



HEALTH LICENSING OFFICE
Respiratory Therapist and
Polysomnographic Technologist Licensing Board

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
 Phone: 503-378-8667 | Fax: 503-370-9004
 Web: www.oregon.gov/oha/ph/hlo | Email: hlo.info@dhsosha.state.or.us

RESPIRATORY THERAPIST LICENSE APPLICATION

1. Applicant Information

APPLICANT NAME: LAST			FIRST			MIDDLE INITIAL		
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		BIRTHDATE:		SOCIAL SECURITY NUMBER (REQUIRED)				
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)								
CITY						STATE		ZIP
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)								
CITY						STATE		ZIP
BUSINESS TELEPHONE		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL		EMAIL				
<input checked="" type="radio"/> Have you ever been known under any other name? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, list full name(s):								
<input checked="" type="radio"/> Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below.								
State:		Lic./Cert./Reg.#			Expiration:			
State:		Lic./Cert./Reg.#			Expiration:			
State:		Lic./Cert./Reg.#			Expiration:			

2. * (Complete This Section Only If Submitting Payment By Mail) *****

Payment of Required Fees: Application Fee = \$100; License Fee = \$100; Total of \$200

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

(Do not write in this section – Official use only)

License #: _____ Initials: _____ OTC Verified ID Type: _____

Approval Code/CK# _____

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> APPROVAL CODE/CK# _____

Return All Pages Of This Application And Keep A Copy For Your Records

3. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. Yes No If yes, please explain (**attach additional pages if necessary**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).</p>	Year Convicted

● As of today are you on probation or parole? Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Applicant Signature:	Date:
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:	Date:
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4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action policy. If you choose to provide your race/ethnicity information below, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing eligibility or qualifications.

Ethnic Background (check only one)

- American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.

APPLICATION REQUIREMENTS FOR ALL RESPIRATORY THERAPIST LICENSE

Applicant must:

- Meet the requirements of OAR 331 division 30;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the **required fees: Application fee = \$100; and fee = \$100 (see method of payment section above)**;
- Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004 (see criminal records check fingerprint process instructions attached);

The following documents must show your current legal name. If they do not, you must provide further official documentation showing how your name has changed (i.e. original marriage license(s), divorce decree(s), legal name change documents, etc.).

- Submit **two** forms of acceptable identification as listed in OAR 331-030-0000(8), **both of which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **Pursuant to OAR 331-030-0000(10) at least one form of identification must be photographic;** driver license, state ID card, passport or military ID card;
- Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above);
- Submit proof of having a high school diploma or equivalent. This requirement **is not** satisfied by submitting post-secondary educational documents (i.e. transcripts for associates, bachelor's, master's degrees, etc.). **You must provide a high school diploma or equivalent documentation to the Health Licensing Office.** If you attended a school outside the U.S., you must have your education evaluated for equivalency. Please contact our office for assistance or clarification of this process.
- Submit satisfactory evidence of having an active credential through the National Board for Respiratory Care (NBRC) as a Registered Respiratory Therapist (RRT). Proof of having an active credential must be submitted directly to the Health Licensing Office from the NBRC; **and**
- Submit proof of having completed and passed the Oregon Laws and Rules examination within two years before the date of application. Information about accessing and taking the examination can be found by going to <https://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT-Respiratory-License.aspx>.

NOTE: The applicant is responsible for payment of fees assessed by the issuing organization when obtaining required official documentation.

CRIMINAL RECORDS CHECK FINGERPRINT PROCESS

Please note: You must submit an application for the profession you are seeking authorization for to the Health Licensing Office (or have it postmarked) within 30 days of having your fingerprints taken. If you do not submit your application within 30 days, you will be required to have your fingerprints taken again before your application can be processed.

Pursuant to Oregon Revised Statute (ORS) 676.612(3), the Health Licensing Office (HLO) may require a fingerprint criminal records check on persons applying for authorization to practice, renewing an authorization, or who are under investigation by the Office for practice in a profession or occupation listed in ORS 676.565. The criminal background check is conducted through the Oregon State Police (OSP). The Livescan electronic fingerprinting process is provided by Fieldprint Inc.

Clarification:

Livescan is the process by which an applicant is electronically fingerprinted.

Fieldprint Inc. is the company that the State of Oregon has contracted with to conduct the Livescan electronic fingerprinting.

Because the State of Oregon has contracted with Fieldprint Inc. to conduct the Livescan electronic fingerprinting, the HLO is required to have all applicants who are subject to a criminal background check use a Fieldprint office to process the Livescan fingerprints.

Instructions:

- 1) The HLO only accepts Livescan fingerprinting electronically submitted to OSP by Fieldprint Inc.
- 2) To locate a Fieldprint office in the state of Oregon, visit: www.fieldprintoregon.com. For Fieldprint locations in another state, visit: www.fieldprint.com, click on "Make an Appointment" in the menu bar at the top of the page, scroll down to "State Government" and choose a state. If your state is not listed there, scroll down to the bottom of the page to "Find a Location" and enter your city zip code.
- 3) To schedule an appointment with a Fieldprint office, you will first register as a user of the Fieldprint system. Once you are registered, you will be prompted to enter the HLO Fieldprint code to be properly routed. **Enter Fieldprint Code: FPORHealthLicDAS**
- 4) Once your fingerprint process is complete, your criminal background check will be available to the HLO during the processing of your application for authorization to practice.

Please note: You must submit an application for the profession you are seeking authorization for to the Health Licensing Office (or have it postmarked) within 30 days of having your fingerprints taken. If you do not submit your application within 30 days, you will be required to have your fingerprints taken again before your application can be processed.

For questions regarding the fingerprinting process, please visit Fieldprint's website at: www.fieldprint.com, or contact Fieldprint customer service at: (877) 614-4364 or via email at: CustomerService@fieldprint.com.

For questions regarding the processing of your application for authorization to practice, you may visit the HLO website at www.healthoregon.org/hlo or contact the Office at the address, phone, or email listed above.