

**APPLICATION INSTRUCTIONS FOR LICENSURE  
RESPIRATORY CARE PRACTITIONER**

**BASIS OF LICENSURE:** An application for licensure as a respiratory care practitioner must be based on one of the following:

A. Examination – successful passing of an examination for respiratory care practitioners administered by the National Board of Respiratory Care, resulting in obtaining Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT) credentials. **Application form, Form #3 (if applicable), Form 8.**

B. Endorsement -

(1) currently licensed to practice respiratory care in 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) credentials conferred by the National Board of Respiratory Care as a Certified Respiratory Therapy Technician (CRTT) or as a Registered Respiratory Therapist (RRT), provided such credentials have not been suspended or revoked; and

(3) certification under oath that applicant's credentials have not been suspended or revoked. **On-line application, Form #3, Form 8.**

**PROVISIONAL LICENSE:** Provisional licenses are issued for six (6) months under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician. Provisional licenses may be renewed at the discretion of the Board for additional six-month periods. Provisional licenses may be issued to:

A. A person licensed in another state, territory or country who has applied to take the license examination administered by the National Board of Respiratory Care. Applicant must be currently practicing or have practiced within the last six (6) months in another state, territory or country. **On-line application, Form #1, Form #3, Form #5 and a notarized copy of "acceptance letter" to take the examination administered by the NBRC.**

B. A graduate of a respiratory care education program, approved by the Commission on Accreditation of Allied Health Education Programs, who has applied to take the license examination administered by the National Board of Respiratory Care. **On-line application, Form #1, Form #3 (if applicable), Form #5 and a notarized copy of the "acceptance letter" to take the examination administered by the NBRC.**

C. A student currently enrolled in a respiratory care education program, approved by the Commission on Accreditation of Allied Health Education Programs, who is engaged in the practice of respiratory care for remuneration. **On-line application, Form #5, Form #6.**

**TEMPORARY LETTER:**

A letter authorizing practice under the supervision of a licensed respiratory care practitioner may be issued provided all requirements for licensure have been met and verified. This permits legal practice during the interim from the time the application is complete and the time at which the Board grants a license. Form #5, Verification of Supervision, must be submitted in order for a letter to be issued.

**PRACTICE MAY NOT BEGIN UNTIL A LETTER GRANTING PERMISSION TO PRACTICE IS ISSUED BY THE BOARD SECRETARY OR A FULL LICENSE IS GRANTED BY THE BOARD.**

**APPLICATION AND FORMS:**

Application, forms and fee must be completed and returned to the Board office. Although the application requests race and sex, this information in no way affects consideration of your application but is used for statistical purposes only.

Form 1 – VERIFICATION OF EDUCATION - Verification of successful completion of a respiratory technician or respiratory therapist training and education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). (Not required if NBRC certified.)

Form 3 – VERIFICATION OF LICENSURE - Verification of all current or previously held licenses or certificates to practice in a medically related field.

Form 5 – VERIFICATION OF SUPERVISION - Verification of supervision for provisional applicants or for respiratory applicants desiring to begin practice prior to the Board issuing a full license. Supervisor is defined as an Oklahoma licensed respiratory care practitioner or an Oklahoma licensed physician.

Form 6 – VERIFICATION OF STUDENT STATUS - Verification of enrollment in an approved program and performance evaluation.

Form 8 – REQUEST FOR VERIFICATION OF CREDENTIALS - This form must be sent to the National Board of Respiratory Care, Inc. along with the appropriate fee.

EBC Form - EXTENDED BACKGROUND CHECK - All applicants for licensure must request an **Extended Background Check** (EBC) by completing the online EBC Authorization Form.

**SWORN AFFIDAVIT:**

If you answer “Yes” to any of the questions (A-O) on the application you must write a statement of explanation, sign it, and have your signature notarized. If you answer “Yes” to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.

**FEES:** (ALL FEES ARE NON-REFUNDABLE)

- (A) Initial licensing fee - \$100 (paid on line – do not resubmit)
- (B) Biennial license renewal fee - \$100
- (C) Six-month renewal of provisional license - \$100

I, the undersigned, have read the instructions and understand their content. I swear/affirm that the contents of my application are true. All information supplied herein may be verified by the Oklahoma State Board of Medical Licensure and Supervision. I have read and understand the Respiratory Care Practice Act, which I received with my application information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**MAIL THESE SIGNED INSTRUCTIONS WITH ALL REQUIRED FORMS AND DOCUMENTS TO:**

**Oklahoma State Board of Medical Licensure and Supervision  
P. O. Box 18256  
Oklahoma City, OK 73154-0256**

OR BRING TO:

**Oklahoma State Board of Medical Licensure and Supervision  
101 NE 51<sup>st</sup> Street  
Oklahoma City, OK 73105**