
Rules of Department of Economic Development

Division 255—Missouri Board for Respiratory Care Chapter 2—Licensure Requirements

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 255—Missouri Board for
Respiratory Care
Chapter 2—Licensure Requirements**

4 CSR 255-2.010 Application for Licensure

PURPOSE: This rule outlines the procedure for application for licensure as a respiratory care practitioner.

(1) Application for licensure shall be submitted on the forms provided by the board and may be obtained by writing the board at 3605 Missouri Boulevard, P.O. Box 1335, Jefferson City, MO 65102 or by calling (573) 522-5864. The TDD number is (800) 735-2966.

(2) An application is not considered officially filed with the board until it has been determined by the board or division staff to be complete and the application is submitted on the form provided by the board, typewritten or printed in black ink, signed, notarized and accompanied by application fee pursuant to rules promulgated by the board, a full set of fingerprints with the appropriate fee as defined by the rules promulgated by the board and any other applicable forms. All information should be received by the board within ninety (90) days of the date of the application.

(3) The applicant shall request that the National Board for Respiratory Care (NBRC) or its successor organization(s) send a letter directly to the board verifying the applicant's credentials. The applicant is responsible for the payment of any fees required by the NBRC for the issuance of a verification letter.

(4) The applicant shall request that each state, United States Territory, province, or country regulatory entity in which a license, certificate, registration or permit as a respiratory care practitioner, respiratory therapist, respiratory therapy technician or similar title is held or has ever been held to submit verification of licensure, certification, registration or permit directly to the board. The verification shall include the license, registration, certification or permit issued, the number, status, issue and expiration dates, information regarding any disciplinary action, method of licensure, registration or certification, the name and title of person verifying information with date and board seal.

(5) The applicant shall submit a full set of fingerprints with the appropriate fee pursuant to rules promulgated by the board unless the applicant previously submitted fingerprints

for a temporary or educational permit issued by the board.

(A) For the purpose of this rule, fingerprints shall be obtained from a law enforcement agency or may be obtained from the Missouri Board for Respiratory Care. Applicants desiring fingerprinting by the board shall contact the board at least twenty-four (24) hours in advance to schedule an appointment during normal business hours.

(6) Following review by the board, the applicant shall be informed in writing of the decision regarding the application for licensure. Applicants that are approved for licensure will receive one (1) license certificate. Duplicate licenses may be provided upon payment of the appropriate fee pursuant to rules promulgated by the board.

(7) No application for licensure will remain valid if the applicant fails to complete the licensure process as outlined in this rule within six (6) months of receipt of the application by the board. Any failure of the applicant to complete the licensure process will result in a forfeiture of all fees paid to the board.

*AUTHORITY: sections 334.800, 334.840.2 and 334.850(2), (4), (6), RSMo 2000 and 334.870, RSMo Supp. 2001. *Emergency rule filed June 25, 1998, effective July 6, 1998, expired Feb. 25, 1999. Original rule filed June 25, 1998, effective Jan. 30, 1999. Amended: Filed Nov. 15, 2001, effective June 30, 2002.*

**Original authority: 334.800, RSMo 1996, amended 1999; 334.840, RSMo 1996; 334.850, RSMo 1996, amended 1999; and 334.870, RSMo 1996, amended 2001.*



APPLICATION FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER

INSTRUCTIONS

- Please read this form before completing.
- This form must be typed or printed legibly in black ink.
- Provide complete information (Incomplete information will delay review of your application).
- Enclose the \$65.00 application fee made payable to the Missouri Board for Respiratory Care. Payment must be made in the form of a check or money order.
- Request that the National Board for Respiratory Care (NBRC) send verification of your credentials directly to the Missouri Board for Respiratory Care (Copies of certificates or wallet cards issued by the NBRC are not acceptable). A verification request form is provided with this application.
- Obtain fingerprints upon the card that is enclosed with this application. Fingerprints must be obtained from a law enforcement agency or at the Board's Office.
- If you are or have ever been licensed, certified, registered or been granted a permit as a respiratory care practitioner by another state, territory of the United States, or province or country, request that verification of your license, registration, certification or permit be submitted by each state, territory, province or country upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, country or province in which a license, certification, registration or permit was held.
- Affix a recent photograph of yourself in the space provided to the right of this section.

RETURN NOTARIZED APPLICATION FORM, FEE AND FINGERPRINTS TO:

MISSOURI BOARD FOR
RESPIRATORY CARE
3605 MISSOURI BOULEVARD
P.O. BOX 1335
JEFFERSON CITY MO 65102-1335
TELEPHONE: (573) 522-5864
TDD: (800) 735-2966

AFFIX PHOTOGRAPH

This application is being submitted on the basis of:

- New Applicant Reciprocity Reinstatement

APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

SOCIAL SECURITY NUMBER*		DATE OF BIRTH		RESIDENCE TELEPHONE NUMBER	
RACE (THIS INFORMATION IS VOLUNTARY)			GENDER (THIS INFORMATION IS VOLUNTARY)		
RESIDENCE STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)		CITY	STATE	ZIP	
CURRENT PLACE OF EMPLOYMENT			EMPLOYMENT TELEPHONE NUMBER		
EMPLOYMENT ADDRESS		CITY	STATE	ZIP	
WERE YOU REGISTERED WITH THE STATE OF MISSOURI, OFFICE OF HEALTH CARE PROVIDERS AS A RESPIRATORY CARE PRACTITIONER?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION (Also include any military medical training) (If additional space is needed please attach sheets as necessary.)

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED				DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY
		FROM		TO			
		MON.	YR.	MON.	YR.		

NATIONAL CREDENTIALS

I HOLD THE FOLLOWING CREDENTIAL(S) ISSUED BY THE NATIONAL BOARD FOR RESPIRATORY CARE (NBRC)

- CERTIFIED RESPIRATORY THERAPY TECHNICIAN, (CRTT), ISSUE DATE: _____
- REGISTERED RESPIRATORY THERAPIST, (RRT), REGISTRY NUMBER: _____

HAVE YOUR CREDENTIALS EVER BEEN DISCIPLINED, SANCTIONED, SUSPENDED OR REVOKED? IF YES, EXPLAIN.

- YES NO

PROFESSIONAL EXPERIENCE - LIST ALL EMPLOYERS IN THE PAST FIVE YEARS

BEGIN WITH THE MOST RECENT EMPLOYMENT, USING ADDITIONAL SHEETS IF NECESSARY

A. NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION (YEARS, MONTHS)
MON.	YR.	MON.	YR.			

B. NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION (YEARS, MONTHS)
MON.	YR.	MON.	YR.			

C. NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION (YEARS, MONTHS)
MON.	YR.	MON.	YR.			



LICENSURE, CERTIFICATION OR REGISTRATION

The applicant must answer the following questions. If any of the questions are answered yes, the applicant must provide an explanation.

YES NO

- 1. Have you ever been issued a professional license, certification, registration, or permit by any State, United States Territory, province or country? If yes, please list the state, territory, province or country, type of license with license number, status of license, and your name as it appears on the license. YES NO
- 2. Have you ever been denied a professional license, certification, registration, or permit? If yes, explain fully in a separate notarized statement. YES NO
- 3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? If yes, explain fully in a separate notarized statement. YES NO
- 4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? If yes, explain fully in a separate notarized statement. YES NO
- 5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration, or permit? If yes, explain fully in a separate notarized statement. YES NO
- 6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed, (excluding traffic violations)? If yes, explain fully in a separate notarized statement and attach certified copies of court documents. YES NO
- 7. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? If yes, explain fully in a separate notarized statement and attach certified copies of court documents. YES NO
- 8. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a respiratory care practitioner would be affected? If yes, explain fully in a separate notarized statement. YES NO
- 9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, explain fully in a separate notarized statement and attach verification of chemical or alcohol dependency treatment. YES NO
- 10. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a respiratory care practitioner? If yes, explain fully in a separate notarized statement and attach certified copies of court documents. YES NO
- 11. Do you have a medical condition that in any way impairs or limits your ability to perform with reasonable care and safety the essential functions of a respiratory care practitioner with or without reasonable accommodations? If yes, explain fully in a separate notarized statement. YES NO

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice respiratory care in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of respiratory care and subject to the rules and regulations of the Missouri Board for Respiratory Care. I subscribe and agree to abide by all applicable laws and rules regarding the practice of respiratory care. I hereby certify that I have familiarized myself with sections 334.800-334.930 RSMo, known as the Respiratory Care Practice Act and applicable rules promulgated by the Missouri Board for Respiratory Care.

Enclosed is the application fee which is not refundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<p>MUST BE SIGNED IN PRESENCE OF NOTARY</p> <p>NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL</p>	SIGNATURE OF APPLICANT		
	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<p>USE RUBBER STAMP IN CLEAR AREA BELOW.</p>
	DAY OF 19		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			



MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

BOARD FOR RESPIRATORY CARE

REQUEST FOR VERIFICATION OF CREDENTIALS

INSTRUCTIONS

TO APPLICANT:

Please complete Section I below. Current registry members must forward a \$3 credential verification fee. Non-current members must forward a \$15 credential verification fee to:

National Board for Respiratory Care, Inc.
8310 Nieman Road
Lenexa, Kansas 66214
Telephone: (913) 599-4200

TO NBRC:

Please complete Section II below and return completed form to:

Missouri Board for Respiratory Care
P O Box 1335
Jefferson City, MO 65102-1335
Telephone: (573) 522-5864

SECTION I

I am applying for state licensure in Missouri, and I am requesting the NBRC verify my respiratory therapy credentials directly to the Missouri Board for Respiratory Care.

I HOLD THE FOLLOWING NBRC CREDENTIALS: RRT CRTT

DATE CREDENTIALS EARNED

PRINT NAME UNDER WHICH YOU WERE CREDENTIALIAED (LAST, FIRST, MIDDLE INITIAL)

APPLICANT FULL NAME (PLEASE PRINT) (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

SECTION II (For NBRC use only)

The above named person has achieved the minimum passing score required for successful completion of an examination and earned the following NBRC credentials:

CREDENTIALS	DATE CREDENTIALIAED
<input type="checkbox"/> CRTT	
<input type="checkbox"/> RRT (NUMBER _____)	
SIGNATURE	DATE

NOT VALID UNLESS STAMPED BY NBRC (IN SPACE BELOW)



MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

MISSOURI BOARD FOR RESPIRATORY CARE
P.O. BOX 1335
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 522-5864
TDD (800) 735-2966

VERIFICATION OF LICENSURE

INSTRUCTIONS

Complete Section I and mail this form to each state, United States Territory, province or country that you have or ever have had a license, certification, registration, temporary license or a temporary permit to practice respiratory care. This verification must be returned to the Missouri Board for Respiratory Care within ninety (90) days of your application. Some states do require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), U.S. territory, province or country. This form may be photocopied as necessary.

SECTION I - TO BE COMPLETED BY APPLICANT

NAME (FIRST, MIDDLE, LAST, SUFFIX)

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD

NUMBER ISSUED

SOCIAL SECURITY NUMBER

DATE OF BIRTH

The Missouri Board for Respiratory Care requests that I submit evidence of the status of my license, certification, registration, permit in your state. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Board for Respiratory Care, P.O. Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE

DATE

SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF REGULATION

LICENSE CERTIFICATION REGISTRATION PERMIT HOLDER

LICENSE NUMBER

ISSUE DATE

EXPIRATION DATE

LICENSE WAS ISSUED ON THE BASIS OF

NBRC CREDENTIALS STATE EXAMINATION EDUCATION GRANDFATHER CLAUSE
 OTHER _____

HAS THE APPLICANT'S LICENSE EVER LAPSED?

YES NO IF YES, EXPLAIN

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY?

YES NO IF YES, EXPLAIN

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS?

YES NO IF YES, EXPLAIN

SIGNATURE

DATE

NAME PRINTED

TITLE

PLEASE AFFIX
BOARD SEAL



4 CSR 255-2.020 Application for Temporary Permit

PURPOSE: This rule outlines the procedure for application for a temporary permit.

(1) Application for a temporary permit shall be submitted on the forms provided by the board and may be obtained by writing the board at 3605 Missouri Boulevard, P.O. Box 1335, Jefferson City, MO 65102 or by calling (573) 522-5864. The TDD number is (800) 735-2966.

(2) An application for a temporary permit is not considered officially filed with the board until it has been determined by the board or division staff to be complete and the application is submitted on the form provided by the board, typewritten or printed in black ink, signed, notarized and accompanied by the application fee for temporary permit and a full set of fingerprints with the appropriate fee. All information should be received by the board within ninety (90) days of application.

(3) The applicant shall request and obtain on forms provided by the board verified—

(A) Evidence of being a veteran of the United States military services with at least six (6) months respiratory care experience during the previous eighteen (18) months as a member of the military; or

(B) Evidence of licensure as a respiratory care practitioner under the laws of another state, the District of Columbia or a territory of the United States and evidence that an application for licensure as a respiratory care practitioner in this state has been submitted to the board; or

(C) Evidence of graduation from a nationally accredited respiratory care educational program.

(4) The applicant shall request that each state, United States territory, province, or country regulatory entity in which a license, certificate, registration or permit as a respiratory care practitioner, respiratory therapist, respiratory therapy technician or similar title is held or has ever been held to submit verification of licensure, certification, registration or permit directly to the board. The verification shall include the license, registration, certification or permit issued, the number, status, issue and expiration dates, information regarding any disciplinary action, method of licensure, registration or certification, the name and title of person verifying information with date and board seal.

(5) The applicant shall submit a full set of fingerprints on the form provided by the board with the appropriate fee pursuant to rules promulgated by the board.

(A) For the purpose of this rule, fingerprints shall be obtained from a law enforcement agency or may be obtained from the Missouri Board for Respiratory Care. Applicants desiring fingerprinting by the board shall contact the board at least twenty-four (24) hours in advance to schedule an appointment during normal business hours.

(6) The applicant shall submit registration of supervision on forms provided by the board.

(7) Following review by the board, the applicant shall be informed in writing of the decision regarding the application for permit. Applicants that are approved will receive one (1) permit. Duplicate permits may be provided upon payment of the appropriate fee pursuant to rules promulgated by the board.

(8) The permit holder must notify the board of any change in supervision within fifteen (15) days of the change.

(9) No application for temporary permit will remain valid if the applicant fails to complete the licensure process as outlined in this rule within six (6) months of receipt of the application by the board. Any failure of the applicant to complete the licensure process will result in a forfeiture of all fees paid to the board.

AUTHORITY: sections 334.800, 334.840.2 and 334.850 RSMo 2000 and 334.890.2 and 3, RSMo Supp. 2001. Emergency rule filed June 25, 1998, effective July 6, 1998, expired Feb. 25, 1999. Original rule filed June 25, 1998, effective Jan. 30, 1999. Amended: Filed Jan. 31, 2001, effective Aug. 30, 2001. Amended: Filed Nov. 15, 2001, effective June 30, 2002.*

**Original authority: 334.800, RSMo 1996, amended 1999; 334.840, RSMo 1996; 334.850, RSMo 1996, amended 1999; and 334.890, RSMo 1996, amended 1999, 2001.*

4 CSR 255-2.030 Application for an Educational Permit

PURPOSE: This rule outlines the procedure for application for an educational permit.

(1) A student enrolled in an accredited respiratory care educational program who seeks to provide respiratory care services outside the educational program must apply to the board for an educational permit. Application for an

educational permit shall be submitted on the forms provided by the board and may be obtained by writing the board at 3605 Missouri Boulevard, PO Box 1335, Jefferson City, MO 65102 or by calling (573) 522-5864. The TDD number is (800) 735-2966.

(2) An application for an educational permit is not considered officially filed with the board until it has been determined by the board or division staff to be complete and the application is submitted on the form provided by the board, typewritten or printed in black ink, signed, notarized, accompanied by the application fee for an educational permit and a full set of fingerprints with the appropriate fee.

(3) The applicant shall request and obtain on forms provided by the board verification of enrollment in a respiratory care educational program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or programs supported by the Joint Review Committee for Respiratory Therapy Education (JRCRTE) or their successor organizations. Verification of enrollment shall be submitted directly from the educational program or school.

(4) The applicant shall request that each state, United States territory, province, or country regulatory entity in which a license, certificate, registration or permit as a respiratory care practitioner, respiratory therapist, respiratory therapy technician or similar title is held or has ever been held to submit verification of licensure, certification, registration or permit directly to the board. The verification shall include the license, registration, certification or permit issued, the number, status, issue and expiration dates, information regarding any disciplinary action, method of licensure, registration or certification, the name and title of person verifying information with date and board seal.

(5) The applicant shall submit a full set of fingerprints on the form provided by the board and the appropriate fee pursuant to rules promulgated by the board.

(A) For the purpose of this rule, fingerprints shall be obtained from a law enforcement agency or may be obtained from the Missouri Board for Respiratory Care. Applicants desiring fingerprinting by the board shall contact the board at least twenty-four (24) hours in advance to schedule an appointment during normal business hours.

(6) The applicant shall submit registration of supervision on forms provided by the board when the applicant provides respiratory care

services outside the respiratory care educational program.

(7) Following review by the board, the applicant shall be informed in writing of the decision regarding the application for licensure. Applicants that are approved will receive one (1) permit. Duplicate permits may be provided upon payment of the appropriate fee pursuant to rules promulgated by the board.

(8) The permit holder must notify the board of any change in supervision within fifteen (15) days of the change.

(9) No application for an educational permit will remain valid if the applicant fails to complete the licensure process as outlined in this rule within six (6) months of receipt of the application by the board. Any failure of the applicant to complete the licensure process will result in a forfeiture of all fees paid to the board.

AUTHORITY: sections 334.800, 334.840.2, 334.850, RSMo 2000 and 334.890.1 and 334.890.3, RSMo Supp. 2001. Emergency rule filed June 25, 1998, effective July 6, 1998, expired Feb. 25, 1999. Original rule filed June 25, 1998, effective Jan. 30, 1999. Amended: Filed Jan. 31, 2001, effective Aug. 30, 2001. Amended: Filed Nov. 15, 2001, effective June 30, 2002.*

**Original authority: 334.800, RSMo 1996, amended 1999; 334.840, RSMo 1996; 334.850, RSMo 1996, amended 1999; and 334.890, RSMo 1996, amended 1999, 2001.*

4 CSR 255-2.040 License Renewal

PURPOSE: This rule outlines the process of renewing a license to practice as a respiratory care practitioner.

(1) All licenses shall be renewed biennially. Failure of a licensee to renew the license shall cause the license to lapse. Failure to receive notice shall not relieve the licensee of the obligation to renew the license to practice as a respiratory care practitioner and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the division or board does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled. Renewals shall be postmarked no later than the expiration date of the license or if the expiration date is a Sunday or federal holiday the next day to avoid the late penalty fee as defined in rules promulgated by the board.

(2) Each respiratory care practitioner shall provide the board with a completed renewal form issued by the board that shall contain updated information since the preceding application/renewal period and verification of completion of the required continuing education hours pursuant to rules promulgated by the board.

(3) Applicants that are approved for renewal will receive one (1) license. Duplicate licenses may be provided upon payment of the appropriate fee pursuant to rules promulgated by the board.

AUTHORITY: sections 334.800, 334.840.2, 334.850, 334.880.1, 334.910, and 334.920, RSMo Supp. 1999. Original rule filed June 25, 1998, effective Jan. 30, 1999. Amended: Filed Dec. 30, 1999, effective June 30, 2000.*

**Original authority: 334.800, RSMo 1996, amended 1999; 334.840, RSMo 1996; 334.850, RSMo 1996, amended 1999; 334.880, RSMo 1996, amended 1998; 334.910, RSMo 1996, amended 1999; and 334.920, RSMo 1996, amended 1999.*

4 CSR 255-2.050 Inactive Status

PURPOSE: This rule outlines the process of requesting inactive status to maintain a license for a respiratory care practitioner.

(1) An inactive license shall be renewed biennially. Failure to receive renewal notice shall not relieve the licensee of the obligation to renew the inactive license and pay the required fee prior to the expiration date of the inactive license. Renewals shall be postmarked no later than the expiration date of the license to avoid the late renewal penalty fee as defined in rules promulgated by the board.

(2) Each inactive licensee shall provide the board, at the time of application for renewal of the inactive license, with a completed renewal form issued by the board that shall contain updated information since the preceding application/renewal period.

(3) The licensee shall not practice as a respiratory care practitioner in the state of Missouri while the license is inactive.

(4) If an inactive licensee wishes to return a license to active status the licensee shall complete a renewal form and pay the renewal fee as stated in the rules promulgated by the board. In addition, the licensee shall provide evidence of completion of at least twenty-four (24) hours of approved continuing education within the preceding two (2) years.

(5) In addition to the requirements set forth in section (4) above, a licensee whose license is inactive for ten (10) years or more shall be required to successfully complete an entry level examination approved by the board prior to reactivation.

(6) Applicants that are approved for inactive status renewal will receive one (1) license. Duplicate licenses may be provided upon payment of the appropriate fee pursuant to rules promulgated by the board.

AUTHORITY: sections 334.800, 334.840.2, 334.850, 334.880.1, 334.910 and 334.920, RSMo 2000. Original rule filed June 25, 1998, effective Jan. 30, 1999. Amended: Filed Dec. 30, 1999, effective June 30, 2000. Amended: Filed Jan. 31, 2001, effective Aug. 30, 2001.*

**Original authority: 334.800, RSMo 1996, amended 1999; 334.840, RSMo 1996; 334.850, RSMo 1996, amended 1999; 334.880, RSMo 1996, amended 1999; 334.910, RSMo 1996, amended 1999; and 334.920, RSMo 1996, amended 1999.*

4 CSR 255-2.060 Reinstatement

PURPOSE: This rule outlines the process for reinstating a lapsed license to practice as a respiratory care practitioner and complies with the provisions of House Bill 343 of the 90th General Assembly.

(1) Failure of a licensee to renew a license prior to the expiration of a license will result in the lapse of a license.

(2) A licensee whose license has been lapsed for fewer than thirty (30) days may obtain renewal of that license by mailing the complete renewal application pursuant to 4 CSR 255-2.040 and proper renewal fee to the board postmarked no later than the thirtieth day of lapse. Satisfactory explanation of the lapse will be presumed. The board at its discretion may not renew the license of any licensee who is subject to disciplinary action, but the board shall advise the licensee of the statutory right to file a complaint with the Administrative Hearing Commission (AHC).

(3) A licensee whose license has been lapsed for more than thirty (30) days but less than three (3) years may obtain renewal of that license by mailing the completed lapsed renewal application to the board. The lapsed renewal application shall be accompanied by the late renewal fee and the renewal fee for each year the license was lapsed in addition



to the current renewal fee. In addition to verification of completion of the required continuing education hours, the lapsed renewal application shall also include the following:

(A) A statement that the licensee is not presently practicing as a respiratory care practitioner in Missouri; and

(B) A statement indicating whether the licensee practiced as a respiratory care practitioner in Missouri while the license was lapsed and, if so, how long and where; and

(C) If the licensee was practicing as a respiratory care practitioner in Missouri while the license was lapsed, s/he shall submit a notarized statement indicating that s/he has ceased working as soon as s/he realized that the license was lapsed. In addition, the licensee shall cause his/her employer to submit a statement on the employer's letterhead stationary or a notarized statement indicating that the licensee ceased working as soon as s/he realized that the license was lapsed.

(4) Failure of the licensee to renew a license for a period of more than three (3) years after the expiration of the license, shall be treated in the same manner as a person who has never been licensed and must reapply for licensure under the licensing requirements in effect at the time the person applies to resume the practice of respiratory care. In addition, the applicant shall submit evidence of completion of at least twenty-four (24) hours of approved continuing education within the preceding two (2) years.

(5) Following review by the board, the licensee shall be informed in writing of the decision regarding the application for licensure.

(6) Licensees that are approved will receive one (1) license. Duplicate licenses may be provided upon payment of the appropriate fee pursuant to rules promulgated by the board.

AUTHORITY: sections 334.800, 334.840.2, 334.850, 334.870, 334.880.2, 334.910 and 334.920, RSMo 2000. Original rule filed June 25, 1998, effective Jan. 30, 1999. Amended: Filed Dec. 30, 1999, effective June 30, 2000. Rescinded and readopted: Filed Jan. 31, 2001, effective Aug. 30, 2001.

**Original authority: 334.800, RSMo 1996, amended 1999; 334.840, RSMo 1996; 334.850, RSMo 1996, amended 1999; 334.870, RSMo 1996; 334.880, RSMo 1996, amended 1999; 334.910, RSMo 1996, amended 1999; and 334.920, RSMo 1996, amended 1999.*