratory Care Practitioner

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA STATE COLLEGE?

Supervisors

Form 6

Task Proficiency

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 04/2010-08/2022 -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2305	MCKYNZIE NICOLE VAUGHN
Provisional Respiratory Care Practitioner		

Practice Address:
March 27, 2024

Status:
Res:
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2305
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: EASTERN OKLAHOMA STATE COLLEGE		State: OK	Country: UNITED STATES
City: MCALESTER		From: 8/2022	To: / Verified:
Degree: RESPIRATORY THERAPY			

PRACTICE HISTORY			
Employed:		Supervisor:	
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2305	MCKYNZIE NICOLE VAUGHN

Provisional Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 9/2021- 08/2022 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA STATE COLLEGE?

Supervisors

Form 6

Task Proficiency

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2306	FELICIA PHOEBE LYNN BYRD

Provisional Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 10/2008-08/2022 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA
STATE COLLEGE?

Supervisors

Task Proficiency

Evidence of Status

Application Instructions

OATH

Extended Background Check

Form 6

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2307 KRISTINA LEE OWENS
 Provisional Respiratory Care Practitioner

Practice Address:
 March 27, 2024

Status:
Res:
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2307
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: EASTERN OKLAHOMA STATE COLLEGE					
City: MCALESTER		State: OK		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 8/2022		To: / Verified:	
<hr/>					
School Name: WILBURTON HIGH SCHOOL					
City: WILBURTON		State: OK		Country: UNITED STATES	
Degree:		From: 8/1992		To: 5/ 2006 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed:			Supervisor:		
City:		State:		Country:	
Specialty:		From: /		To: / Verified:	
Comments:					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
<hr/>					

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
PR	2307	KRISTINA LEE OWENS

Provisional Respiratory Care Practitioner

DEFICIENCIES

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT REGARDING "YES" ANSWER

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 5/2006-08/2022 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA STATE COLLEGE?

Supervisors

Form 6

Task Proficiency

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2308	TA'DRANIQUE SHA'VON BROADES

Provisional Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT REGARDING "YES" ANSWER

Application Instructions

OATH

Time Deficiency Form for: 8/2010-8/2022 --MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA STATE COLLEGE ?

Supervisors

Form 6

Task Proficiency

Extended Background Check

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2309	JENNA LAINE WHETSEL

Provisional Respiratory Care Practitioner

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM EASTERN OKLAHOMA STATE COLLEGE?

Supervisors

Form 6

Task Proficiency

Evidence of Status

Application Instructions

OATH

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 773 DENNIS AARON DODSON
 Provisional Respiratory Care Practitioner

Practice Address:
 March 27, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued: 10/02/2003
Temp Expires: 11/22/2003
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 773
Sex: M
Ethnic Origin: 1

Endorsed By: EDUCATION
Orig Issued: 11/20/2003 **Orig. Lic. Exp:** 05/31/2004

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: EASTERN OKLAHOMA STATE COLLEGE					
City: WILBURTON		State: OK		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 8/2022	To: /	Verified:	
School Name: CALIFORNIA COLLEGE FOR HEALTH SCIENCES					
City: NATIONAL CITY		State: CA		Country:	
Degree: RESP		From: 2/2002	To: /	Verified:	
School Name: MINERAL AREA COLLEGE					
City: PARK HILLS		State: MO		Country:	
Degree: N/A		From: 1/1998	To: 5/ 1998	Verified:	
School Name: NORTH COUNTY HIGH SCHOOL					
City: BONNE TERRE		State: MO		Country:	
Degree:		From: 8/1996	To: 5/ 1997	Verified:	

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
PR	773	DENNIS AARON DODSON

Provisional Respiratory Care Practitioner

DEFICIENCIES

Form 6

Task Proficiency

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 1/2020- 8/2022; NEED 1) END DATE FOR CALIFORNIA COLLEGE RESP PROGRAM- DID YOU GRADUATE? (2002- ?), 2) WHAT IS YOUR ANTICIPATED GRAD DATE FROM EASTERN OKLAHOMA?, 3) JOB TITLE FOR MCALESTER REGIONAL (11/1999); 4) END DATE WHEN YOU STOPPED PRACTICING AS AN OK PR (10/2003-?)?- MUST USE TIME DEFICIENCY FORM PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY PRACTICING AS A RESPIRATORY STUDENT?/ DO YOU HAVE YOUR NBRC?

Supervisors

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6365 MAI PANG CHANG
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: SAINT FRANCIS HOSPITAL City: TULSA Specialty: RC Comments: 6161 S YALE AVE TULSA, OK 74136 918-494-1350	Supervisor: STEPHANIE MONTGOMERY, RC 1702 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: NONE City: BROKEN ARROW Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2023 To: / Verified:		
Employed: Childrens MN Partners in Pediatrics City: BROOKLYN PARK Specialty: PATIENT ACCESS SPECIALIST Comments: PATIENT ACCESS SPECIALIST-PATIENT CHECK IN, INSURANCE VERIFICATION, MAKE APPTS, ETC	Supervisor: State: MN Country: UNITED STATES From: 1 /2022 To: 1 /2023 Verified:		
Employed: Childrens MN Hospital City: ST. PAUL Specialty: PATIENT ACCESS SPECIALIST Comments: PATIENT ACCESS SPECIALIST, REGISTRATION, INSURANCE VERIFICATION	Supervisor: State: MN Country: UNITED STATES From: 4 /2020 To: 1 /2022 Verified:		
Employed: St. Joseph Hospital City: ST. PAUL Specialty: FOOD AIDE Comments:	Supervisor: State: MN Country: UNITED STATES From: 5 /2016 To: 5 /2017 Verified:		
Employed: Medtronic Inc. City: PLYMOUTH Specialty: MEDICAL ASSEMBLY MAKING HEART VALVES Comments:	Supervisor: State: MN Country: UNITED STATES From: 1 /2012 To: 1 /2014 Verified:		
Employed: NONE City: FRESNO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 /2011 To: 8 /2011 Verified:		
Employed: dd's discount City: FRESNO Specialty: RETAIL-CUSTOMER SERVICES, STOCKED SHELVES, ETC Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 /2010 To: 1 /2011 Verified:		
Employed: dd's discount City: SACRAMENTO Specialty: RETAIL, CUSTOMER SERVICES, STOCKED SHELVES, ETC Comments:	Supervisor: State: CA Country: UNITED STATES From: 5 /2009 To: 5 /2010 Verified:		
Employed: Prodocuments through temp agency City: PORTERVILLE	Supervisor: State: CA Country: UNITED STATES		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6365 MAI PANG CHANG
 Respiratory Care Practitioner

Specialty: QUALITY CONTROL FOR VOTING DOCUMENTS Comments:	From: 5 / 2006 To: 6 / 2007 Verified:
Employed: NONE City: STRATHMORE Specialty: UNEMPLOYED & RELOCATING Comments:	Supervisor: State: CA Country: UNITED STATES From: 9 / 2005 To: 5 / 2006 Verified:
Employed: Mcdonald's City: LINDSAY Specialty: CUSTOMER SERVICES, SERVER, COOK, CLEAN Comments:	Supervisor: State: CA Country: UNITED STATES From: 4 / 2005 To: 9 / 2005 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Time Deficiency Form for: 6/2007 - 8/2008, 1/2014 - 8/2015, 5/2017 - 9/2018 (RECEIVED TIME DEFICIENCY FORM HAD THESE TIME FRAMES LISTED AS "STUDENT" BUT WE DON'T HAVE ANY DETAILS - MUST USE TIME DEFICIENCY FORM TO PROVIDE SCHOOL/ATTENDANCE DATES FOR THESE TIME FRAMES)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6369	ASHLEY ELIZABETH RAGSDALE
Respiratory Care Practitioner		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE:EXAM FAILURE
 Time Deficiency Form for: 12/2017-9/2018, 7/2019-1/2020 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR UNITED STATES AIR FORCE?/
 RECEIVED EVIDENCE OF STATUS FORM, NEED COPY OU YOUR US PASSPORT OR BIRTH CERTIFICATE
 Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6371 LACI JO MARTINEZ
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Children Mercy Hospital **Supervisor:**
City: KANSAS CITY **State:** MO **Country:** UNITED STATES
Specialty: **From:** 10 /2023 **To:** / **Verified:**
Comments: USE EXPERT KNOWLEDGE OF RESPIRATORY THERAPY STANDARDS TO PROVIDE PATIENT CARE.

Employed: St. Joseph's Woman Hospital **Supervisor:**
City: TAMPA **State:** FL **Country:** UNITED STATES
Specialty: **From:** 8 /2021 **To:** 4 /2023 **Verified:**
Comments: PRACTICES WITH MODERATE OVERSIGHT, FUNCTIONING IN SITUATIONS OF EMERGENCY LEVEL 1 CARE.

Employed: St. Joseph's Hospital-South **Supervisor:**
City: GIBSONTON **State:** FL **Country:** UNITED STATES
Specialty: **From:** 11 /2020 **To:** 4 /2023 **Verified:**
Comments: PERFORMS DESIGNATED RESPIRATORY CARE AND PULMONARY DIAGNOSTIC PROCEDURES.

Employed: Hillsborough Community College **Supervisor:**
City: TAMPA **State:** FL **Country:** UNITED STATES
Specialty: **From:** 4 /2018 **To:** 8 /2021 **Verified:**
Comments: PROVIDED CLINICAL SUPERVISION TO RESPIRATORY CARE STUDENTS IN A HEALTHCARE FACILITY.

Employed: Tampa General Hospital **Supervisor:**
City: TAMPA **State:** FL **Country:** UNITED STATES
Specialty: **From:** 7 /2017 **To:** 8 /2021 **Verified:**
Comments: PROVIDE HIGH-QUALITY PATIENT CARE WITH NICU/PICU, ADULT ICU/PCU, BURN UNIT

Employed: San Juan Regional Medical Center **Supervisor:**
City: FARMINTON **State:** NM **Country:** UNITED STATES
Specialty: **From:** 4 /2014 **To:** 7 /2017 **Verified:**
Comments: ADHERE TO RESPIRATORY DRIVEN PROTOCOLS AND WEANING PROTOCOLS. PERFORM VARIOUS TECHNICAL DUTIES.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Registered Respiratory Therapy 2023012613	A	4/4/23	7/31/24	2/21/24
FL	Registered Respiratory Therapy RT 15807	A	3/8/17	5/31/25	2/21/24
CO	Registered Respiratory Therapy RTL.0009864		7/13/23		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6371	LACI JO MARTINEZ

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 2/2007-8/2010, 5/2013-4/2014, 4/2023-10/2023 MUST USE TIME DEFICIENCY

FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: PLEASE GIVE US JOB TITLES FOR ALL JOBS LISTED/ DO YOU HAVE ANY PRACTICE HISTORY IN CO AS A RC?

Verify License from CO RTL.0009864

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6376 LAYLA WARD ALEXANDER
 Respiratory Care Practitioner

Practice Address:
 January 27, 2024
 CENTENE
 272 PORT ROYAL WAY

 HOUMA, LA 70360
 NOT OKLAHOMA

Status:
Res:
Received: 01/27/2024
Entered: 01/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6376
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/23/2024

PRE-MED EDUCATION					
School Name: NICHOLLS STATE UNIVERSITY					
City: THIBODAUX	State: LA	Country: UNITED STATES			
Degree: ASSOCIATES	From: 8/2002	To: 5/ 2007	Verified:		
<hr/>					
School Name: H.L. BOURGEOIS					
City: HOUMA	State: LA	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/1999	To: 5/ 2002	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6376 LAYLA WARD ALEXANDER
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Centene	Supervisor:	
City: HOUMA	State: LA	Country: UNITED STATES
Specialty: RESPIRATORY THERAPIST AND HEALTH COACH	From: 11 /2015	To: / Verified:
Comments: 2/27/24 - CURRENTLY WORKING (VB)		

Employed: Terrebonne General Hospital	Supervisor:	
City: HOUMA	State: LA	Country: UNITED STATES
Specialty: WORKED AS A RESPIRATORY THERAPIST.	From: 12 /2009	To: 11 /2015 Verified:
Comments:		

Employed: East Jefferson General Hospital	Supervisor:	
City: NEW ORLEANS	State: LA	Country: UNITED STATES
Specialty: WORKED AS A RESPIRATORY THERAPIST.	From: 7 /2007	To: 2 /2013 Verified:
Comments:		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Respiratory Therapist 11946		11/6/20		
SC	Respiratory Therapist 6673		9/1/20		
NC	Respiratory Therapist 10539	A	6/8/21	6/30/24	2/27/24
KS	Respiratory Therapist 16-05715		10/5/23		
WI	Respiratory Therapist 7101-28	A	5/23/23	6/30/24	2/27/24
IA	Respiratory Therapist 120146		9/19/23		
LA	Respiratory Therapist CRT.200475	A	8/20/07	1/31/25	2/23/24
MS	Respiratory Therapist RCP-6081		8/31/20		

DEFICIENCIES

Verify License from MS RCP-6081
 Application Instructions
 Verify License from GA 11946
 Verify License from SC 6673
 Verify License from KS 16-05715
 Verify License from IA 120146

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6377 ARCHIVALD CRUZ
 Respiratory Care Practitioner

Practice Address:
 February 23, 2024

Status:
Res:
Received: 01/29/2024
Entered: 01/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6377
Sex: M
Ethnic Origin: 6

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/19/2024

PRE-MED EDUCATION			
School Name: SEMINOLE STATE COLLEGE			
City: ALTAMONTE SPRINGS		State: FL Country: UNITED STATES	
Degree: ASSOCIATE IN ARTS IN RESPIRATORY CARE		From: 8/2010 To: 4/ 2012 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6377 ARCHIVALD CRUZ
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: UNIVERSITY OF VERMONT MEDICAL CENTER
City: BURLINGTON **State:** VT **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 1 / 2023 **To:** 11 / 2023 **Verified:**
Comments:

Employed: MAINE MEDICAL CENTER
City: PORTLAND **State:** ME **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 4 / 2022 **To:** 12 / 2022 **Verified:**
Comments:

Employed: ADVENTHEALTH
City: ORLANDO **State:** FL **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 6 / 2012 **To:** 8 / 2022 **Verified:**
Comments:

Employed: CHASE BANK
City: LAKE MARY **State:** FL **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE REPRESENTATIVE **From:** 6 / 2004 **To:** 6 / 2012 **Verified:**
Comments:

Employed: WALMART
City: SANFORD **State:** FL **Country:** UNITED STATES
Specialty: SALES ASSOCIATE **From:** 4 / 2003 **To:** 4 / 2004 **Verified:**
Comments:

Employed: BIG LOTS
City: SANFORD **State:** FL **Country:** UNITED STATES
Specialty: SALE ASSOCIATES **From:** 3 / 2003 **To:** 4 / 2003 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Registered Respiratory Therapist RT14451		2/28/23		
CO	Registered Respiratory Therapist RTL.0010082		11/7/23		
ME	Registered Respiratory Therapist TH3311		3/26/23		
VT	Registered Respiratory Therapist 122.0134459	A	11/7/22	11/30/24	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6377	ARCHIVALD CRUZ

Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 8/2000 - 3/2003; 11/2023 - PRESENT -- MUST USE TIME DEFICIENCY FORM

Evidence of Status

Verify License from FL RT14451

Application Instructions

OATH

Verify License from CO RTL.0010082

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Extended Background Check

PHOTO

Verify License from ME TH3311

Verify License from VT 122.0134459

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6378 JUAN ARMANDO MORALES
 Respiratory Care Practitioner

Practice Address:
 March 27, 2024
 PAM - POST ACUTE MEDICAL
 1407 N ROBINSON

 OKLAHOMA CITY, OK 73103
 OKLAHOMA

 UNITED STATES

Status:
Res:
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6378
Sex: M
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/23/2024

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTO					
City: SAN ANTONIO		State: TX		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE IN RESPIRATORY CARE		From: 8/2021		To: 8/ 2023 Verified:	
<hr/>					
School Name: WEBSTER UNIVERSITY					
City: SAN ANTONIO		State: TX		Country: UNITED STATES	
Degree: MA HEALTH SERVICES MANAGEMENT		From: 8/2004		To: 8/ 2006 Verified:	
<hr/>					
School Name: MCALLEN HIGH SCHOOL					
City: MCALLEN		State: TX		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/1990		To: 6/ 1993 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6378 JUAN ARMANDO MORALES
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: PAM - POST ACUTE MEDICAL **Supervisor:** LINDSAY PLUMMER, RC 2591
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: RC **From:** 3 /2024 **To:** / **Verified:**
Comments: 3/16/24 - TEMP NOT ISSUED, APP INCOMPLETE (KB)
 1407 N ROBINSON
 OKLAHOMA CITY, OK 73103
 405-232-8000

Employed: PAM Health **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: HOSPITAL **From:** 9 /2019 **To:** / **Verified:**
Comments:

Employed: LifeCare Hospitals of San Antonio **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: DIRECTOR OF RESPIRATORY **From:** 8 /2013 **To:** 9 /2019 **Verified:**
 POSITION HELD
Comments:

Employed: Methodist Stone Oak Hospital **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST PRN **From:** 8 /2006 **To:** 12 /2016 **Verified:**
 POSITION HELD
Comments:

Employed: University Hospital **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST POSITION **From:** 8 /2003 **To:** 8 /2013 **Verified:**
 HELD
Comments:

Employed: Christus Santa Rosa **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST PRN **From:** 8 /2003 **To:** 8 /2006 **Verified:**
 POSITION
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Respiratory Care Practitioner RT24488	A	9/6/23	5/31/25	2/23/24
TX	Respiratory Care Practitioner RCP00066758	A	6/16/03	11/30/25	2/23/24
OH	Respiratory Care Practitioner RCP18197	A	9/8/23	9/8/25	2/26/24
CO	Respiratory Care Practitioner RTL0009981		9/8/23		
MA	Respiratory Care Practitioner RT100147		1/10/24		

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
RC	6378	JUAN ARMANDO MORALES

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE YES ANSWER IN APPLICATION

Application Instructions

OATH

Time Deficiency Form for: 6/1993 - 8/2003 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: NEED JOB TITLE AT PAM HEALTH / ARE YOU CURRENTLY EMPLOYED AT PAM HEALTH? / WHEN WAS LAST PRACTICE AS RESPIRATORY THERAPIST?

Verify License from CO RTL0009981

Verify License from MA RT100147

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6379 NANCY VANG
 Respiratory Care Practitioner

Practice Address:
 January 31, 2024

Status:
Res:
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6379
Sex: F
Ethnic Origin: 6

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 01/30/2024

PRE-MED EDUCATION			
School Name: FRESNO CITY COLLEGE			
City: FRESNO	State: CA	Country: UNITED STATES	
Degree: RESPIRATORY CARE PRACTITIONER	From: 8/2021	To: 5/ 2023	Verified:

PRACTICE HISTORY			
Employed: Oakwood Garden Care Center	Supervisor:		
City: FRESNO	State: CA	Country: UNITED STATES	
Specialty: Certified Nurse Assistant	From: 9 /2015	To: 9 /2017	Verified:
Comments: CARING FOR RESIDENTS IN THE FACILITY WITH DAILY LIVING			
Employed: Wollow Creek Healthcare Center	Supervisor:		
City: CLOVIS	State: CA	Country: UNITED STATES	
Specialty: Certified Nurse Assistant	From: 9 /2010	To: 10 /2012	Verified:
Comments: CARING FOR ELDERLY RESIDENTS IN SKILLED FACILITY WITH THEIR DAILY LIFE			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Respiratory Care Practitioner 46371	A	6/13/23	7/31/24	2/23/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6379	NANCY VANG

Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 7/2002 - 9/2010; 10/2012 - 9/2015; 9/2017 - 8/2021; 5/2023 - PRESENT -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6384 MATISON MCKAIG MOYER
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: Meridian Health Company City: KINSLEY Specialty: I WORK AS A PULMONARY REHAB SPECIALIST Comments:	Supervisor: State: KS Country: UNITED STATES From: 5 /2023 To: / Verified:				
Employed: Centura st Catherine Dodge city City: DODGE CITY Specialty: I WORKED AS CRT AT THE HOSPITAL Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2022 To: 4 /2023 Verified:				
Employed: Wesley medical center City: WICHITA Specialty: I WORKED AS A STUDENT RT Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2021 To: 5 /2022 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Respiratory Care Practitioner 16-05530	A	8/3/22	3/31/24	2/28/24

<u>DEFICIENCIES</u>
Evidence of Status Extended Background Check Time Deficiency Form for: 5/2017 - 8/2020 -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6386 MARESA MARTRICE BEARD
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Centene City: DALLAS Specialty: RESPIRATORY HEALTH COACH Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2015 To: / Verified:
---	--

Employed: Reception and Medical Center City: LAKE BUTLER Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: FL Country: UNITED STATES From: 10 /2011 To: 1 /2015 Verified:
--	---

Employed: Baptist City: SOUTHAVEN Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: MS Country: UNITED STATES From: 8 /2007 To: 9 /2011 Verified:
---	--

Employed: North MS Medical Center City: TUPELO Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: MS Country: UNITED STATES From: 5 /2007 To: 8 /2008 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MS	Respiratory Therapist RCP 3599	A	1/14/07	8/31/25	2/24/24
IA	Respiratory Care Practitioner 123741	A	1/31/24	3/31/26	3/5/24
FL	Respiratory Therapist TT15034	A	6/29/11	5/31/25	3/1/24
GA	Respiratory Therapist 11956	A	12/3/20	7/31/24	2/23/24
LA	Respiratory Therapist 324798		10/22/20		
NC	Respiratory Therapist 10737	A	10/25/21	10/31/24	2/23/24
SC	Respiratory Therapist 6644		8/4/20		

DEFICIENCIES

Verify License from SC 6644
 Verify License from LA 324798
 Time Deficiency Form for: 7/1998-8/2005 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR CENTENE? / ARE YOU LICENSED IN TX AS A RESPIRATORY THERAPIST?/ DO YOU HAVE ANY PRACTICE HISTOY IN IA, GA, LA, NC, SC AS A RESPIRATORY THERAPIST?/ WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A RESPIRATORY THERAPIST?

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 6387 JANET L ENGLAND
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: National Staffing Solutions --Amberwell **Supervisor:**
 Hiawatha,
City: WINTER PARK **State:** FL **Country:** UNITED STATES
Specialty: **From:** 2 /2022 **To:** / **Verified:**
Comments: 25 BED
 LEVEL IV E.R., NEBS, NSY, NEBS, BIPAP O2 THERAPY
 RESPIRONICS EV300, V60, VAPOTHERM

Employed: Menorah Medical Center **Supervisor:**
City: OVERLAND PARK **State:** KS **Country:** UNITED STATES
Specialty: **From:** 5 /2009 **To:** 3 /2019 **Verified:**
Comments: NEB TXS, LEVEL II E.R., LEVEL2 NSY, ICU, POST HEARTS, ABGS, HEATED HI-FLO
 PB 840,980 VENTS,

Employed: Kaiser Permanente Redwood City **Supervisor:**
City: REDWOOD CITY **State:** CA **Country:** UNITED STATES
Specialty: **From:** 8 /1988 **To:** 1 /2009 **Verified:**
Comments: NEURO/MEDICAL ICU, LEVEL2 NSY, NEB TXS, TRACH CARE, SXING, ABGS, ASSIST
 BRONCHOSCOPIES, INTUBATION

Employed: Kaiser Permanente Santa Clara **Supervisor:**
City: SANTA CLARA **State:** CA **Country:** UNITED STATES
Specialty: **From:** 6 /1986 **To:** 8 /1988 **Verified:**
Comments: ICU, NICU, FLOORS, E.R. ABGS, NEONATE TRANSPORT, TRACHS, SXING
 IPPB BEAR 1, SECHRIST NEO VENT

Employed: Vista Hill Medical Center **Supervisor:**
City: EL PASO **State:** TX **Country:** UNITED STATES
Specialty: **From:** 12 /1984 **To:** 6 /1986 **Verified:**
Comments: ICU, FLOORS, E.R, NSY, POST OP HEARTS, ABGS, ART LINE PLACEMENT, TRACH CARE
 IPPB, BEAR1 VENT,

Employed: Clay County Community Hospital **Supervisor:**
City: CLAY CENTER **State:** KS **Country:** UNITED STATES
Specialty: **From:** 12 /1982 **To:** 12 /1984 **Verified:**
Comments: WORKING MANAGER: BUDGET, STAFFING, ORDERING EQUIPMENT. CORNING
 ANALYZER
 E.R., NSY, IPPB O2, ABGS

Employed: Memorial General Hospital **Supervisor:**
City: LAS CRUCES **State:** NM **Country:** UNITED STATES
Specialty: **From:** 6 /1979 **To:** 7 /1982 **Verified:**
Comments: ICU, E.R. FLOOR TXS, O2 THERAPY, TRACH CARE, SUCTIONING, ASSIST INTUBATIONS
 IPPB, MA-1 VENTILATORS

Employed: Gardner Community Hospital **Supervisor:**
City: GARDNER **State:** KS **Country:** UNITED STATES
Specialty: RADIOMETER ANALYZER **From:** 2 /1978 **To:** 5 /1979 **Verified:**
Comments: IPPB TXS, E.R., O2 THERAPY, ABGS
 RADIOMETER ANALYZER

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6387 JANET L ENGLAND
 Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Respiratory Care 2012018227		7/31/15		
WA	LR61233460		11/23/21		
CA	Respiratory Care 10253		6/12/86		
KS	Respiratory Care 16-03745	A	3/10/09	3/31/25	3/4/24
FL	RC RT24704	I	2/8/24	2/8/24	3/4/24

DEFICIENCIES
 Application Instructions
 OATH
 Extended Background Check
 Time Deficiency Form for: 7/1971-2/1978, 7/1982-12/1982, 1/2009-5/2009, 3/2019-2/2022 MUST USE TIME
 DEFICIENCY FORM FOR EXPLANATIONS
 Verify License from CA 10253
 Verify License from MO 2012018227
 Verify License from WA LR61233460
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR NATIONAL STAFFING SOLUTIONS?
 /PLEASE GIVE US JOB TITLES FOR ALL JOBS LISTED/ DO YOU HAVE ANY PRACTICE HISTORY IN WA
 AS A RESPIRATORY THERAPIST? / ARE YOU LICENSED IN NM AS A RESPIRATORY THERAPIST?/
 WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A RESPIRATORY CARE PRACTITIONER
 Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6388 LAUREL MONTECINOS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Centene Corporation **Supervisor:**
City: ST. LOUIS **State:** MO **Country:** UNITED STATES
Specialty: MANAGER , STAFF THERAPIST, **From:** 7 /2017 **To:** / **Verified:**
 HEALTH COACH AND CTTS
Comments: MANAGER OF FEDERAL HEALTH PLANS - STAFF THERAPIST, HEALTH COACH AND
 CTTS

Employed: Med Resources **Supervisor:**
City: CHESTERFIELD **State:** MO **Country:** UNITED STATES
Specialty: DME COMPANY - STAFF THERAPIST **From:** 12 /2012 **To:** 7 /2017 **Verified:**
Comments:

Employed: Jesey Community Hospital **Supervisor:**
City: JERSEYVILLE **State:** IL **Country:** UNITED STATES
Specialty: COMMUNITY HOSPOITAL - STAFF **From:** 5 /2010 **To:** 12 /2012 **Verified:**
 THERAPIST
Comments:

Employed: St. Anthony's Health Center **Supervisor:**
City: ALTON **State:** IL **Country:** UNITED STATES
Specialty: HOSPITAL - STAFF THERAPIST **From:** 7 /2008 **To:** 5 /2010 **Verified:**
Comments:

Employed: IV & Respiratory Care **Supervisor:**
City: BELLVILLE **State:** IL **Country:** UNITED STATES
Specialty: DME COMPANY - STAFF THERAPIST **From:** 7 /2007 **To:** 3 /2004 **Verified:**
Comments:

Employed: Bellville Memorial Hopsital **Supervisor:**
City: BELLVILLE **State:** IL **Country:** UNITED STATES
Specialty: HOSPITAL - STAFF THERAPIST **From:** 3 /2004 **To:** 7 /2007 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Respiratory Care License RCP-4346		9/3/20		
FL	Respiratory Care License TT-16968		3/17/21		
TX	Respiratory Care License RCP02003474				
NV	Respiratory Care License RC3795		5/1/23		
NC	Respiratory Care License 13330				
MO	Respiratory Care License 2012017316				
NM	Respiratory Care License RCP22027				
IN	Respiratory Care License 30010149A		8/21/20		
KS	Respiratory Care License 16-05068		8/7/20		
IA	Respiratory Care License 105068		7/29/20		
NE	Respiratory Care License 3290		7/28/20		
CA	Respiratory Care License 46164	A	4/4/23	6/30/24	3/5/24
MS	Respiratory Care License RCP-6687		3/22/23		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6388	LAUREL MONTECINOS

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 6/1989-1/2004, 7/2007-7/2008, -- MUST USE TIME DEFICIENCY FORM.

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT CENTENE CORPORATION?

Verify License from AR RCP-4346

Verify License from FL TT-16968

Verify License from TX RCP02003474

Verify License from NV RC3795

Verify License from NC 13330

Verify License from MO 2012017316

Verify License from NM RCP22027

Verify License from IN 30010149A

Verify License from KS 16-05068

Verify License from IA 105068

Verify License from NE 3290

Verify License from MS RCP-6687

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6391 HEATHER MICHELLE HILL
 Respiratory Care Practitioner

Practice Address:
 March 07, 2024

Status:
Res:
Received: 02/10/2024
Entered: 02/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6391
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/07/2024

PRE-MED EDUCATION					
School Name: TYLER JUNIOR COLLEGE					
City: TYLER		State: TX		Country: UNITED STATES	
Degree: ASSOCIATES OF APPLIED SCIENCE		From: 8/2010		To: 12/ 2011 Verified:	
<hr/>					
School Name: PARIS JUNIOR COLLEGE					
City: PARIS		State: TX		Country: UNITED STATES	
Degree: N/A		From: 5/2009		To: 8/ 2010 Verified:	
<hr/>					
School Name: NORTH LAMAR HIGH SCHOOL					
City: PARIS		State: TX		Country: UNITED STATES	
Degree:		From: 8/2006		To: 5/ 2009 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6391 HEATHER MICHELLE HILL
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: Adapt Health City: PARIS Specialty: RESPIRATORY THERAPIST Comments: 3/13/2024 CURRENTLY EMPLOYED HERE. TS	Supervisor: State: TX Country: UNITED STATES From: 6 /2020 To: / Verified:				
Employed: Paris Regional Medical Center City: PARIS Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2019 To: 6 /2020 Verified:				
Employed: Hope Pediatrics City: DALLAS Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 11 /2016 To: 12 /2019 Verified:				
Employed: Apple Homecare Medical Supply City: RICHARDSON Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2012 To: 11 /2019 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP00075114	A	6/14/12	5/31/24	3/7/24

<u>DEFICIENCIES</u>
Evidence of Status Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6395 ADAM WADE HAMMERSCHMIDT
 Respiratory Care Practitioner

Practice Address:
 March 13, 2024

Status:
Res:
Received: 02/16/2024
Entered: 02/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6395
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/13/2024

PRE-MED EDUCATION					
School Name: NEWMAN UNIVERSITY					
City: WICHITA		State: KS		Country: UNITED STATES	
Degree: ASSOCIATES IN HEALTH SCIENCE IN RESPIRATORY		From: 8/2009		To: 5/ 2011 Verified:	
<hr/>					
School Name: MAIZE HIGH SCHOOL					
City: MAIZE		State: KS		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2000		To: 5/ 2004 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6395 ADAM WADE HAMMERSCHMIDT
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: HCA menorah medical center	Supervisor:		
City: KANSAS CITY	State: MO	Country: UNITED STATES	
Specialty: RT	From: 1 /2021	To: /	Verified:
Comments:			

Employed: HCA Wesley Medical Center	Supervisor:		
City: WICHITA	State: KS	Country: UNITED STATES	
Specialty: RRT	From: 7 /2014	To: 12 /2020	Verified:
Comments:			

Employed: Western Medical Plains Complex	Supervisor:		
City: DODGE CITY	State: KS	Country: UNITED STATES	
Specialty: RRT REGISTERED RESPIRATORY THERAPIST POSITION	From: 1 /2014	To: 7 /2014	Verified:
Comments:			

Employed: Via Christi Hospitals	Supervisor:		
City: WICHITA	State: KS	Country: UNITED STATES	
Specialty: RRT REGISTERED RESPIRATORY THERAPIST POSITION	From: 12 /2010	To: 6 /2013	Verified:
Comments:			

Employed: Barney's Pharmacy	Supervisor:		
City: WICHITA	State: KS	Country: UNITED STATES	
Specialty: PHARMACY TECH POSITION	From: 12 /2009	To: 11 /2010	Verified:
Comments:			

Employed: Dillons Pharmacy	Supervisor:		
City: WICHITA	State: KS	Country: UNITED STATES	
Specialty: PHARMACY TECH POSITION	From: 9 /2004	To: 12 /2009	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	KSBHA RT License 16-04160	A	1/11/12	3/31/25	3/13/24
MO	State of Missouri Respiratory Care Practitioner	A	7/31/13	7/31/24	2/21/24

DEFICIENCIES

Extended Background Check

Time Deficiency Form for: 5/2004-9/2004, 06/2013-1/2014 -- MUST USE TIME DEFICIENCY FORM.

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR HCA MENORAH MEDICAL CENTER?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6396 BRENDAN DOYLE
 Respiratory Care Practitioner

Practice Address:
 February 21, 2024

Status:
Res:
Received: 02/17/2024
Entered: 02/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6396
Sex: M
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/19/2024

PRE-MED EDUCATION			
School Name: LOS ANGELES VALLEY COLLEGE		State: CA	Country: UNITED STATES
City: VALLEY GLEN		From: 8/1998	To: 5/ 2000 Verified:
Degree:			
School Name: OUR LADY OF VICTORY		State: CA	Country: UNITED STATES
City: SYLMAR		From: 8/1996	To: 6/ 1998 Verified:
Degree:			
School Name: LOS ANGELES PIERCE COLLEGE		State: CA	Country: UNITED STATES
City: WOODLAND HILLS		From: 6/1996	To: 12/ 2001 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6396 BRENDAN DOYLE
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Aya Healthcare City: SAN DIEGO Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 /2021 To: / Verified:
--	---

Employed: Adventist Health Glendale City: GLENDALE Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 /2018 To: 9 /2021 Verified:
--	---

Employed: Providence St. Joseph Medical Center City: BURBANK Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 11 /2017 To: 1 /2021 Verified:
--	---

Employed: Adventist Health Glendale City: GLENDALE Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 /2009 To: 6 /2018 Verified:
--	--

Employed: Northridge Hospital Medical Center City: NORTHRIDGE Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 9 /2008 To: 11 /2009 Verified:
---	---

Employed: Neonatal Respiratory Team, Inc. City: COVINA Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 3 /2006 To: 12 /2008 Verified:
--	---

Employed: United States Marine Corps City: CAMP PENDLETON Specialty: UNITED STATES MARINE Comments:	Supervisor: State: CA Country: UNITED STATES From: 9 /2003 To: 9 /2007 Verified:
--	--

Employed: P. L. Enterprises, Inc. City: AGOURA HILLS Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 5 /2002 To: 6 /2006 Verified:
--	--

Employed: Northridge Hospital Medical Center City: NORTHRIDGE Specialty: RESPIRATORY THERAPY Comments:	Supervisor: State: CA Country: UNITED STATES From: 7 /2000 To: 8 /2003 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Respiratory Care Practitioner 21502	I	7/12/00	6/30/22	3/15/24
MO	Respiratory Care Practitioner 2021028318	A	7/19/21	7/31/24	3/15/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6396	BRENDAN DOYLE

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Affidavit DEFICIENCIES: NEED STATEMENT REGARDING "YES" ANSWER ON APPLICATION

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT AYA HEALTHCARE? UPDATED TIME

DEFICIENCY FORM FOR MO ADDRESS FOR AYA HEALTHCARE

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6397 TAMIA J GRANT
 Respiratory Care Practitioner

Practice Address:

Status:
Res:
Received: 02/20/2024
Entered: 02/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6397
Sex: F
Ethnic Origin: 5

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/20/2024

PRE-MED EDUCATION			
<hr/>			
School Name: FRANCIS TUTTLE TECHNOLOGY CENTER	State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY	From: 1/2023	To: 12/2023	Verified:
Degree: ASSOCIATES IN APPLIED SCIENCE			
<hr/>			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE/FRANCIS TUTTLE	State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY	From: 8/2019	To: 12/2023	Verified:
Degree: ASSOCIATES IN APPLIED SCIENCE- RESPIRATORY			
<hr/>			
School Name: PUTNAM CITY ORIGINAL HIGH SCHOOL	State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY	From: 10/2013	To: 5/2017	Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6397 TAMIA J GRANT
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: SSM ST ANTHONY HOSPITAL **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 10 / 2023 **To:** / **Verified:**
Comments: 1000 N LEE
 OKLAHOMA CITY, OK 73101
 405-272-7201

Employed: Sodexo Ssm **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: ENVIRONMENTAL SERVICE **From:** 10 / 2022 **To:** 6 / 2023 **Verified:**
 WORKER
Comments:

Employed: Hyatt place hotel **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: FRONT DESK WORKER **From:** 3 / 2022 **To:** 10 / 2022 **Verified:**
Comments:

Employed: Fedex Package handler **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: MOVING AND ORGANIZING **From:** 1 / 2019 **To:** 1 / 2020 **Verified:**
 PACKAGES.
Comments:

Employed: Fairfield inn and suites **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: FRONT DESK WORKER **From:** 1 / 2018 **To:** 3 / 2022 **Verified:**
 AND SUPERVISOR
Comments:

Employed: Circle k **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: CASHIER **From:** 6 / 2017 **To:** 1 / 2019 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2274	A	12/4/23	6/30/24	2/20/24

DEFICIENCIES

Require Fees
 OTHER DEFICIENCIES: PRACTICE AS AN RC CANNOT BEGIN UNTIL YOU HAVE A TEMPORARY LETTER TO PRACTICE

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6399 BETTY JEANENNE ELLIS
 Respiratory Care Practitioner

Practice Address:
 March 04, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6399
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/25/2024

PRE-MED EDUCATION			
School Name: MISSOURI SOUTHERN STATE UNIVERSITY			
City: JOPLIN	State: MO	Country: UNITED STATES	
Degree: ASSOCIATES OF HEALTH SCIENCE IN RESPIRATORY CARE	From: 8/2004	To: 12/2007	Verified:
<hr/>			
School Name: STATE OF IOWA/ DEPARTMENT OF EDUCATION			
City: DES MOINES	State: IA	Country: UNITED STATES	
Degree: HIGH SCHOOL EQUIVALENCY DIPLOMA/ GED	From: 11/1994	To: 12/1994	Verified:
<hr/>			
School Name: LAWTON HIGH SCHOOL			
City: LAWTON	State: OK	Country: UNITED STATES	
Degree:	From: 8/1991	To: 11/1991	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6399 BETTY JEANENNE ELLIS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Aureus/ Potomac Valley Hospital **Supervisor:**
City: KEYSER **State:** WV **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 1 / 2024 **To:** 2 / 2024 **Verified:**
Comments: AUREUS IS A TRAVEL COMPANY THAT IS LOCATED IN NEBRASKA.

Employed: Arkansas Childrens Hospital **Supervisor:**
City: SPRINGDALE **State:** AR **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 9 / 2023 **To:** / **Verified:**
Comments: SMALL HOSPITAL THAT IS PART OF THE LARGER AR CHILDREN'S ORGANIZATION.

Employed: Aureus/ Mosaic Life Care Hospital **Supervisor:**
City: SAINT JOSEPH **State:** MO **Country:** UNITED STATES
Specialty: RT. **From:** 3 / 2023 **To:** 10 / 2023 **Verified:**
Comments:

Employed: Triage Staffing/ Cox Branson Hospital **Supervisor:**
City: BRANSON **State:** MO **Country:** UNITED STATES
Specialty: RT **From:** 11 / 2022 **To:** 3 / 2023 **Verified:**
Comments:

Employed: Traige Staffing/ Lake Regional **Supervisor:**
City: LAKE OF OZARKS **State:** MO **Country:** UNITED STATES
Specialty: RT **From:** 3 / 2022 **To:** 7 / 2022 **Verified:**
Comments:

Employed: Lake Regional/ Triage Staffing **Supervisor:**
City: OSAGE BEACH **State:** MO **Country:** UNITED STATES
Specialty: RT **From:** 3 / 2022 **To:** 7 / 2022 **Verified:**
Comments: STAFF TRAVEL RESPIRATORY THERAPIST. ONE 13 WEEK CONTRACT. ONE 6 WEEK CONTRACT.

Employed: Bothwell Regional Health Center/ Titan Medical **Supervisor:**
City: SEDALIA **State:** MO **Country:** UNITED STATES
Specialty: RT **From:** 9 / 2021 **To:** 3 / 2022 **Verified:**
Comments: STAFF TRAVEL RESPIRATORY THERAPIST ONE 13 WEEK CONTRACT. ONE 12 WEEK CONTRACT.

Employed: Mercy Hospital Aurora **Supervisor:**
City: AURORA **State:** MO **Country:** UNITED STATES
Specialty: RT **From:** 7 / 2009 **To:** 9 / 2021 **Verified:**
Comments:

Employed: Central Kansas Medical Center **Supervisor:**
City: GREAT BEND **State:** KY **Country:** UNITED STATES
Specialty: RT **From:** 9 / 2008 **To:** 11 / 2008 **Verified:**
Comments: FIRST RT JOB OUT OF SCHOOL. TRAVEL POSITION/ CONTRACT CUT SHORT DUE TO HIGH WAGE BEING PAID.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6399 BETTY JEANENNE ELLIS
 Respiratory Care Practitioner

Employed: Mccune Brooks City: CARTHAGE Specialty: NEED JOB TITLE Comments: TRIED TO WORK SHORTLY THROUGH RT SCHOOL. WASN'T ABLE TO FOCUS AND DECIDED TO RESIGN.	Supervisor: State: MO Country: UNITED STATES From: 8 / 2007 To: 10 / 2007 Verified:
Employed: CFI City: JOPLIN Specialty: NEED JOB TITLE Comments: STARTED POSITION TO WORK THROUGH SCHOOL. BECAME PREGNANT AND QUIT TO FOCUS ON SCHOOL.	Supervisor: State: MO Country: UNITED STATES From: 8 / 2004 To: 11 / 2004 Verified:
Employed: Gulf States Paper company City: JOPLIN Specialty: ENTRY LEVEL FACTORY POSITION. Comments:	Supervisor: State: MO Country: UNITED STATES From: 6 / 2003 To: 8 / 2004 Verified:
Employed: Pillsbury/General Mills City: JOPLIN Specialty: FACTORY WORKER Comments: ENTRY LEVEL FACTORY DAYSHIFT POSITION. I LEFT TO TAKE CARE OF MY TERMINALLY ILL GRANDFATHER.	Supervisor: State: MO Country: UNITED STATES From: 6 / 2002 To: 2 / 2003 Verified:
Employed: La-Z-Boy City: NEOSHO Specialty: FACTORY/ SEWER AND UPHOLSTERER. Comments:	Supervisor: State: MO Country: UNITED STATES From: 4 / 1998 To: 2 / 2002 Verified:
Employed: White Glove Cleaning City: NEOSHO Specialty: OVERNIGHT CLEANING POSITION Comments: OVERNIGHT CLEANING POSITION. IMPROVED PAY AND HOURS DUE TO HAVING A NEWBORN	Supervisor: State: MO Country: UNITED STATES From: 8 / 1996 To: 3 / 1998 Verified:
Employed: Talbot Wire City: NEOSHO Specialty: NEED JOB TITLE Comments: AN ENTRY LEVEL FACTORY JOB. IT WAS A SPOT WELDING FACILITY.	Supervisor: State: MO Country: UNITED STATES From: 2 / 1995 To: 7 / 1996 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6399 BETTY JEANENNE ELLIS
 Respiratory Care Practitioner

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Registered Respiratory Therapist RT 23530	A	9/13/22	5/31/25	3/25/24
KS	Respiratory Therapist 16-03667	I	9/9/08	5/7/09	3/25/24
CO	Registered Respiratory Therapist RTL.0009377		12/27/22		
FL	Certified Respiratory Therapist TT 16282		4/13/17		
MO	Respiratory Care Practioner 2007028903		6/22/09		
AZ	Registered Respiratory Therapist 046317	A	1/6/23	4/25/24	3/25/24
AR	Registered Respiratory Therapist RCP-4672	A	10/20/22	4/30/24	3/25/24
WV	Registered Respiratory Therapist LRTR3012	A	1/2/24	12/31/24	3/4/24

DEFICIENCIES

Application Instructions

Time Deficiency Form for: 04/1994-02/1995, 2/2002-6/2002, 2/2003-6/2003, 12/2007-9/2008, 11/2008-07/2009,7/2022-11-2022 -- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH ARKANSAS CHILDRENS HOSPITAL? / NEED JOB TITLES FOR , TALLBOT WIRE, CFI, MCCUNE BROOKS, ARKANSAS CHILDRENS HOSPITAL, AUREUS.

Verify License from CO RTL.0009377

Verify License from FL TT 16282

Verify License from MO 2007028903

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6400 ASHLEE LOPEZ
 Respiratory Care Practitioner

Practice Address:
 March 01, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6400
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/01/2024

PRE-MED EDUCATION					
School Name: BRIGHTWOOD COLLEGE					
City: SALIDA	State: CA	Country: UNITED STATES			
Degree: ASSOCIATES IN RESPIRATORY CARE	From: 5/2014	To: 6/ 2016	Verified:		
<hr/>					
School Name: FOOTHILL HIGH SCHOOL					
City: BAKERSFIELD	State: CA	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2000	To: 6/ 2005	Verified:		
<hr/>					
PRACTICE HISTORY					
Employed: Viemed					
City: LAFAYETTE	Supervisor:		State: LA Country: UNITED STATES		
Specialty: REMOTE RESPIRATORY THERAPIST	From: 3 /2019	To: /	Verified:		
Comments:					
<hr/>					
Employed: Kingman Regional Medical Center					
City: KINGMAN	Supervisor:		State: AZ Country: UNITED STATES		
Specialty: LEAD RESPIRATORY THERAPIST	From: 1 /2017	To: 3 /2019	Verified:		
Comments:					
<hr/>					
Employed: Firehouse					
City: BAKERSFIELD	Supervisor:		State: CA Country: UNITED STATES		
Specialty: BARTENDER/SERVER	From: 1 /2011	To: 3 /2014	Verified:		
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6400 ASHLEE LOPEZ
 Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Respiratory Therapist 38371	A	7/28/16	1/31/26	3/1/24
AZ	Respiratory Therapist 046596	A	10/23/23	1/6/25	2/29/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 6/2005-1/2011,6/2016-1/2017 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR VIEMED?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6401 SABRINA MARIE DOMINICK
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: St. Francis Cabrini Hospital City: ALEXANDRIA Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: LA Country: UNITED STATES From: 6 /2023 To: 2 /2024 Verified:				
Employed: New Orlean East (LCMC) City: NEW ORLEANS, Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: LA Country: UNITED STATES From: 12 /2017 To: 4 /2023 Verified:				
Employed: Ochsner Medical Center City: SLIDELL Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: LA Country: UNITED STATES From: 8 /2012 To: 11 /2022 Verified:				
Employed: East Jefferson Medical Hospital City: METAIRIE Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: LA Country: UNITED STATES From: 8 /2009 To: 4 /2023 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
LA	Respiratory Therapist LRT.000267	A	8/1/09	3/31/24	3/25/24

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 Time Deficiency Form for: 05/1989-08/1998, 05/2002-08/2005 -- MUST USE TIME DEFICIENCY FORM
 PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6402 JOSEPH ALLEN PORTER
 Respiratory Care Practitioner

Practice Address:
 March 28, 2024
 SAINT FRANCIS HOSPITAL
 6161 SOUTH YALE AVE

 TULSA, OK 74136
 TULSA

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6402
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/25/2024

PRE-MED EDUCATION					
School Name: SAN DIEGO STATE UNIVERSITY					
City: SAN DIEGO		State: CA	Country: UNITED STATES		
Degree: BA	From: 3/2011	To: 10/ 2014	Verified:		
School Name: THOMAS EDISON STATE UNIVERSITY					
City: TRENTON		State: NJ	Country: UNITED STATES		
Degree: AS	From: 8/2007	To: 12/ 2007	Verified:		
School Name: CARLSBAD HIGH SCHOOL					
City: CARLSBAD		State: NM	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA	From: 8/1992	To: 5/ 1994	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6402 JOSEPH ALLEN PORTER
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: SAINT FRANCIS HOSPITAL City: TULSA Specialty: RC Comments: 3/28/2024:FORM5 ENTERED. TEMP NOT ISSUED YET(SJ) 6161 S YALE AVE TULSA, OK 74136 918-494-1350	Supervisor: STEPHANIE MONTGOMERY, RC State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: Bozeman Deaconess City: BOZEMAN Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: MT Country: UNITED STATES From: 11 /2023 To: 2 /2024 Verified:		
Employed: NONE City: Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: From: 7 /2023 To: 11 /2023 Verified:		
Employed: Flex Care City: PORTLAND Specialty: TRAVEL RT Comments:	Supervisor: State: OR Country: UNITED STATES From: 6 /2023 To: 9 /2023 Verified:		
Employed: Aeurus Health Care City: SILVERDALE Specialty: TRAVEL RT Comments:	Supervisor: State: WA Country: UNITED STATES From: 9 /2022 To: 2 /2023 Verified:		
Employed: One Staff Health Care City: MOAB Specialty: TRAVEL RT Comments:	Supervisor: State: UT Country: UNITED STATES From: 5 /2022 To: 8 /2022 Verified:		
Employed: Aeurus City: RENTON Specialty: TRAVEL RT Comments:	Supervisor: State: WA Country: UNITED STATES From: 3 /2022 To: 6 /2023 Verified:		
Employed: Aya Healthcare City: BELLINGHAM Specialty: TRAVEL RT (COVID) Comments:	Supervisor: State: WA Country: UNITED STATES From: 8 /2021 To: 2 /2022 Verified:		
Employed: Aya Healthcare City: BILLINGS Specialty: TRAVEL RT Comments:	Supervisor: State: MT Country: UNITED STATES From: 8 /2020 To: 5 /2021 Verified:		
Employed: Aya Healthcare City: SEATTLE Specialty: TRAVEL RT (COVID) Comments:	Supervisor: State: WA Country: UNITED STATES From: 2 /2020 To: 6 /2020 Verified:		
Employed: Confluence Health Care	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6402 JOSEPH ALLEN PORTER
 Respiratory Care Practitioner

City: WENATCHEE Specialty: STAFF RESPIRATORY THERAPIST Comments:	State: WA Country: UNITED STATES From: 8 / 2018 To: 12 / 2019 Verified:
Employed: Kaiser Health City: OAKLAND Specialty: PRN RESPIRATORY THERAPIST Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 / 2017 To: 8 / 2018 Verified:
Employed: Sutter Health City: BURLINGAME Specialty: TRAVEL RT Comments:	Supervisor: State: CA Country: UNITED STATES From: 3 / 2017 To: 5 / 2018 Verified:
Employed: Truststaff Health Care City: MEDFORD Specialty: TRAVEL RT Comments:	Supervisor: State: OR Country: UNITED STATES From: 8 / 2016 To: 2 / 2017 Verified:
Employed: Sharp Grossmont City: SAN DIEGO Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 / 2014 To: 5 / 2016 Verified:
Employed: San Diego State City: SAN DIEGO Specialty: FULL TIME AT SDSU Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 / 2011 To: 5 / 2014 Verified:
Employed: US Navy City: SAN DIEGO Specialty: RESPIRATORY THERAPIST Comments: RESPIRATORY THERAPIST AT SAN DIEGO MEDICAL CENTER BALBOA	Supervisor: State: CA Country: UNITED STATES From: 1 / 2005 To: 3 / 2011 Verified:
Employed: US Navy City: SAN DIEGO Specialty: 2ND PHASE OF RESPIRATORY THERAPY SCHOOL Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 / 2004 To: 1 / 2005 Verified:
Employed: US Navy City: SAN ANTONIO Specialty: NAVAL RESPIRATORY THERAPY SCHOOL. Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 / 2004 To: 8 / 2004 Verified:
Employed: US Navy City: KANEOHE Specialty: (FMF) NAVY CORPSMAN WITH 1ST BATTALION 3RD MARINES Comments:	Supervisor: State: HI Country: UNITED STATES From: 12 / 1999 To: 7 / 2004 Verified:
Employed: US Navy City: PORTSMOUTH Specialty: NAVY CORPSMAN AT PORTSMOUTH NAVAL MEDICAL CENTER.	Supervisor: State: VA Country: UNITED STATES From: 3 / 1997 To: 12 / 2011 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6402 JOSEPH ALLEN PORTER
 Respiratory Care Practitioner

Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MT	Respiratory Therapist RCP-RCP-LIC 9099	A	7/1/21	5/1/24	3/21/24
OR	Respiratory Therapist RT-P-10230041		2/26/24		
WA	Respiratory Therapist 60892385		2/26/24		
UT	Respiratory Therapist 12785103-5701	A	4/4/22	9/30/24	3/21/24

DEFICIENCIES

Evidence of Status

Time Deficiency Form for: 5/1994-3/1997 -- NEED TIME DEFICIENCY FORM

Verify License from OR RT-P-10230041

Verify License from WA 60892385

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6404 KELSEA WILSON
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Select Medical- Baylor Heart Hospital of Plano **Supervisor:**
City: PLANO **State:** TX **Country:** UNITED STATES
Specialty: PRN- RCP OF INTENSIVE LTACH **From:** 1 /2024 **To:** / **Verified:**
 FACILITY.
Comments:

Employed: Parkland Health Hospital **Supervisor:**
City: DALLAS **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY CARE PRACTITIONER **From:** 1 /2023 **To:** 1 /2024 **Verified:**
Comments: RESPIRATORY CARE PRACTITIONER LEVEL I FACILITY FOR INTENSIVE CARE

Employed: Medical City Dallas **Supervisor:**
City: DALLAS **State:** TX **Country:** UNITED STATES
Specialty: PRN, CURRENTLY AN RCP **From:** 10 /2022 **To:** / **Verified:**
Comments: PRN, CURRENTLY AN RCP IN INTENSIVE CARE SUCH AS TRANSPLANT-ICU,
 NEURO-ICU, SURGICAL-ICU AND MICU

Employed: Lebonheur Childrens Hospital **Supervisor:**
City: MEMPHIS **State:** TN **Country:** UNITED STATES
Specialty: RESPIRATORY STUDENT INTERN **From:** 10 /2021 **To:** 5 /2022 **Verified:**
Comments: RESPIRATORY STUDENT INTERN IN PEDIATRIC FLOORS AND NICU, PICU

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP02006328	A	8/23/23	5/31/25	3/25/24

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 Time Deficiency Form for: 5/2014-8/2015, 08/2018-08/2019, 5/2022-10/2022 --MUST USE TIME
 DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT SELECT MEDICAL-BAYLOR HEART AND
 MEDICAL CITY DALLAS?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6405 TEELEE P COOK
 Respiratory Care Practitioner

Practice Address:

March 07, 2024
 ADAPT HEALTH
 4709 LYDIA DR

WICHITA FALLS, TX 76308
 NOT OKLAHOMA

Status:

Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6405
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/25/2024

PRE-MED EDUCATION					
School Name: MIDWESTERN STATE UNIVERSITY					
City: WICHITA FALLS		State: TX		Country: UNITED STATES	
Degree: RESPIRATORY CARE		From: 8/2018		To: 5/ 2023 Verified:	
<hr/>					
School Name: VERNON REGIONAL JR. COLLEGE					
City: WICHITA FALLS		State: TX		Country: UNITED STATES	
Degree:		From: 8/2016		To: 5/ 2018 Verified:	
<hr/>					
School Name: HENRIETTA HIGH SCHOOL/HOMESCHOOL					
City: HENRIETTA		State: TX		Country: UNITED STATES	
Degree:		From: 8/2014		To: 5/ 2018 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6405 TEELEE P COOK
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: Adapt Health City: WICHITA FALLS Specialty: RESPIRATORY THERAPIST DME Comments:	Supervisor: State: TX Country: UNITED STATES From: 11 /2023 To: / Verified:				
Employed: Wilbarger General Hospital City: VERNON Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2023 To: 1 /2024 Verified:				
Employed: Texoma Medical Center City: DENISON Specialty: RESPIRATORY STUDENT Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2022 To: 6 /2023 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	RCP RCP02006276	A	8/9/23	5/31/25	3/25/24

DEFICIENCIES
Evidence of Status Application Instructions OATH Extended Background Check PHOTO OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR ADAPT HEALTH?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6406 KAYLA JANEE TAYLOR
 Respiratory Care Practitioner

Practice Address:
 March 11, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6406
Sex: F
Ethnic Origin: 2

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/25/2024

PRE-MED EDUCATION			
School Name: MIDWESTERN STATE UNIVERSITY			
City: WICHITA FALLS		State: TX	Country: UNITED STATES
Degree: BSRC	From: 7/2015	To: 5/2020	Verified:

PRACTICE HISTORY			
Employed:	Supervisor:		
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OH	Respiratory care practitioner RCP.16422		8/17/22		
TX	Respiratory Care Practitioner RCP02003380	A	7/8/20	5/31/24	3/25/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6406	KAYLA JANE TAYLOR

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 12/2014-07/2015, 05/2020- PRESENT -- MUST USE TIME DEFICIENCY FORM.

PHOTO

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS AN RC? NEED TIME DEFICIENCY FORM WITH CURRENT INFORMATION.

Verify License from OH RCP.16422

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6407 CLAY CARTWRIGHT
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Children's Mercy City: KANSAS CITY Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: MO Country: UNITED STATES From: 6 /2022 To: / Verified:
--	--

Employed: Grifs Western City: DAVIE Specialty: CASHIER Comments:	Supervisor: State: FL Country: UNITED STATES From: 1 /2021 To: 5 /2022 Verified:
---	--

Employed: Americorps City: BOULDER Specialty: TRAIL CREW Comments:	Supervisor: State: CO Country: UNITED STATES From: 7 /2020 To: 11 /2020 Verified:
---	---

Employed: Sea watch on the ocean City: POMPANO BEACH Specialty: SERVER Comments:	Supervisor: State: FL Country: UNITED STATES From: 9 /2018 To: 12 /2018 Verified:
---	---

Employed: Nova Southeastern University City: FORT LAUDERDALE Specialty: LIFEGUARD Comments:	Supervisor: State: FL Country: UNITED STATES From: 8 /2017 To: 5 /2020 Verified:
--	--

Employed: MWR City: JACKSONVILLE Specialty: OCEAN RESCUE LIFEGUARD Comments:	Supervisor: State: FL Country: UNITED STATES From: 5 /2017 To: 5 /2020 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
UT	Respiratory Therapist 13873394-5701		3/11/24		
MO	Respiratory Therapist 2022020707	A	6/8/22	7/31/24	3/18/24
KS	Respiratory Therapist 16-05564		10/17/22		

DEFICIENCIES

Application Instructions

Evidence of Status

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH CHILDRENS MERCY?

Verify License from UT 13873394-5701

Verify License from KS 16-05564

OATH

PHOTO

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6408	NICOLE ATWOOD

Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 11/2015-10/2018 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR RC DEGREE?

OATH

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6409	MELINDA L MARTIN

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 11/1991- PRESENT -- MUST USE TIME DEFICIENCY FORM

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6410 JORDAN BETH ALLEN
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: AMN Allied Health Travel Agency City: DALLAS Specialty: ALLIED HEALTH TRAVEL AGENCY RRT, ACCS, BS, MS Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2023 To: / Verified:
---	--

Employed: UT Health East Texas City: TYLER Specialty: RRT, ACCS, BS, MS Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2018 To: 7 /2023 Verified:
--	--

Employed: HCA South Austing Medical Center/ Medical City For City: AUSTIN Specialty: RRT, ACCS Comments:	Supervisor: State: TX Country: UNITED STATES From: 3 /2010 To: 7 /2018 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP00073427	A	7/30/10	11/30/25	3/27/24

DEFICIENCIES

Evidence of Status
 Application Instructions
 Time Deficiency Form for: 12/2003-2/2008,-- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: RECEIVED PASSPORT AND BIRTH CERTIFICATE WITH NO EVIDENCE OF STATUS FORM. MUST COMPLETE FORM.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6411 AMY LYNN MADISON
 Respiratory Care Practitioner

Practice Address:
 March 27, 2024

Status:
Res:
Received: 03/21/2024
Entered: 03/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6411
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/27/2024

PRE-MED EDUCATION			
School Name: DALLAS COUNTY COMMUNITY COLLEGE			
City: DALLAS	State: TX	Country: UNITED STATES	
Degree: ASSOCIATES DEGREE / RESPIRATORY CARE PRACTITIONER	From: 6/2005	To: 8/2008	Verified:

PRACTICE HISTORY			
Employed: Valley Regional Hospital		Supervisor:	
City: CLAREMONT	State: NH	Country: UNITED STATES	
Specialty: ER, PCU, MED SURG	From: 3/2020	To: 8/2022	Verified:
Comments:			
Employed: Medical City McKinney		Supervisor:	
City: MCKINNEY	State: TX	Country: UNITED STATES	
Specialty: ER, ICU, NICU, PCU, MED SURG	From: 9/2008	To: 9/2016	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP00071573	A	8/15/08	5/31/24	3/27/24
NH	Respiratory Care Practitioner 1567		3/5/20		
VT	Respiratory Care Practitioner 122.0134147		1/24/20		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6411	AMY LYNN MADISON

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 1/1986-6/2005 , 9/2016-03/2020, 08/2022- PRESENT

PHOTO

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS AN RC?

Verify License from NH 1567

Verify License from VT 122.0134147

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 2064 WENDY SUE LAWSON
 Respiratory Care Practitioner

Practice Address:
 February 05, 2024
 OKLAHOMA HEART HOSPITAL
 5200 E I-240 SERVICE RD

 OKLAHOMA CITY, OK 73135
 OKLAHOMA

Status: I
Res: RI
Received: 03/18/2024
Entered: 03/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2064
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC Credentials
Orig Issued: 11/08/2001 **Orig. Lic. Exp:** 11/30/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/27/2024

PRE-MED EDUCATION					
School Name: WALDEN UNIVERSITY					
City: MINNEAPOLIS	State: MN	Country: UNITED STATES			
Degree: MASTERS OF PUBLIC HEALTH	From: 7/2009	To: 7/2011	Verified:		
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY	State: OK	Country: UNITED STATES			
Degree: AAS/RESP	From: 8/2000	To: 7/2001	Verified:		
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN	State: OK	Country: UNITED STATES			
Degree: SCIENCE EDUCATION	From: 8/1995	To: 7/2000	Verified:		
School Name: TAHLEQUAH HIGH SCHOOL					
City: TAHLEQUAH	State: OK	Country: UNITED STATES			
Degree: DIPLOMA	From: 8/1992	To: 5/1995	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 2156 DEBRA RUTH WILLIAMS
 Respiratory Care Practitioner

Practice Address:
 January 25, 2024
 VIEMED
 625 E KALISTE SALOOM RD

 LAFAYETTE, LA 70508
 NOT OKLAHOMA

Status: I
Res: RI
Received: 01/25/2024
Entered: 01/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2156
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC Credentials
Orig Issued: 05/22/2002 **Orig. Lic. Exp:** 05/31/2006

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/22/2024

PRE-MED EDUCATION					
School Name: BOSSIER PARRISH COMMUNITY COLLEGE					
City: BOSSIER CITY		State: LA		Country: UNITED STATES	
Degree: ASSOCIATES OF SCIENCE IN RESPIRATORY THERAPY			From: 8/1993	To: 5/ 1999	Verified:
<hr/>					
School Name: HUNTINGTON HIGH SCHOOL					
City: SHREVEPORT		State: LA		Country: UNITED STATES	
Degree:			From: 8/1990	To: 5/ 1993	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 2156 DEBRA RUTH WILLIAMS
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: VIEMED City: LAFAYETTE Specialty: RRT Comments: 2/29/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: LA Country: UNITED STATES From: 3 /2023 To: / Verified:				
Employed: ADVENTHEALTH ORLANDO HOSPITAL City: ORLANDO Specialty: RRT Comments:	Supervisor: State: FL Country: UNITED STATES From: 7 /2019 To: 3 /2023 Verified:				
Employed: VIEMED City: LAFAYETTE Specialty: RRT Comments:	Supervisor: State: LA Country: UNITED STATES From: 9 /2017 To: 7 /2019 Verified:				
Employed: MEDICAL CENTER OF MCKINNEY City: MCKINNEY Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2016 To: 9 /2017 Verified:				
Employed: WILLIS KNIGHTON HEALTH SYSTEM City: SHREVEPORT Specialty: RRT Comments:	Supervisor: State: LA Country: UNITED STATES From: 10 /2004 To: 8 /2016 Verified:				
Employed: NONE City: ADRMORE Specialty: MOVED Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2004 To: 10 /2004 Verified:				
Employed: MERCY MEDICAL CENTER City: ARDMORE Specialty: REGISTERED RESPIRATORY THERAPIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2002 To: 5 /2004 Verified:				
Employed: WILLIS KNIGHTON HEALTH SYSTEM City: SHREVEPORT Specialty: REGISTERED RESPIRATORY THERAPY Comments:	Supervisor: State: LA Country: UNITED STATES From: 9 /1999 To: 6 /2002 Verified:				
Employed: HIGHLAND HOSPITAL City: SHREVEPORT Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: LA Country: UNITED STATES From: 7 /1998 To: 9 /1999 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
LA	CERTIFIED RESPIRATORY THERAPIST		8/1/98		
FL	RRT	A	5/1/19	5/31/25	2/22/24
TX	RCP		5/15/16		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	2156	DEBRA RUTH WILLIAMS

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

Verify License from LA

Verify License from TX

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5105 CHEMELLE DERAЕ BELL
 Respiratory Care Practitioner

Practice Address:
 April 11, 2022

, OK
 NOT OKLAHOMA

Status: I
Res: RI
Received: 03/16/2024
Entered: 03/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5105
Sex: F
Ethnic Origin: 2

Endorsed By: NBRC CREDENTIALS
Orig Issued: 02/18/2020 **Orig. Lic. Exp:** 02/28/2022

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/27/2024

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE IN RESPIRATORY CARE		From: 1/2019	To: 12/2019	Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF ARTS		From: 8/2017	To: 1/2019	Verified:	
<hr/>					
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF ARTS		From: 8/2015	To: 5/2017	Verified:	
<hr/>					
School Name: CLINTON HIGH SCHOOL					
City: CLINTON		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2001	To: 5/2005	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	5105	CHEMELLE DERAЕ BELL

Respiratory Care Practitioner

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU WORKED AS A RESPIRATORY CARE PRACTITIONER?

Verify License from NM 0000120799

Verify License from MO 2023044752

Verify License from GA 11646

Time Deficiency Form for: 12/2019-PRESENT MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

Verify License from TX RCP02004438

Verify License from NC 12916

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5128 LACI NARANJO
 Respiratory Care Practitioner

Practice Address:
 February 23, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 02/24/2024
Entered: 02/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5128
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: 05/21/2020 **Orig. Lic. Exp:** 05/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/21/2024

PRE-MED EDUCATION			
School Name: MIDWESTERN STATE UNIVERSITY		State: TX	Country: UNITED STATES
City: WICHITA FALLS		From: 8/2012	To: 5/ 2016 Verified:
Degree: BACHELORS - RESP			
School Name: VERNON COLLEGE		State: TX	Country: UNITED STATES
City: WICHITA FALLS		From: 9/2009	To: 5/ 2012 Verified:
Degree: ASSOCIATES			
School Name: SH RIDER HIGH SCHOOL		State: TX	Country: UNITED STATES
City: WICHITA FALLS		From: 8/2003	To: 5/ 2007 Verified:
Degree: DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5128 LACI NARANJO
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: VieMed City: WICHITA FALLS Specialty: HOME HEALTH RESPIRATORY CARE Comments: 3/25/24 - STILL EMPLOYED HERE (KS)	Supervisor: State: TX Country: UNITED STATES From: 2 /2024 To: / Verified:
--	--

Employed: AMN Healthcare Club Staffing City: DALLAS Specialty: TRAVEL/CONTRACT RRT Comments: 3/25/24 - STILL EMPLOYED HERE (KS)	Supervisor: State: TX Country: UNITED STATES From: 4 /2019 To: / Verified:
--	--

Employed: UT Southwestern City: DALLAS Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2016 To: 4 /2019 Verified:
--	---

Employed: Methodist Dallas Medical Center City: DALLAS Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2016 To: 5 /2021 Verified:
--	--

Employed: Iron Horse Pub City: WICHITA FALLS Specialty: WAITRESS/BARTENDER Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2011 To: 6 /2016 Verified:
---	--

Employed: Mardel Christian and Education City: WICHITA FALLS Specialty: RETAIL/SALES Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2007 To: 4 /2011 Verified:
---	--

Employed: United Market Street City: WICHITA FALLS Specialty: GROCERY SACKER Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2006 To: 7 /2007 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Registered Respiratory Therapist RCP02000627	A	6/13/16	11/30/24	3/21/24
AL	LRT 4921	I	4/8/20	10/31/21	2/26/24
OK	RC 5128	I	5/21/20	5/31/22	2/24/24

DEFICIENCIES

OATH
 PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6366 CARLOS DOMINGUEZ
 Respiratory Care Practitioner

Practice Address:

January 17, 2024
 OU HEALTH
 700 NE 13TH ST

OKLAHOMA CITY, OK 73104
 OKLAHOMA

UNITED STATES

Status:

Res:
Received: 01/12/2024
Entered: 01/12/2024
Temp Issued: 01/17/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6366
Sex: M
Ethnic Origin: 4

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 01/12/2024

PRE-MED EDUCATION					
School Name: FRANCIS TUTTLE/ OCCC		State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY		From: 1/2023	To: 12/ 2023	Verified:	
Degree: RESP					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY		From: 1/2020	To: 12/ 2023	Verified:	
Degree:					
School Name: ENTERPRISE HIGH SCHOOL		State: AL	Country: UNITED STATES		
City: ENTERPRISE		From: 8/2011	To: 5/ 2015	Verified:	
Degree:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6366 CARLOS DOMINGUEZ
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OU HEALTH City: OKLAHOMA CITY Specialty: PR Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: LORI NAISMITH, RC 3335 State: OK Country: UNITED STATES From: 1 / 2024 To: 1 / 2024 Verified:
--	---

Employed: OU HEALTH City: OKLAHOMA CITY Specialty: RC Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: LORI NAISMITH, RC 3335 State: OK Country: UNITED STATES From: 1 / 2024 To: / Verified:
--	--

Employed: Oklahoma Department of Corrections City: OKLAHOMA CITY Specialty: CORRECTIONAL OFFICER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 / 2019 To: 12 / 2022 Verified:
---	---

Employed: Menards Warehouse City: EAU CLAIRE Specialty: LINE PICKER Comments:	Supervisor: State: WI Country: UNITED STATES From: 1 / 2019 To: 5 / 2019 Verified:
--	--

Employed: U.S. ARMY City: LAWTON Specialty: U.S. SOLDIER Comments:	Supervisor: State: AA Country: UNITED STATES From: 8 / 2015 To: 1 / 2019 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2277	A	12/5/23	6/30/24	1/12/24

DEFICIENCIES

--

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6367 TYLER ANTHONY OSBORN
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: DUNCAN REGIONAL HOSPITAL	Supervisor: VALYNDA MCGLOTHIN, RC 1690
City: DUNCAN	State: OK Country: UNITED STATES
Specialty: RC	From: 3 / 2024 To: / Verified:
Comments: 2621 WHISENANT DR DUNCAN, OK 73533 580-251-6839	

Employed: Comanche County Memorial Hospital	Supervisor:
City: LAWTON	State: OK Country: UNITED STATES
Specialty: PHLEBOTOMIST	From: 11 / 2021 To: 8 / 2022 Verified:
Comments: WORKED AS AN EMERGENCY MEDICAL TECHNICIAN, AND PHLEBOTOMIST.	

Employed: United States Army	Supervisor:
City: FORT SILL	State: OK Country: UNITED STATES
Specialty: OPERATIONS NCO	From: 3 / 2007 To: 11 / 2021 Verified:
Comments: I HAVE SERVED IN VARIOUS LOCATIONS THROUGHOUT MY CAREER, AND SEPARATED IN LAWTON OK NOVEMBER 2021	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
-------	---------------------	--------	--------	-----	-------

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6368 GABRIEL LYNN ELLIOTT
 Respiratory Care Practitioner

Practice Address:
 January 24, 2024
 CHOCTAW MEMORIAL HOSPITAL
 1405 E KIRK

 HUGO, OK 74743
 CHOCTAW

 UNITED STATES

Status:
Res:
Received: 01/16/2024
Entered: 01/16/2024
Temp Issued: 01/24/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6368
Sex: M
Ethnic Origin: 3

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 01/17/2024

PRE-MED EDUCATION			
School Name: EASTERN OKLAHOMA STATE COLLEGE		State: OK	Country: UNITED STATES
City: MCALESTER		From: 8/2021	To: 5/ 2023 Verified:
Degree: ASSOCIATES IN APPLIED SCIENCES RESPIRATORY THERAPY			
School Name: PARIS JUNIOR COLLEGE		State: TX	Country: UNITED STATES
City: PARIS		From: 6/2020	To: 7/ 2022 Verified:
Degree:			
School Name: IDABEL HIGH SCHOOL		State: OK	Country: UNITED STATES
City: IDABEL		From: 8/1992	To: 5/ 1996 Verified:
Degree: DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6368 GABRIEL LYNN ELLIOTT
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: CHOCTAW MEMORIAL HOSPITAL	Supervisor: TOBY WILLIAMS, RC 2685
City: HUGO	State: OK Country: UNITED STATES
Specialty: RC	From: 1 / 2024 To: / Verified:
Comments: 1405 E KIRK HUGO, OK 74743 580-317-9547	

Employed: CHOCTAW MEMORIAL HOSPITAL	Supervisor: TOBY CARDELL WILLIAMS, RC 2685
City: HUGO	State: OK Country:
Specialty: PR	From: 5 / 2023 To: 12 / 2023 Verified:
Comments: 1405 E.KIRK HUGO, OK 74743 580-317-9547	

Employed: Complete Care Medical	Supervisor:
City: IDABEL	State: OK Country: UNITED STATES
Specialty: COORDINATOR	From: 12 / 2013 To: 12 / 2023 Verified:
Comments: 4/10/23 - STILL WORKING HERE (KS)	

Employed: Self Employed	Supervisor:
City: BROKEN BOW	State: OK Country: UNITED STATES
Specialty: PASTOR	From: 11 / 2011 To: 11 / 2013 Verified:
Comments:	

Employed: 4Way Pest Control	Supervisor:
City: IDABEL	State: OK Country: UNITED STATES
Specialty: PEST TECHNICIAN	From: 5 / 2007 To: 10 / 2011 Verified:
Comments:	

Employed: Pruetts Foods	Supervisor:
City: BROKEN BOW	State: OK Country: UNITED STATES
Specialty: CUSTOMER SERVICE	From: 4 / 2002 To: 5 / 2007 Verified:
Comments: SACKER, CASHIER, PRODUCE CLERK	

Employed: Marvins IGA	Supervisor:
City: SPIRO	State: OK Country: UNITED STATES
Specialty: CUSTOMER SERVICE	From: 9 / 1999 To: 4 / 2002 Verified:
Comments: STOCKER, PRODUCE MANAGER	

Employed: Piggly Wiggly	Supervisor:
City: IDABEL	State: OK Country: UNITED STATES
Specialty: ASSISTANT MANAGER.	From: 8 / 1996 To: 8 / 1999 Verified:
Comments: SALES CLERK,	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2228	A	5/4/23	5/3/24	1/16/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6368	GABRIEL LYNN ELLIOTT

Respiratory Care Practitioner

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6370 JOSHUA MARTIN JACKSON
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: BETHANY CHILDRENS HEALTH CENTER City: BETHANY Specialty: RC Comments: 3800 NW 39TH EXPRESSWAY BETHANY, OK 73008 405-789-6711	Supervisor: KELLY WOLF, RC 2933 State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified: 2/8/2024
---	--

Employed: Oklahoma Athletic Center City: OKLAHOMA CITY Specialty: FRONT DESK MANAGER. Comments: FRONT DESK SUPERVISOR THEN	Supervisor: State: OK Country: UNITED STATES From: 6 / 2021 To: 12 / 2022 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6372 MARIA ANGELICA ORTIZ LOPEZ
 Respiratory Care Practitioner

Practice Address:

February 27, 2024
 INTEGRIS BAPTIST MEDICAL CENTER - RESPIRATO
 3300 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112
 OKLAHOMA

UNITED STATES

Status:

Res:
Received: 01/25/2024
Entered: 01/25/2024
Temp Issued: 02/29/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6372
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC: 02/22/2024

PRE-MED EDUCATION				
School Name: OKLAHOMA CITY COMMUNITY COLLEGE/ FRANCIS TUTTLE				
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
Degree: ASSOCIATE DEGREE IN APPLIED SCIENCE - RESP	From: 8/2020	To: 12/ 2023	Verified:	
School Name: EMERSON HIGH SCHOOL				
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
Degree:	From: 8/2014	To: 5/ 2015	Verified:	
School Name: US GRANT				
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES		
Degree:	From: 8/2012	To: 5/ 2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6372 MARIA ANGELICA ORTIZ LOPEZ
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed:	INTEGRIS BAPTIST MEDICAL CENTER - RESPIRATORY DEPT	Supervisor:	ANNA VILLA, RC 3705		
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: RC	From: 3 / 2024	To: /	Verified:	
Comments:	3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3534				
Employed:	Coil Chem	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: RECEPTIONIST/ ADMINISTRATIVE ASSISTANT	From: 8 / 2020	To: 8 / 2021	Verified:	
Comments:	I WAS A				
Employed:	Hobby Lobby	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: FORKLIFT OPERATOR	From: 7 / 2017	To: 7 / 2020	Verified:	
Comments:	I WAS A FORKLIFT OPERATOR BEFORE I LEFT THE COMPANY.				
Employed:	NONE	Supervisor:			
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: UNEMPLOYED	From: 1 / 2016	To: 7 / 2017	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6373 JOSE F MALDONADO
 Respiratory Care Practitioner

Practice Address:
 January 31, 2024

Status:
Res:
Received: 01/26/2024
Entered: 01/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6373
Sex: M
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/22/2024

PRE-MED EDUCATION						
School Name: NORTHWEST ARKANSAS COMMUNITY COLLEGE						
City: BENTONVILLE		State: AR		Country: UNITED STATES		
Degree: ASSOCIATES OF APPLIED SCIENCE RESPIRATORY THERAPY			From: 8/2015	To: 5/ 2020	Verified:	
<hr/>						
School Name: SPRINGDALE HIGH SCHOOL						
City: SPRINGDALE		State: AR		Country: UNITED STATES		
Degree: DIPLOMA			From: 8/2012	To: 5/ 2015	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6373 JOSE F MALDONADO
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: REGENCY HOSPITAL City: SPRINGDALE Specialty: RRT Comments: 2/29/2024:CURRENTLY WORKING HERE(SJ)	Supervisor: State: AR Country: UNITED STATES From: 8 /2023 To: / Verified:				
Employed: Great River Medical Center City: BLYTHEVILLE Specialty: TRAVEL RESPIRATORY THERAPIST Comments:	Supervisor: State: AR Country: UNITED STATES From: 12 /2022 To: 6 /2023 Verified:				
Employed: Conway Regional Medical Center City: CONWAY Specialty: FULL TIME RESPIRATORY THERAPIST Comments:	Supervisor: State: AR Country: UNITED STATES From: 9 /2020 To: 9 /2022 Verified:				
Employed: UPS City: SPRINGDALE Specialty: UPS PACKAGE HANDLER Comments:	Supervisor: State: AR Country: UNITED STATES From: 8 /2018 To: 6 /2020 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Respiratory Care Practitioner RCP-4304	A	6/18/20	4/30/24	1/31/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6374 AMANDA J BURK
 Respiratory Care Practitioner

Practice Address:
 January 26, 2024

Status:
Res:
Received: 01/26/2024
Entered: 01/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6374
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/22/2024

PRE-MED EDUCATION					
School Name: OZARK TECHNICAL COMMUNITY COLLEGE					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree: AAS-RT		From: 6/2001		To: 5/ 2002 Verified:	
<hr/>					
School Name: MISSOURI STATE UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree:		From: 8/1996		To: 5/ 2001 Verified:	
<hr/>					
School Name: OZARK HIGH SCHOOL					
City: OZARK		State: MO		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/1992		To: 5/ 1996 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6375 CHRISTOPHER SCOTT PETTIT
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: POST ACUTE MEDICAL **Supervisor:** LINDSAY PLUMMER, RC 2591
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PA **From:** 3 /2024 **To:** / **Verified:**
Comments: 1407 N ROBINSON
 OKLAHOMA CITY, OK 73103
 405-232-8000

Employed: PAM Health **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: STAFF RESPIRATORY THERAPIST **From:** 10 /2021 **To:** / **Verified:**
Comments: 3/4/2024:CURRENTLY WORKING HERE(SJ)

Employed: Methodist Heathcare **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: DIRECTOR OF RESPIRATORY THERAPY **From:** 11 /2020 **To:** 9 /2021 **Verified:**
Comments:

Employed: PAM Health **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: STAFF RESPIRATORY THERAPIST **From:** 2 /2020 **To:** 10 /2020 **Verified:**
Comments: STAFF RESPIRATORY THERAPIST AND EVENTUALLY CARDIOPULMONARY MANAGER

Employed: Business Startup **Supervisor:**
City: HOUSTON **State:** TX **Country:** UNITED STATES
Specialty: STARTED UP A TREE SERVICE BUSINESS **From:** 6 /2019 **To:** 1 /2020 **Verified:**
Comments:

Employed: Methodist Heathcare **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: DIRECTOR OF RESPIRATORY THERAPY **From:** 11 /2008 **To:** 6 /2019 **Verified:**
Comments:

Employed: Baptist Health System **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: STAFF RESPIRATORY THERAPIST **From:** 9 /2002 **To:** 11 /2008 **Verified:**
Comments: STAFF RESPIRATORY THERAPIST AND EVENTUALLY DIRECTOR OF RESPIRATORY THERAPY

Employed: Santa Rosa Hospital **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: STAFF RESPIRATORY THERAPIST **From:** 2 /2002 **To:** 9 /2002 **Verified:**
Comments:

Employed: Humana Health Plans **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: ASTHMA EDUCATOR **From:** 9 /1996 **To:** 2 /2002 **Verified:**
Comments:

Employed: Baptist Health System **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: STAFF RESPIRATORY THERAPIST **From:** 5 /1989 **To:** 9 /2006 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6375 CHRISTOPHER SCOTT PETTIT
 Respiratory Care Practitioner

Employed: UNITED MEDICAL SUPPLIES City: SAN ANTONIO Specialty: RECEIVING CLERK Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 / 1986 To: 5 / 1988 Verified:
Employed: BOUT SHOP (A-1) City: SAN ANTONIO Specialty: HELPER Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 / 1984 To: 9 / 1986 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CO	RC RTL0009974	A	9/6/23	8/31/24	3/13/24
FL	RC RT24462	A	8/28/23	5/31/25	3/14/24
PA	RC YM018034	A	10/17/23	12/31/24	3/14/24
TX	RC RCP00056228	A	2/8/90	5/31/25	2/23/24
OH	RC RCP18189	A	9/6/23	9/6/25	3/14/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6380 AMBER E ARVIN
 Respiratory Care Practitioner

Practice Address:
 January 31, 2024

Status:
Res:
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6380
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 01/30/2024

PRE-MED EDUCATION					
School Name: OREGON INSTITUTE OF TECHNOLOGY					
City: KLAMATH FALLS		State: OR		Country: UNITED STATES	
Degree: BS: RESPIRATORY CARE		From: 6/2018	To: 6/ 2022	Verified:	
<hr/>					
School Name: COLUMBIA COMMUNITY COLLEGE					
City: SONORA		State: CA		Country: UNITED STATES	
Degree: AA WTIH EMPHASIS IN SCIENCE		From: 9/2015	To: 6/ 2018	Verified:	
<hr/>					
School Name: MOUNTAIN OAKS CHARTER SCHOOL					
City: SAN ANDREAS		State: CA		Country: UNITED STATES	
Degree: HIGH SCHOL DIPLOMA		From: 6/2012	To: 6/ 2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6380 AMBER E ARVIN
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: AMN Healthcare Travel: Kaiser Permanente **Supervisor:**
City: HONOLULU **State:** HI **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY **From:** 1 /2024 **To:** / **Verified:**
 THERAPIST
Comments: KAISER PERMANENTE HOSPITAL, TRAVEL ASSIGNMENT AMN HEALTHCARE

Employed: Travel Assignment AHS Staffing: Pearl City **Supervisor:**
 Nursing
City: PEARL CITY **State:** HI **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY **From:** 9 /2023 **To:** 12 /2023 **Verified:**
 THERAPIST
Comments:

Employed: Kapiolani Medical Center **Supervisor:**
City: HONOLULU **State:** HI **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY **From:** 11 /2022 **To:** 8 /2023 **Verified:**
 THERAPIST
Comments:

Employed: Care center of Honolulu **Supervisor:**
City: HONOLULU **State:** HI **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY **From:** 9 /2022 **To:** 5 /2023 **Verified:**
 THERAPIST
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
HI	Registered respiratory Therapist RT-1533	A	8/29/22	6/30/26	2/23/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 6381 HANAN M HAIMOUR
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: INTEGRIS BAPTIST MEDICAL CENTER City: OKLAHOMA CITY Specialty: RC Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73142 405-949-3537	Supervisor: CAITLIN SMITH, RC 4285 State: OK Country: UNITED STATES From: 2 /2024 To: / Verified:		
Employed: INTEGRIS BAPTIST MEDICAL CENTER City: OKLAHOMA CITY Specialty: PR Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3537	Supervisor: CAITLIN SMITH, RC 4285 State: OK Country: UNITED STATES From: 1 /2024 To: 2 /2024 Verified: 12/14/2023		
Employed: DENTAL SPECIALISTS OF EDMOND City: EDMOND Specialty: INSURANCE COORDINATOR Comments: I WORKED AS INSURANCE COORDINATOR ALONG DOING BILLING, CODING,AND HANDLING INSURANCE CLAIMS	Supervisor: State: OK Country: UNITED STATES From: 8 /2021 To: 1 /2023 Verified:		
Employed: Dental Depot City: OKLAHOMA CITY Specialty: TREATMENT COORDINATOR Comments: I WAS A TREATMENT COORDINATOR, LATER I DID DENTAL BILLING AND CODING	Supervisor: State: OK Country: UNITED STATES From: 1 /2018 To: 5 /2021 Verified:		
Employed: United Transport and services City: OKLAHOMA CITY Specialty: I WAS THE AGENCY OPERATOR FOR CAR RENTALS Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2008 To: 1 /2018 Verified:		
Employed: IBC BANK City: OKLAHOMA CITY Specialty: TELLER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2007 To: 1 /2008 Verified:		
Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2005 To: 2 /2007 Verified:		
Employed: NONE City: MINNEAPOLIS Specialty: UNEMPLOYED Comments:	Supervisor: State: MN Country: UNITED STATES From: 12 /2004 To: 11 /2005 Verified:		
Employed: NONE City: AMMAN Specialty: UNEMPLOYED Comments:	Supervisor: State: Country: JORDAN From: 5 /2004 To: 12 /2004 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6381 HANAN M HAIMOUR
Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6382 MARY JOYCE NAIL
 Respiratory Care Practitioner

Practice Address:
 February 07, 2024

Status:
Res:
Received: 02/02/2024
Entered: 02/02/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6382
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/05/2024

PRE-MED EDUCATION			
School Name: VICTORIA JR COLLEGE	State: TX Country: UNITED STATES		
City: VICTORIA	From: 8/1987	To: 8/ 1989	Verified:
Degree: GRTT			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6382 MARY JOYCE NAIL
 Respiratory Care Practitioner

City: WHEAT HEAT RIDGE Specialty: MATERNITY LEAVE Comments:	State: CO Country: UNITED STATES From: 1 / 1991 To: 5 / 1991 Verified:
Employed: ST.LUKES LUTHERAN HOSPITAL City: SAN ANTONIO Specialty: CRT Comments:	Supervisor: State: TX Country: From: 3 / 1990 To: 1 / 1991 Verified:
Employed: WARM SPRINGS REHAB City: SAN ANTONIO Specialty: CRT Comments:	Supervisor: State: TX Country: From: 9 / 1989 To: 3 / 1990 Verified:
Employed: VARIOUS City: EDNA, VICTORIA Specialty: WAITRESS Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 / 1985 To: 8 / 1987 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CO	respiratory therapist RTL.0010102	A	11/21/23	8/31/24	3/29/24
NM	respiratory therapist RCP-2023-0106	A	11/21/23	9/30/25	3/4/24
TX	respiratory therapist RCP00056092	A	1/29/90	11/30/24	2/28/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6383 ROBERT HOLDER
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: Baylor Scott and White City: IRVING Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2023 To: / Verified:				
Employed: Maxim Healthcare City: DALLAS Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 4 /2019 To: 12 /2023 Verified:				
Employed: Coryell Health City: CORYELL Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2017 To: 10 /2020 Verified:				
Employed: Baylor Scott and White City: TEMPLE Specialty: RRT Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 /2013 To: 11 /2021 Verified:				
Employed: HEB City: BELLMEAD Specialty: PRODUCE REP Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2013 To: 10 /2013 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	RRT RCP00077103	A	1/16/14	11/30/25	3/1/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6385 JENNIFER NICOLE ADAMS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: SSM HEALTH City: SHAWNEE Specialty: RC Comments: 1102 W MACARTHUR ST SHAWNEE, OK 74804 405-878-3455	Supervisor: ANTHONY BIRNEY, RC 3939 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:
--	--

Employed: Integris Edmond City: EDMOND Specialty: NATIONALLY CERTIFIED PHARMACY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: / Verified:
--	--

Employed: Mercy Hospital City: OKLAHOMA CITY Specialty: NATIONALLY CERTIFIED PHARMACY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2022 To: 4 /2022 Verified:
--	--

Employed: Walmart Pharmacy City: CHANDLER Specialty: NATIONALLY CERTIFIED PHARMACY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2014 To: 11 /2021 Verified:
---	--

Employed: Dans BBQ Pit City: DAVENPORT Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2012 To: 10 /2014 Verified:
---	---

Employed: NONE City: PALMDALE Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 6 /2010 To: 8 /2012 Verified:
--	--

Employed: NONE City: AZUSA Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 5 /2008 To: 11 /2009 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PHARM TECH 19857	A	12/4/14	1/31/25	3/28/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6390 CORRIE RUTH DINGESS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OKLAHOMA CHILDREN'S HOSPITAL City: OKLAHOMA CITY Specialty: RC Comments: 1200 CHILDREN'S AVE OKLAHOMA CITY, OK 73104 (405) 417-6009	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified:
--	---

Employed: OKLAHOMA CHILDREN'S HOSPITAL City: OKLAHOMA CITY Specialty: PR Comments: 1200 CHILDREN'S AVE OKLAHOMA CITY, OK 73104 405-417-6009	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 7 / 2023 To: 2 / 2024 Verified:
--	--

Employed: Get Fit Athletic Club City: RICHMOND Specialty: CUSTOMER SERVICE Comments:	Supervisor: State: KY Country: UNITED STATES From: 9 / 2020 To: 4 / 2021 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2251	A	8/23/23	2/29/24	2/9/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6392 FALLON M COLLINS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS SOUTHWEST MEDICAL CENTER **Supervisor:** TANYA NEFF, RC 1911
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: RC **From:** 2 / 2024 **To:** / **Verified:**
Comments: 4401 S WESTERN AVE
 OKLAHOMA CITY, OK 73109
 405-636-7069

Employed: INTEGRIS SOUTHWEST MEDICAL CENTER **Supervisor:** TANYA NEFF, RC 1911
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 11 / 2023 **To:** 2 / 2024 **Verified:** 11/27/2023
Comments: 11/17/2023 - RECEIVED FORM 5 APP INCOMPLETE, TEMP NOT ISSUED, TS
 4401 S WESTERN AVE
 OKLAHOMA CITY, OK 73109
 405-636-7069

Employed: Select Specialty Hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: CNA **From:** 3 / 2020 **To:** 1 / 2023 **Verified:**
Comments: A CNA AT SELECT SPECIALITY HOSPITAL. WORKED FOR A COUPLE OF YEARS.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2279	A	12/27/23	6/30/24	2/12/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6393 ERIN LYNN BARNES
 Respiratory Care Practitioner

Practice Address:
 February 14, 2024
 OU CHILDREN'S
 1200 CHILDREN'S AVE

 OKLAHOMA CIT, OK 73104
 OKLAHOMA

Status:
Res:
Received: 02/13/2024
Entered: 02/13/2024
Temp Issued: 02/15/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6393
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/14/2024

PRE-MED EDUCATION					
School Name: FRANCIS TUTTLE		State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY		From: 1/2023	To: 12/ 2023	Verified:	
Degree:					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY		From: 6/2021	To: 12/ 2023	Verified:	
Degree: ASSOCIATES DEGREE- RESP					
School Name: CHOCTAW HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: CHOCTAW		From: 8/2012	To: 5/ 2016	Verified:	
Degree: HIGH SCHOOL DIPLOMA					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6393 ERIN LYNN BARNES
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OKLAHOMA CHILDREN'S HOSPITAL City: OKLAHOMA CITY Specialty: RC Comments: 1200 CHILDREN'S AVE OKC, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC2722 State: OK Country: From: 2 / 2024 To: / Verified:
--	--

Employed: OKLAHOMA CHILDREN'S HOSPITAL City: OKLAHOMA CITY Specialty: PR Comments: 1200 CHILDREN'S AVE OKC, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC2722 State: OK Country: UNITED STATES From: 12 / 2023 To: 2 / 2024 Verified:
--	--

Employed: Fuzzy's taco shop City: MIDWEST CITY Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 / 2021 To: 12 / 2022 Verified:
--	---

Employed: Shawnee Orthodontics City: SHAWNEE Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 2019 To: 3 / 2021 Verified:
---	--

Employed: Dr. Raney Orthodontics City: MIDWEST CITY Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 / 2018 To: 3 / 2019 Verified:
--	---

Employed: Chick fil a City: MIDWEST CITY Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 / 2018 To: 11 / 2018 Verified:
--	---

Employed: Jim's famous chicken City: NICOMA PARK Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2017 To: 2 / 2018 Verified:
--	--

Employed: Walmart City: CHOCTAW Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2016 To: 4 / 2017 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2282	A	2/12/24	8/31/24	2/14/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6394 JUAN JOSE SERNA
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: BETHANY CHILDREN'S HEALTH CENTER City: BETHANY Specialty: RC Comments: 6800 NW 39TH EXPRESSWAY BETHANY, OK 73008 405-789-6711	Supervisor: KELLY WOLFE, RC 2933 State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified:
--	--

Employed: BETHANY CHILDREN'S HEALTH CENTER City: BETHANY Specialty: PR Comments: 6800 NW 39TH EXPRESSWAY BETHANY, OK 73008 405-789-6711	Supervisor: KELLY WOLF, RC 2933 State: OK Country: UNITED STATES From: 1 / 2024 To: 2 / 2024 Verified:
--	--

Employed: Charlestons City: OKLAHOMA CITY Specialty: BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 2016 To: 12 / 2022 Verified:
---	---

Employed: Hobby Lobby City: OKLAHOMA CITY Specialty: ORDER PULLER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 / 2016 To: 9 / 2016 Verified:
--	--

Employed: ATC DriveTrain City: OKLAHOMA CITY Specialty: ASSEMBLY LINE WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2011 To: 5 / 2016 Verified:
---	--

Employed: Panda Express City: MOORE Specialty: CASHIER/LINE PREPARATION Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 2011 To: 5 / 2011 Verified:
--	--

Employed: Red Lobster City: OKLAHOMA CITY Specialty: KITCHEN WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 / 2008 To: 2 / 2011 Verified:
--	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2286	A	2/12/24	8/31/24	2/14/24

DEFICIENCIES

--

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6398 KAREN SUE HUYSSOON
 Respiratory Care Practitioner

Practice Address:
 February 29, 2024
 COMANCHE COUNTY MEMORIAL HOSPITAL
 3401 W GORE

 LAWTON, OK 73505
 COMANCHE

 UNITED STATES

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued: 03/01/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6398
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 02/27/2024

PRE-MED EDUCATION					
School Name: FRANCIS TUTTLE		State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY		From: 6/2022	To: 12/ 2023	Verified:	
Degree: RESPIRATORY THERAPY					
School Name: OCCC		State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY COMMUNITY COLLEGE		From: 8/2020	To: 12/ 2023	Verified:	
Degree: GENERAL PRE REQUISITE AND RESPIRATORY CARE					
School Name: UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA		State: OK	Country: UNITED STATES		
City: CHICKASHA		From: 8/1997	To: 8/ 1999	Verified:	
Degree:					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA		State: OK	Country: UNITED STATES		
City: EDMOND		From: 1/1994	To: 6/ 1995	Verified:	
Degree:					
School Name: CAMERON UNIVERSITY		State: OK	Country: UNITED STATES		
City: LAWTON		From: 6/1992	To: 8/ 2007	Verified:	
Degree: BACHELOR OF SCIENCE					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6398 KAREN SUE HUYSSOON
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed:	COMANCHE COUNTY MEMORIAL HOSPITAL	Supervisor:	KIMBERLY COFFEY, RC 2882		
	City: LAWTON	State: OK	Country:	UNITED STATES	
	Specialty: RC	From: 3 / 2024	To: /	Verified:	
Comments:	3401 W GORE LAWTON, OK 73505 580-355-8620				
Employed:	COMMANCHE COUNTY HOSPITAL	Supervisor:	KIMBERLY COFFEY, RC 2882		
	City: LAWTON	State: OK	Country:	UNITED STATES	
	Specialty: PR	From: 3 / 2023	To: 3 / 2024	Verified:	
Comments:	3401 WEST GORE LAWTON, OK 73505 580-355-8620				
Employed:	NONE	Supervisor:			
	City: CACHE	State: OK	Country:		
	Specialty: STAY AT HOME PARENT	From: 1 / 2020	To: 8 / 2020	Verified:	
Comments:					
Employed:	Fleet Way	Supervisor:			
	City: LAWTON	State: OK	Country:	UNITED STATES	
	Specialty: GENERAL MANAGER	From: 2 / 2016	To: 12 / 2019	Verified:	
Comments:	GENERAL MANAGER, FINANCE, BUYING, OPERATIONS, INTERNET				
Employed:	JIM GLOVER CHEVROLET LAWTON	Supervisor:			
	City: LAWTON	State: OK	Country:		
	Specialty: MANAGER	From: 6 / 2011	To: 2 / 2016	Verified:	
Comments:					
Employed:	NONE	Supervisor:			
	City: LAWTON	State: OK	Country:		
	Specialty: STAY AT HOME PARENT	From: 2 / 2011	To: 6 / 2011	Verified:	
Comments:					
Employed:	FEDERAL EXPRESS	Supervisor:			
	City: LAWTON	State: OK	Country:		
	Specialty: COURIER	From: 4 / 2003	To: 2 / 2011	Verified:	
Comments:					

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2223	A	5/2/23	5/31/24	2/27/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6403 KRISTIN KAY MUDER
 Respiratory Care Practitioner

Practice Address:
 March 04, 2024
 HILLCREST MEDICAL CENTER
 1120 S UTICA AVE

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued: 03/05/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6403
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 03/04/2024

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: AAS - RESPIRATORY CARE		From: 1/2023		To: 5/2023 Verified:	
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: RESP		From: 8/2020		To: 6/2022 Verified:	
Comments: 6/3/2022: REMOVED FROM PROGRAM AT TCC DUE TO VIOLATIONS OF THE ACADEMIC POLICY. STUDENT MAY REQUEST RE-ENTRY TO PROGRAM IN JAN 2023 (LKC)					
School Name: SOUTH WESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree:		From: 8/2016		To: 5/2018 Verified:	
School Name: TULSA TECH					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree: NONE		From: 8/2015		To: 5/2016 Verified:	
School Name: CATOOSA HIGH SCHOOL					
City: CATOOSA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DEGREE		From: 8/2013		To: 5/2016 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6403 KRISTIN KAY MUDER
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: HILLCREST MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:**
Specialty: RC **From:** 3 / 2024 **To:** / **Verified:**
Comments: 1120 S UTICA AVE
 TULSA, OK 74104

Employed: HILLCREST MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 6 / 2023 **To:** 3 / 2024 **Verified:**
Comments: 03/01/24 - PR 2066 LICENSE EXPIRED (KB)
 1120 S UTICA AVE
 TULSA, OK 74104
 918-579-2304

Employed: THE DAILY GRILL **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: WAITRESS **From:** 5 / 2022 **To:** 5 / 2023 **Verified:**
Comments:

Employed: ST JOHN'S MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 5 / 2021 **To:** 5 / 2022 **Verified:**
Comments: 6/6/22 - DELETED BY SUPERVISOR, NO LONGER PURSUING RESP DEGREE AT TCC (VB)

Employed: Whole Foods **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: SALES ASSOCIATE **From:** 8 / 2019 **To:** 5 / 2021 **Verified:**
Comments: I WORKED IN BAKERY, JUICE BAR, AND NOW GROCERY.

Employed: olive garden **Supervisor:**
City: BROKEN ARROW **State:** OK **Country:** UNITED STATES
Specialty: SERVER **From:** 12 / 2018 **To:** 8 / 2019 **Verified:**
Comments: I WORKED AS A SERVER AT OLIVE GARDEN

Employed: OKIE ANNIES **Supervisor:**
City: VERDIGRAS **State:** OK **Country:** UNITED STATES
Specialty: WAITRESS **From:** 9 / 2015 **To:** 12 / 2018 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2066	I	6/10/21	6/30/22	5/25/23

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6403	KRISTIN KAY MUDER

Respiratory Care Practitioner

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6412	WILLIAM BOYD GOLDEN JR

Respiratory Care Practitioner

DEFICIENCIES

November 1, 2013

**STATE OF OKLAHOMA
RESPIRATORY CARE PRACTICE ACT
TITLE 59 O.S., SECTION 2026 - 2045**

INDEX

- 2026. Short title
- 2027. Definitions
- 2028. Respiratory Care Advisory Committee - Members - Qualifications - Terms - Vacancies – Removal
- 2029. Respiratory Care Advisory Committee - Meetings - Officers - Quorum - Duties
- 2030. Duties of State Board of Medical Licensure and Supervision
- 2031. Powers of State Board of Medical Licensure and Supervision - Rules
- 2032. Reimbursement of expenses - Protection from liability
- 2033. License - Examination - License by endorsement
- 2034. Provisional license
- 2035. License - Applicants who have not passed CRTT or RRT examination
- 2036. Use of title permitted - Presentation of license
- 2037. Renewal of license - Lapse and reinstatement - Inactive status - Continuing education requirements
- 2038. Deposit of fees - Appropriation to pay expenses
- 2039. Where respiratory practice may be performed
- 2040. Revocation, suspension or refusal to renew license - Probation, reprimand or denial of license
- 2041. Investigation of complaints - Notice of hearing - Subpoenas - Publication of names and addresses of suspended, etc. practitioners
- 2042. Practice of respiratory care without license prohibited - Exceptions - Practices of other health care personnel not to be limited - Performance of specific functions qualified by examination not prohibited
- 2043. Acts not to be construed to permit practice of medicine
- 2044. Misdemeanor violations - Penalties
- 2045. Use of other earned professional designations or credentials

Section 2026. Short title

This act shall be known and may be cited as the "Respiratory Care Practice Act".

Added by Laws 1995, c. 171, § 1, eff. November 1, 1995.

Section 2027. Definitions

As used in the Respiratory Care Practice Act:

1. "Board" means the State Board of Medical Licensure and Supervision;
2. "Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall also include the terms "inhalation therapy" and "respiratory therapy". The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment;
3. "Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the State Department of Health;
4. "Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care;
5. "Respiratory therapist" means an individual who has graduated from a respiratory therapist program that is accredited by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

Added by Laws 1995, c. 171, § 2, eff. November 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 1, eff. November 1, 2013.

Section 2028. Respiratory Care Advisory Committee - Members - Qualifications - Terms - Vacancies - Removal

A. 1. There is hereby created a Respiratory Care Advisory Committee within the State Board of Medical Licensure and Supervision, hereinafter referred to as the Committee, to assist in administering the provisions of the Respiratory Care Practice Act. The Committee shall consist of nine (9) members, appointed as follows:

- a. one member shall be a physician appointed by the Board from its membership,
- b. one member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board,
- c. one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership,
- d. one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners, and
- e. five members shall be licensed respiratory care practitioners appointed by the Board from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

2. Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

3. The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed to the Committee. These initial members shall, at the time of appointment, be credentialed as a Registered Respiratory Therapist (RRT) or current equivalent credential as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

B. Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995, and shall continue for the following periods: two physicians and two respiratory care practitioners for a period of three (3) years; and two physicians and three respiratory care practitioners for a period of four (4) years. Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of subsection C of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.

C. Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the appointing Board a list of three persons qualified to

serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing Board, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision.

D. The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for incompetency, or for unethical or dishonorable conduct.

Added by Laws 1995, c. 171, § 3, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 2, eff. November 1, 2013.

Section 2029. Respiratory Care Advisory Committee - Meetings - Officers - Quorum - Duties

A. The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

B. A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

C. The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 4, eff. Nov. 1, 1995.

Section 2030. Duties of State Board of Medical Licensure and Supervision

The State Board of Medical Licensure and Supervision shall:

1. Examine, license and renew the licenses of duly qualified applicants;
2. Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence, and the date and number of the license;
3. Cause the prosecution of all persons violating the Respiratory Care Practice Act and incur necessary expenses therefor;
4. Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable business hours;
5. Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license; and
6. Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, social security number, type and cause of action, date and penalty incurred, and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

Added by Laws 1995, c. 171, § 5, eff. Nov. 1, 1995.

Section 2031. Powers of State Board of Medical Licensure and Supervision - Rules

The State Board of Medical Licensure and Supervision may:

1. Promulgate rules, consistent with the laws of this state, as may be necessary to enforce the provisions of the Respiratory Care Practice Act. Rules shall be promulgated in accordance with Article I of the Administrative Procedures Act;
2. Employ such personnel as necessary to assist the Board in performing its function;
3. Establish license renewal requirements and procedures as deemed appropriate;
4. Secure the services of resource consultants as deemed necessary by the Board. Resource consultants shall be reimbursed for all actual and necessary expenses incurred while engaged in consultative service to the Board, pursuant to the State Travel Reimbursement Act;
5. Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading or reporting the results of licensing examinations. Such groups shall be capable of providing an examination which:
 - a. meets the standards of the National Commission for Health Certifying Agencies, or their equivalent,
 - b. is able to be validated, and
 - c. is nationally recognized as testing respiratory care competencies; and
6. Establish by rule license examination fees.

Added by Laws 1995, c. 171, § 6, eff. Nov. 1, 1995.

Section 2032. Reimbursement of expenses - Protection from liability

A. Members of the State Board of Medical Licensure and Supervision and members of the Respiratory Care Advisory Committee shall be reimbursed for all actual and necessary expenses incurred while engaged in the discharge of official duties pursuant to this act in accordance with the State Travel Reimbursement Act.

B. Members of the Board and Committee shall enjoy the same rights of protection from personal liability as those enjoyed by other employees of the state for actions taken while acting under the provisions of the Respiratory Care Practice Act and in the course of their duties.

Added by Laws 1995, c. 171, § 7, eff. Nov. 1, 1995.

Section 2033. License - Examination - License by endorsement

A. The applicant, except where otherwise defined in the Respiratory Care Practice Act, shall be required to pass an examination, whereupon the State Board of Medical Licensure and Supervision may issue to the applicant a license to practice respiratory care. The Board is authorized to provide for the examination of applicants or to facilitate verification of any applicant's claim that the applicant has successfully completed the required examination for national credentialing as a respiratory care practitioner.

B. The Board may issue a license to practice respiratory care by endorsement to:

1. An applicant who is currently licensed to practice respiratory care under the laws of

another state, territory or country if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state;

2. Applicants holding credentials as a respiratory therapist conferred by the National Board for Respiratory Care (NBRC) or its successor organization as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision, provided such credentials have not been suspended or revoked; and

3. Applicants applying under the conditions of this section who certify under oath that their credentials have not been suspended or revoked.

Added by Laws 1995, c. 171, § 8, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2034. Provisional license

A. The State Board of Medical Licensure and Supervision may issue, upon payment of a fee established by the Board, a provisional license to practice respiratory care for a period of six (6) months under supervision of a consenting licensed respiratory care practitioner or consenting licensed physician. A provisional license may be issued to a person licensed in another state, territory or country who does not qualify for a license by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board. Provided, the applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country. A provisional license may be issued also to a graduate of a respiratory care education program, approved by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision., who has applied to take the license examination and otherwise meets the qualifications of the Board.

B. A currently enrolled student may receive a provisional license as set out by the rules of the Board.

C. Provisional licenses may be renewed at the discretion of the Board for additional six-month periods.

Added by Laws 1995, c. 171, § 9, eff. Nov. 1, 1995.

Section 2035. License - Applicants who have not passed CRTT or RRT examination

A. The State Board of Medical Licensure and Supervision may issue a license to practice respiratory care, upon payment of a fee of Seventy-five Dollars (\$75.00), to persons who have qualified pursuant to Section 2033 of this act.

B. 1. Other applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in a full time capacity for a period of more than twenty-four (24) months prior to the effective date of this act may, at the discretion of the Board, be issued a license to practice respiratory care upon payment of a fee of Seventy-five Dollars (\$75.00). Provided, such applicant must demonstrate through written evidence verified under oath and

certified to by the employing health care facility that applicant has in fact been employed in such capacity for more than twenty-four (24) months preceding the effective date of this act.

2. All other applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate as required by rules of the Board that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of this act. Such applicants must pass an entry level examination administered by the Board during the thirty-six-month period in order to be issued a license to practice respiratory care. The fee for a special provisional license shall be Seventy-five Dollars (\$75.00).

Added by Laws 1995, c. 171, § 10, eff. Nov. 1, 1995.

Section 2036. Use of title permitted - Presentation of license

A. A person holding a license to practice respiratory care in this state may use the title "respiratory care practitioner" and the abbreviation "R.C.P."

B. A licensee shall present this license when requested.

Added by Laws 1995, c. 171, § 11, eff. Nov. 1, 1995.

Section 2037. Renewal of license - Lapse and reinstatement - Inactive status - Continuing education requirements

A. Except as otherwise provided in the Respiratory Care Practice Act, a license shall be renewed biennially. The State Board of Medical Licensure and Supervision shall mail notices at least thirty (30) calendar days prior to expiration for renewal of licenses to every person to whom a license was issued or renewed during the preceding renewal period. The licensee shall complete the notice of renewal and return it to the Board with the renewal fee of Seventy-five Dollars (\$75.00) before the date of expiration.

B. Upon receipt of the notice of renewal and the fee, the Board shall verify its contents and shall issue the licensee a license for the current renewal period, which shall be valid for the period stated thereon.

C. A licensee who allows the license to lapse by failing to renew it may be reinstated by the Board upon payment of the renewal fee and reinstatement fee of One Hundred Dollars (\$100.00); provided, that such request for reinstatement is received within thirty (30) days of the end of the renewal period.

D. 1. A licensed respiratory care practitioner who does not intend to engage in the practice of respiratory care shall send a written notice to that effect to the Board and is not required to submit a notice of renewal and pay the renewal fee as long as the practitioner remains inactive. Upon desiring to resume the practice of respiratory care, the practitioner shall notify the Board in writing of this intent and shall satisfy the current requirements of the Board in addition to

submitting a notice of renewal and remitting the renewal fee for the current renewal period and the reinstatement fee.

2. Rules of the Board shall provide for a specific period of time of continuous inactivity after which retesting is required.

E. The Board is authorized to establish by rule fees for replacement and duplicate licenses.

F. The Board shall by rule prescribe continuing education requirements, not to exceed twelve (12) clock hours biennially, as a condition for renewal of license. The program criteria with respect thereto shall be approved by the Board.

Added by Laws 1995, c. 171, § 12, eff. Nov. 1, 1995.

Section 2038. Deposit of fees - Appropriation to pay expenses

Fees received by the State Board of Medical Licensure and Supervision and any other monies collected pursuant to the Respiratory Care Practice Act shall be deposited with the State Treasurer who shall place the same in the regular depository fund of the Board. Said deposit, less the ten percent (10%) gross fees paid into the General Revenue Fund, is hereby appropriated and shall be used to pay expenses incurred pursuant to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 13, eff. Nov. 1, 1995.

Section 2039. Where respiratory practice may be performed

The practice of respiratory care may be performed in any clinic, physician's office, hospital, nursing facility, private dwelling or other place in accordance with the prescription or verbal order of a physician, and shall be performed under the supervision of a qualified medical director or physician licensed to practice medicine or surgery in this state.

Added by Laws 1995, c. 171, § 14, eff. Nov. 1, 1995.

Section 2040. Revocation, suspension or refusal to renew license - Probation, reprimand or denial of license

The State Board of Medical Licensure and Supervision may revoke, suspend or refuse to renew any license or place on probation, or otherwise reprimand a licensee or deny a license to an applicant if it finds that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice respiratory care;
2. Is unfit or incompetent by reason of negligence, habits, or other causes of incompetency;
3. Is habitually intemperate in the use of alcoholic beverages;
4. Is addicted to, or has improperly obtained, possessed, used or distributed habit-forming drugs or narcotics;
5. Is guilty of dishonest or unethical conduct;

6. Has practiced respiratory care after the license has expired or has been suspended;
7. Has practiced respiratory care under cover of any license illegally or fraudulently obtained or issued;
8. Has violated or aided or abetted others in violation of any provision of the Respiratory Care Practice Act;
9. Has been guilty of unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board; or
10. Is guilty of the unauthorized practice of medicine.

Added by Laws 1995, c. 171, § 15, eff. Nov. 1, 1995.

Section 2041. Investigation of complaints - Notice of hearing - Subpoenas - Publication of names and addresses of suspended, etc. practitioners

A. Upon filing of a written complaint with the State Board of Medical Licensure and Supervision, charging a person with any of the acts described in Section 2040 of this act, the authorized employee of the Board may make an investigation. If the Board finds reasonable grounds for the complaint, a time and place for a hearing shall be set, notice of which shall be served on the licensee, or applicant at least fifteen (15) calendar days prior thereto. The notice shall be by personal service or by certified or registered mail sent to the last-known address of the person.

B. The Board or its designee may issue subpoenas for the attendance of witnesses and the production of necessary evidence on any investigation or hearing before it. Upon request of the respondent or the respondent's counsel, the Board may issue subpoenas on behalf of the respondent.

C. Unless otherwise provided in the Respiratory Care Practice Act, hearing procedures shall be conducted in accordance with, and a person who feels aggrieved by a decision of the Board may make an appeal pursuant to, Article II of the Administrative Procedures Act.

D. If found to be guilty as charged, the practitioner shall pay for all costs incurred by the Board.

E. The Board shall make public on a case-by-case basis the names and addresses of persons whose licenses have been denied, surrendered, revoked, suspended or who have been denied renewal of their licenses, and persons who have been practicing respiratory care in violation of the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 16, eff. Nov. 1, 1995.

Section 2042. Practice of respiratory care without license prohibited - Exceptions - Practices of other health care personnel not to be limited - Performance of specific functions qualified by examination not prohibited

A. No person shall practice respiratory care or represent themselves to be a respiratory care practitioner unless licensed under the Respiratory Care Practice Act, except as otherwise provided by the Respiratory Care Practice Act.

B. The Respiratory Care Practice Act does not prohibit:

1. The practice of respiratory care which is an integral part of the program of study by students enrolled in a respiratory care education program recognized by the State Board of Medical

Licensure and Supervision. Students enrolled in respiratory therapy education programs shall be identified as "student -RCP" and shall only provide respiratory care under clinical supervision;

2. Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold out to be a respiratory care practitioner;

3. Monitoring, installation or delivery of medical devices, gases and equipment and the maintenance thereof by a nonlicensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member;

4. Respiratory care services rendered in the course of an emergency;

5. Persons in the military services or working in federal facilities from rendering respiratory care services when functioning in the course of their assigned duties;

6. The respiratory care practitioner from performing advances in the art and techniques of respiratory care learned through formalized or specialized training; and

7. For purposes of continuing education, consulting, or training, any person performing respiratory care in the state, if these services are performed for no more than thirty (30) days in a calendar year in association with a respiratory care practitioner licensed pursuant to the Respiratory Care Practice Act or in association with a licensed physician or surgeon, if:

a. the person is licensed as a respiratory care practitioner or the equivalent, as determined by the State Board of Medical Licensure and Supervision, in good standing in another state or the District of Columbia, or

b. the person holds a professional respiratory care credential as conferred by the National Board for Respiratory Care of its successor or equivalent accrediting agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

C. Nothing in the Respiratory Care Practice Act shall limit, preclude, or otherwise interfere with the lawful practices of persons working under the supervision of the responsible physician. In addition, nothing in the Respiratory Care Practice Act shall interfere with the practices of health care personnel who are formally trained and licensed by appropriate agencies of this state.

D. An individual who, by passing an examination which includes content in one or more of the functions included in the Respiratory Care Practice Act, and who has passed an examination that meets the standards of the National Commission for Health Certifying Agencies (NCHCA) or an equivalent organization, shall not be prohibited from performing the procedures for which they were tested. An individual who has demonstrated competency in one or more areas covered by the Respiratory Care Practice Act may perform only those functions for which the individual is qualified by examination to perform. The standards of the National Commission for Health Certifying Agencies shall serve to evaluate those examinations and examining organizations.

E. Practitioners regulated under the Respiratory Care Practice Act shall be covered under the "Good Samaritan Act", Section 5 et seq. of Title 76 of the Oklahoma Statutes.

Added by Laws 1995, c. 171, § 17, eff. Nov. 1, 1995 ; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2043. Acts not to be construed to permit practice of medicine

Nothing in the Respiratory Care Practice Act shall be construed to permit the practice of medicine.

Added by Laws 1995, c. 171, § 18, eff. Nov. 1, 1995.

Section 2044. Misdemeanor violations - Penalties

A. It is a misdemeanor for any person to:

1. Sell, fraudulently obtain or furnish any respiratory care license or record, or aid or abet therein;
2. Practice respiratory care under cover of any respiratory care diploma, license or record illegally or fraudulently obtained or issued;
3. Practice respiratory care unless duly licensed to do so under the provisions of the Respiratory Care Practice Act;
4. Impersonate in any manner or pretend to be a respiratory care practitioner or use the title "respiratory care practitioner", the letters "R.C.P.", or other words, letters, signs, symbols or devices to indicate the person using them is a licensed respiratory care practitioner, unless duly authorized by license to perform under the provisions of the Respiratory Care Practice Act;
5. Practice respiratory care during the time a license is suspended, revoked or expired;
6. Fail to notify the State Board of Medical Licensure and Supervision of the suspension, probation, or revocation of any past or currently held licenses, certifications, or registrations required to practice respiratory care in this or any other jurisdiction;
7. Knowingly employ unlicensed persons in the practice of respiratory care in the capacity of a respiratory care practitioner;
8. Make false representations or impersonate or act as a proxy for another person or allow or aid any person or impersonate the person in connection with any examination or application for licensing or request to be examined or licensed; or
9. Otherwise violate any provisions of the Respiratory Care Practice Act.

B. Such misdemeanor shall be punishable by a fine of not more than One Thousand Dollars (\$1,000.00) or by imprisonment for not more than six (6) months, or by both such fine and imprisonment for each offense.

Added by Laws 1995, c. 171, § 19, eff. Nov. 1, 1995.

Section 2045. Use of other earned professional designations or credentials

A. Nothing contained in the Respiratory Care Practice Act shall preclude a respiratory care practitioner, a respiratory therapist, or a respiratory therapy technician exempt from being licensed under the Respiratory Care Practice Act or a provisional license holder from using or displaying earned professional designations or credentials including, but not limited to, CRTT, RRT, CPFT, and RPFT. However, a respiratory care practitioner may use and display the designation

Respiratory Care Practitioner or RCP in conjunction with the use or display of any such other earned professional designation or credentials.

B. A provisional or special provisional license holder shall not use or display the designation Respiratory Care Practitioner or RCP but may use or display any earned professional designations or credentials.

Added by Laws 1995, c. 171, § 20, eff. Nov. 1, 1995.

Amended 8/26/2010

***OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 45. RESPIRATORY CARE PRACTITIONER**

INDEX

1. ADMINISTRATION AND ORGANIZATION

- 435:45-1-1. Purpose**
- 435:45-1-2. Definitions**
- 435:45-1-3. Terms of members - removal from Committee**
- 435:45-1-4. Method of operations**

3. APPLICATION FOR LICENSURE

- 435:45-3-1. Application procedures**
- 435:45-3-2. Required documentation**
- 435:45-3-3. Authorization to practice temporarily**
- 435:45-3-4. Reinstatement guidelines.**
- 435:45-3-5. Re-entry guidelines.**

5. REGULATION OF PRACTICE

- 435:45-5-1. Continuing education.**
- 435:45-5-2. Renewal of provisional license**
- 435:45-5-3. Grounds for disciplinary action**
- 435:45-5-4. Standards of Ethics and Professional Conduct**

*This is an unofficial copy of Chapter 45 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

Section

- 435:45-1-1. Purpose
- 435:45-1-2. Definitions
- 435:45-1-3. Terms of members - removal from Committee
- 435:45-1-4. Method of operations

435:45-1-1. Purpose

The rules of this Chapter have been adopted to implement the provisions of the Respiratory Care Practice Act and to establish the organization and procedural framework of the agency, the Advisory Committee and the Board of Medical Licensure and Supervision; to establish procedures for examination, credential review, licensure, regulation and discipline of the profession of respiratory care.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-1-2. Definitions

In addition to terms defined in §2027 of Title 59 of the Oklahoma Statutes, the following words and terms when used in this Chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Accredited training and education program" means a respiratory technician or respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Board" means the State Board of Medical Licensure and Supervision.

"Committee" means the Respiratory Care Advisory Committee.

"Direct supervision" means direct clinical on-site supervision that is personal management and control of the clinical practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect during the licensure application process or until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor delineates the specific tasks and duties to be performed and is on the premises, readily available to respond and provide direct clinical supervision sufficient to assure that the provisional license holder is practicing under the direction of an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician.

"Formally trained/licensed" means a person who has documented evidence of professional education/training in respiratory care modalities, theory, and clinical application which shall be conducted via an accredited educational program recognized by the Respiratory Therapy Advisory Committee and the Board of Medical Licensure and Supervision as providing expertise in respiratory care training. Those individuals requesting practice privileges pursuant to the provisions of the Respiratory Care Practice Act shall have evidence by written examination of their competency and the scope of their privileges shall be determined by the evidence of their

competency testing.

"Full time practice" means greater than 1,000 hours a year.

"General supervision" means the responsible supervision and control of the practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor is regularly and routinely on-site. When not on-site, the Form #5 supervisor is on call and readily available physically or through direct telecommunication for consultation. The student or provisional/special provisional license holder will respond to acute changes in the patient's physiological state and report these findings promptly to the supervisor on duty.

"Graduate" means a non-licensed person who has completed a respiratory technician or respiratory therapist education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, pursuant to a provisional license issued under the regulations of this Chapter.

"Licensing period" means the two-year period from the date of original issuance of a license to an applicant.

"Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board of Medical Licensure and Supervision or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment.

"Provisional license holder" means:

- (A) a person who is engaged in the practice of respiratory care for remuneration while enrolled in an accredited respiratory technician or respiratory therapist training and education program, pursuant to a provisional license;
- (B) a graduate of a respiratory technician or respiratory therapist education program, accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, who has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision;
- (C) a person licensed in another state, territory or country who does not qualify for a license

by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision. Such applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country.

"Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the Oklahoma State Department of Health.

"Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care.

"Respiratory care protocols" means a predetermined, written medical care plan approved by the physician and includes standing orders. Standing orders are defined responses to specific clinical situations.

"Respiratory therapist" means an individual who has graduated from a respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Respiratory therapy technician" means an individual who has graduated from a respiratory therapy technician program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organizations.

"Special provisional license holder" means all other applicants who have not passed the examination for Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT); have been in the full time practice of respiratory care for a period of less than twenty-four (24) months; and through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq. Such applicants must pass an entry level examination administered by the National Board of Respiratory Care during the thirty-six-month period in order to be issued a license to practice respiratory care.

"Standing order" means a defined response to a specific clinical situation.

"Student" means a person enrolled in an accredited respiratory technician or respiratory therapist training and education program and who receives no remuneration for respiratory care services performed as part of an accredited respiratory technician or respiratory therapist program. This person needs no provisional/special provisional license.

"Supervision" means direction and control of students and provisional license holders in the practice of respiratory care. The supervisor(s) indicated on the Form #5, Verification of Supervision, remain(s) responsible for the respiratory care given and is on the premises and on duty during all hours worked by the student or provisional license holder.

"Supervision of student holding provisional licenses" means the supervision of each student holding a provisional license. The Board of Medical Licensure and Supervision will send each student holding a provisional license a letter which includes a task list of procedures the student may perform. Prior to initially engaging in any clinical assignments and upon any

modification of the task list, a student provisional license holder must present the letter to his or her employer. The individual(s) who sign(s) as the supervisor of the student provisional license holder on Form #5 will also receive a copy of the letter indicating the tasks the student is able to perform when working as an employee.

"Supervisor" means an Oklahoma licensed respiratory care practitioner or an Oklahoma licensed physician who is on the premises and on duty at any time the student or provisional license holder is on duty. The Supervisor is responsible for respiratory care given by the student or provisional license holder.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 1221, eff 2-26-96 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3950, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 20 Ok Reg 984, eff 5-21-03]

435:45-1-3. Terms of members - removal from Committee

(a) The Respiratory Care Advisory Committee shall consist of nine (9) members, appointed as follows:

- (1) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from its membership;
- (2) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board;
- (3) one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership;
- (4) one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners; and
- (5) five members shall be licensed respiratory care practitioners appointed by the State Board of Medical Licensure and Supervision from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

(b) Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

(c) The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed by the Committee. These initial members shall, at the time of appointment, be credentialed as a Certified Respiratory Therapy Technician (CRTT) or a Registered Respiratory Therapist (RRT), conferred by the National Board for Respiratory Care (NBRC) or its successor organization, and all shall fulfill the requirements for licensure pursuant to 59 O.S., Sections 2026 et seq.

(d) Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995 and shall continue

for the following periods:

- (1) two physicians and two respiratory care practitioners for a period of three (3) years;
 - (2) two physicians and three respiratory care practitioners for a period of four (4) years.
- (e) Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.
- (f) Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing authority, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision or State Board of Osteopathic Examiners.
- (g) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for failure to attend at least 50% of the regularly scheduled meetings in a calendar year, for incompetency, or for unethical or dishonorable conduct.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 14 Ok Reg 2033, eff 5-26-98]

435:45-1-4. Method of operations

(a) Committee meetings - quorum - advise Board.

- (1) The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.
- (2) A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.
- (3) The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq.

(b) Transaction of official business. The State Board of Medical Licensure and Supervision shall:

- (1) Examine, license and renew the licenses of duly qualified applicants. To assist in the process the Board shall:
 - (A) Contract with the National Board of Respiratory Care for the use of the "entry-level" respiratory care examination. The fees for examination shall be determined by the National Board of Respiratory Care.
 - (B) Consider recommendations of the Respiratory Care Advisory Committee who will review applications and submit recommendations to the Board.

- (C) Renew licenses biennially from the date of issuance.
- (2) Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence and the date and number of the license.
- (3) Cause the prosecution of all persons violating 59 O.S., Section 2026 et seq. and incur necessary expenses thereof. The Respiratory Care Advisory Committee shall assist the Board as directed.
- (4) Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable hours.
- (5) Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license. The Respiratory Care Advisory Committee shall assist the Board as directed in conducting necessary hearings and investigations.
- (6) Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, social security number, type and cause of action, date and penalty incurred and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

Section

- 435:45-3-1. Application procedures
 435:45-3-2. Required documentation
 435:45-3-3. Authorization to practice temporarily
 435:45-3-4. Reinstatement guidelines
 435:45-3-5. Re-entry guidelines

435:45-3-1. Application procedures

- (a) Every person seeking licensure as a respiratory care practitioner shall meet all requirements established by the Respiratory Care Practice Act and the rules of this Chapter.
- (b) Any incomplete or missing information, documentation or fees shall render the application incomplete. The issuance of a license shall be suspended pending completion of all application requirements. Applicants with incomplete applications shall be notified in writing by the Board as to their application status. Incomplete applications will be considered abandoned after sixty (60) days. Any applicable fees paid shall not be refunded.
- (c) Applications and forms shall be provided by the Board upon a written request.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-2. Required documentation

- (a) Applicants holding credentials conferred by the National Board of Respiratory Care (NBRC)

as a certified respiratory therapy technician (CRTT) or as a registered respiratory therapist (RRT) must submit the following:

- (1) "Allied Health" application form and appropriate fee(s);
 - (2) National Board of Respiratory Care credential verification, to be submitted directly from the National Board of Respiratory Care;
 - (3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (b) Applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in the full time capacity for a period of more than twenty-four (24) months prior to November 1, 1995 must submit the following:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of clinical experience certified to by the employing health care facility;
 - (3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (c) Applicants who have successfully completed an accredited respiratory technician or respiratory therapist training and education program as provided by the Respiratory Care Act must submit the following:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of professional education to be completed by the educational organization and submitted directly to the Board;
 - (3) Verification of supervision;
 - (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (d) Students receiving remuneration as a result of their employment by a health care facility or organization and working in the capacity of a respiratory care practitioner must make application for "Provisional License" which shall include:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of supervision;
 - (3) List of competency evaluations to determine scope of practice verified and submitted directly to the Board from the educational facility. A provisional license holder can perform only those tasks verified. The list of competency evaluations may be updated on an ongoing basis by the educational facility.
- (e) Applicants who are licensed in another state, territory or country who do not qualify for a license by endorsement but have applied to take the license examination and who otherwise meet the qualifications of the Board must submit:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of clinical experience documenting either current practice or practice within the last six months of respiratory care within another state, territory or country;
 - (3) Verification of supervision;
 - (4) Verification of acceptance to sit for the National Board of Respiratory Care Certification Examination for Entry Level Respiratory Therapy Practitioners (CRTT) or verification of acceptance to sit for all examinations deemed necessary for the National Board of Respiratory Care Registry Examination for Advanced Respiratory Therapy Practitioners

(RRT); and

(5) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(f) Applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of Respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a "Special Provisional License" to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from November 1, 1995. Applicants must submit:

- (1) "Allied Health" application form and appropriate fee(s);
- (2) Verification of supervision;
- (3) Verification of clinical experience;
- (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(g) Foreign-educated therapists whose native language is not English shall submit evidence of having passed the Test of English as a Foreign Language (TOEFL) with a score of at least 560; the Test of Spoken English (TSE) with a score of at least 50; and the Test of Written English (TWE) with a score of at least 4.5.

(h) Applicants who have never held an Oklahoma license and who have not practiced within the previous twelve months wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety(90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3952, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg , eff 7-12-01]

435:45-3-3. Authorization to practice temporarily

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the supervision of a licensed respiratory care practitioner, in the interim between acceptance of completed application and issuance of a license.

[Source: Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-4. Reinstatement guidelines.

Respiratory Therapists with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 12 continuing respiratory care education units.
- (3) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

[Source: Added at 15 Ok Reg 748, eff 12-15-97 (emergency); Added at 15 ok Reg 2034, eff 5-26-98]

435:45-3-5. Re-entry guidelines.

Respiratory Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

[Source: Added at 15 Ok Reg 748, eff 12-15-97 (emergency); Added at 15 Ok Reg 2034, eff 5-26-98; Amended at 23 Ok Reg 1102, eff 5-11-06]

SUBCHAPTER 5. REGULATION OF PRACTICE

Section

- 435:45-5-1. Continuing education
- 435:45-5-2. Renewal of provisional license
- 435:45-5-3. Grounds for disciplinary action
- 435:45-5-4. Standards of ethics and professional conduct

SUBCHAPTER 5. REGULATION OF PRACTICE**435:45-5-1. Continuing education.**

(a) The purpose of continuing education is to aid in maintaining competency in the advancing art and science of respiratory care. Continuing education is a variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, in-services education, institutes, seminars, home study, Internet courses, and workshops taken by Respiratory Care Practitioners for licensure renewal. These learning experiences are meant to

enhance the knowledge of the Respiratory Care Practitioner in direct and indirect patient care. Continuing education does not include basic education or training needed to become a licensed RCP.

(b) All program objectives, curricular content, presenter qualifications, and outcomes shall be subject to review. Contact hours will be determined based on program content, outcomes, and participant involvement.

(c) Respiratory Care Practitioner licenses shall be renewed every two years on or before the last day of the month in which initial licensure was granted.

(d) Regardless of the source, continuing education hours must be in clinical respiratory care or related areas of health care. The Board may consult with the Committee to resolve questions as to appropriate continuing education hours. The Board of Medical Licensure and Supervision shall be the final authority on acceptance of any educational activity requirements submitted by a licensee to meet the continuing education requirements.

(e) Licensees shall be responsible for submitting documentation of their continuing education unit activities to the Board upon request.

(f) Respiratory Care Practitioners must accrue twelve (12) CRCE (Continuing Respiratory Care Education) credits in each successive two year period (biennium) to maintain a license to practice in the state of Oklahoma. At least half of the required Continuing Respiratory Care Education hours must be directly related to clinical practice. Unless otherwise specified, one clock hour of direct instruction/training class time is equivalent to one continuing education unit.

(g) The Board shall accept American Medical Association (AMA) and American Osteopathic Association (AOA) credits. Other acceptable continuing education credits include all programs approved by, or where applicable the affiliates of, the American Association for Respiratory Care (AARC); the American Thoracic Society (ATS); the American College of Chest Physicians (ACCP); the American Society of Anesthesiology (ASA); the American Lung Association (ALA); the American College of Cardiology (ACC); the American Heart Association (AHA); the American Nursing Association (ANA), American Red Cross and the American Council for Continuing Medical Education (ACCME).

(h) Other agencies and professional organizations may be considered and approved for eligible continuing education credits upon review by the Chairman of the Committee with final approval by the Secretary of the Board. Those wishing to sponsor a program/meeting/class and receive approval for awarding CRCE credits must contact the Board and receive approval in advance. To apply toward satisfaction of the continuing education requirements, the following shall be submitted:

(1) The request shall be submitted in writing to the Board office at least thirty (30) days prior to the program. The Board shall give written notification of the approval or disapproval of the educational program or seminar.

(2) A request to be an eligible continuing education seminar or course shall include:

- (A) Name of the seminar or course;
- (B) Sponsoring party;
- (C) Objective of the seminar or format and subjects of seminar or course;
- (D) Number of hours resulting in CRCEs;
- (E) Method for certification of attendance;
- (F) Name and qualifications of the faculty; and

(G) Evaluation mechanism.

(i) RCPs who submit proof of successful completion of the National Board for Respiratory Care (NBRC) entry or the advanced practitioner credentialing examination or recertification examination may be granted continuing education credit as awarded by the American Association for Respiratory Care.

(j) Credits may be awarded for completion of continuing education processes in accordance with the following guidelines:

- (1) Direct conference/lecture/classroom attendance - 1.0 CRCE per hour.
- (2) Teleconference (audio only) - 0.5 CRCE per hour.
- (3) Teleconference (audio with handouts or slides) - 1.0 CRCE per hour.
- (4) Videoconference (live video) - 1.0 CRCE per hour.
- (5) Video tape instruction/programs - 0.2 CRCE per hour.
- (6) Correspondence journal/workbooks with test - 0.2 CRCE per subject.
- (7) Interactive video instruction (computer) with test - 1.0 CRCE per subject.
- (8) NBRC recertification examination (passing) - 6.0 CRCE per biennium.
- (9) Resuscitation and life support courses – limit one of the following courses per compliance period:

- (A) Advanced Cardiac Life Support – 6 CRCE;
- (B) Neonatal Resuscitation Program – 6 CRCE;
- (C) Pediatric Advanced Life Support – 6 CRCE;
- (D) Advanced Trauma Life Support – 6 CRCE;
- (E) Basic Life Support – 6 for initial certification; 3 for recertification.

(k) **Audit/Verification.** The Board staff will, each year, randomly or for cause select licensees to be audited for verification that continuing education requirements have been met.

(l) **Compliance.**

- (1) Licensees selected for audit must submit verification of meeting the continuing education requirement.
- (2) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.
- (3) A license obtained through misrepresentation shall result in Board action.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 14 Ok Reg, eff 10-1-97 (emergency); Amended at 15 Ok Reg 3954, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg 1321, eff 5-11-01; Amended at 23 Ok Reg 822, eff 3-16-06 (emergency); Amended at 24 Ok Reg 1107, eff 5-11-0; Amended at 27 Ok Reg 2687, eff 8-26-10.]

435:45-5-2. Renewal of provisional license

(a) A provisional respiratory care practitioner license may be renewed every six months on or before the last day of the month in which the license expires. The application and fee for renewal of licensure shall be postmarked or hand delivered to the Board office on or before the required date. A provisional license may be renewed up to four times except that the license may not be renewed after elapse of one year from the date of graduation from a respiratory technician or respiratory therapist training and education program. To renew the license, the licensee must present evidence of:

- (1) current enrollment in a respiratory technician or respiratory therapist training and education program; or
 - (2) verification of acceptance to sit for the National Board of Respiratory Care examination or submission of proof of having sat for the exam but awaiting results, provided that the license may not be renewed after elapse of one year from the date of graduation.
- (b) Provisional licensees with licenses lapsed more than thirty days may be required to make a personal appearance before the Committee in addition to meeting requirements set out above.

[Source: Added at 18 Ok Reg 1321, eff 5-11-01]

435:45-5-3. Grounds for disciplinary action

(a) The Respiratory Care Advisory Committee may recommend to the Board to reprimand or place on probation any holder of a respiratory care practitioner (RCP) license, or may limit, suspend or revoke privileges, or may revoke or suspend any license issued to an RCP or deny a license to an applicant for unprofessional conduct. Acts which constitute unprofessional conduct include, but are not limited to:

- (1) Habitually intemperate or addicted use of any drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care and the responsibilities of the licensee.
- (2) Unauthorized possession and use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed independent practitioner of the state of Oklahoma.
- (3) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (4) Falsely manipulating drug supplies, narcotics or patient records, or forging a prescription for medication/drugs, or presenting a forged prescription.
- (5) Conviction of, or confession or plea of no contest to, a felony or of a crime involving moral turpitude.
- (6) Conviction of, or confession or plea of no contest to, a drug related offense.
- (7) Falsifying documents submitted to the Respiratory Care Advisory Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (8) Obtaining or attempting to obtain a license, certificate or documents of any form as a respiratory care practitioner by fraud or deception.
- (9) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a respiratory care practitioner.
- (10) Failure to report through proper channels the unsafe or illegal practice of any person who is providing patient care.
- (11) Negligence while in practice as a respiratory care practitioner or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Engaging in fraudulent billing practices and/or violation of federal Medicare and Medicaid laws or state medical assistance laws.
- (13) Being adjudged mentally incompetent by a court of competent jurisdiction.
- (14) Failing to timely make application for license renewal.
- (15) Verbally or physically abusing patients.
- (16) Discriminating in the rendering of patient care and respiratory care assignment(s).

- (17) Inaccurate recording, falsifying or altering of patient records.
 - (18) Leaving a patient care assignment or patient without properly advising appropriate personnel.
 - (19) Violating the confidentiality of information or knowledge concerning a patient(s).
 - (20) While engaged in the care of a patient, engaging in conduct with a patient, patient family member or significant other which is seductive or sexually demeaning/exploitive in nature.
 - (21) Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board.
 - (22) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
 - (23) Failure to cooperate with a lawful investigation conducted by the Board.
 - (24) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, agreement or order of the Board.
 - (25) Participating in the competency validations for Advanced Unlicensed Assistive Personnel as relates to respiratory therapy techniques or treatments.
- (b) A respiratory care practitioner who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervision of other respiratory care practitioners for so long as the Board deems appropriate; and may themselves be subject to disciplinary action pursuant to their conduct.

[Source: Added at 18 Ok Reg , eff 7-12-01]

435:45-5-4. Standards of Ethics and Professional Conduct

- (a) Purpose. The rules in this section on the profession of respiratory care practitioners shall be to establish the standards of professional conduct and code of ethics required of a licensee.
- (b) In the conduct of their professional activities the respiratory care practitioner shall be bound by the following ethical and professional principles. Respiratory care practitioners shall:
 - (1) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the professional and its professionals.
 - (2) Actively maintain and continually improve their professional competence, and represent it accurately.
 - (3) Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
 - (4) Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
 - (5) Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
 - (6) Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
 - (7) Promote disease prevention and wellness.
 - (8) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
 - (9) Follow sound scientific procedures and ethical principles in research.

- (10) Comply with state or federal laws that govern and relate to their practice.
- (11) Avoid any form of conduct that creates a conflict of interest, and shall follow the principles of ethical business behavior.
- (12) Promote the positive evolution of the professional, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- (13) Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

[Source: Added at 18 Ok Reg , eff 7-12-01]