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

Subchapter

1. Administration and Organization
3. Application for Licensure
5. Regulation of Practice

[**Authority:** Title 59 O.S., Section 2031]

[**Source:** Codified 6-27-96]

*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

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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]