



NEW LICENSE APPLICATION  
BOARD OF RESPIRATORY CARE

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174, Monday through Friday, 8:15 AM to 4:30PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

**SECTION 1. REQUESTED LICENSE TYPE/FEEES (includes non-refundable application fee – see instructions)**

<input type="checkbox"/> RC – Respiratory Care Practitioner by Endorsement	\$254.00	Make check or money order payable to <u>DC Treasurer</u> , MAIL TO: DC Board of Respiratory Care P.O. Box 37802 Washington, D.C. 20013						
<input type="checkbox"/> RC – Respiratory Care Practitioner by Examination	\$254.00							
<input type="checkbox"/> Criminal Background Check-Call L-1 Enrollment at 1-877-783-4187/ <a href="http://www.L1enrollment.com">www.L1enrollment.com</a>								
<input type="checkbox"/> Duplicate Licenses (limit 5) _____ X \$34.00 =	\$ _____.00							
<b>Total Enclosed</b>	<b>\$ _____.00</b>							
		<b>HPLA ONLY</b>						
		<table border="1"> <tr> <th>Check \$</th> <th>Check #</th> <th>Staff</th> </tr> <tr> <td>\$ _____.00</td> <td></td> <td></td> </tr> </table>	Check \$	Check #	Staff	\$ _____.00		
Check \$	Check #	Staff						
\$ _____.00								

**SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION**

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

<table border="1"> <tr> <td>_____</td> <td>MI</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>FIRST NAME</td> <td></td> <td>LAST NAME</td> <td>SUFFIX (Jr, Sr, etc.)</td> </tr> </table>	_____	MI	_____	_____	FIRST NAME		LAST NAME	SUFFIX (Jr, Sr, etc.)	<table border="1"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SOCIAL SECURITY NUMBER</td> <td></td> <td>DATE OF BIRTH</td> </tr> </table>	_____	_____	_____	SOCIAL SECURITY NUMBER		DATE OF BIRTH
_____	MI	_____	_____												
FIRST NAME		LAST NAME	SUFFIX (Jr, Sr, etc.)												
_____	_____	_____													
SOCIAL SECURITY NUMBER		DATE OF BIRTH													
<table border="1"> <tr> <td>_____</td> </tr> <tr> <td>PLACE OF BIRTH</td> </tr> </table> <p>Provide City and State for US birthplace or Country for foreign place of birth.</p>	_____	PLACE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female <b>GENDER</b> Please check the correct box.												
_____															
PLACE OF BIRTH															

**SECTION 3. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package <b>or</b> requested to be sent to the Board of Respiratory Care. Keep a photocopy of all supporting documents for your records.				<b>HPLA ONLY</b>
A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with applicant's name printed on the back. <b>The photos must be original photos and cannot be computer-generated copies or paper copies.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B.	If applying by Endorsement or Examination: Official transcript (with seal) showing successful completion of and educational course in respiratory care from an approve institution. May be sent directly from the school, but is preferred that it accompany the application in a sealed envelope.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C.	If applying by Endorsement or Examination: Certified examination results from the National Board for Respiratory Care, Inc. The National Board for Respiratory Care, Inc. can be reached at 913-599-4200.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D.	If licensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where the applicant is or was licensed to practice respiratory care.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Copies of legal documents supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>





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### SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents**, and attach to this application.

	<p><b><u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</u></b></p> <p>Please read the information below carefully before responding to this yes or no question, as <b>any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit</b> for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p>IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:</p> <p style="margin-left: 40px;">Yes    No  <input type="checkbox"/>    <input type="checkbox"/></p> <p>A.        1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);</p> <p style="margin-left: 40px;">2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);</p> <p style="margin-left: 40px;">3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</p> <p style="margin-left: 40px;">4. Past due taxes;</p> <p style="margin-left: 40px;">5. Past due District of Columbia Water and Sewer Authority service fees; or</p> <p style="margin-left: 40px;">6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</p> <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>		<p>YES    NO  <input type="checkbox"/>    <input type="checkbox"/></p>
B.	Have you ever been convicted or arrested of a crime or misdemeanor (other than minor traffic violations) ?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? <i>(If "Yes," be sure to complete Section 6C of this form.)</i>	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
H.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation?	YES    NO <input type="checkbox"/> <input type="checkbox"/> YES    NO <input type="checkbox"/> <input type="checkbox"/> YES    NO <input type="checkbox"/> <input type="checkbox"/> YES    NO <input type="checkbox"/> <input type="checkbox"/>	
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES    NO <input type="checkbox"/> <input type="checkbox"/>	

### SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

\_\_\_\_\_  
LICENSEE SIGNATURE

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
DATE

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To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.