

INSTRUCTION SHEET

FOR MAKING APPLICATION UNDER PROVISIONS OF THE ILLINOIS RESPIRATORY CARE PRACTICE ACT

RESPIRATORY CARE PRACTITIONER

● Acceptance of Examination Endorsement of License

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** Licenses issued under the Respiratory Care Practice Act expire on October 31 of each odd-numbered year.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.

Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

- NOTE:
- a) Indicate education in **PART III**, number 6, on the **Application for Licensure and/or Examination**.
 - b) In **PART V**, on the **Application for Licensure and/or Examination**, indicate examination dates and examination results for the National Board for Respiratory Care.
 - c) **DO NOT COMPLETE PART VII** (page four) of the **Application for Licensure and/or Examination**.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

- NOTE:
- a) If you are a graduate of a respiratory care program that is regionally accredited or legally recognized and accepted by the Illinois Department of Professional Regulation (IDPR) and you have passed the Entry Level Certified Respiratory Therapy Technician (CRTT) Examination of the National Board for Respiratory Care or the Registered Respiratory Therapists (RRT) Examination (Written Registry Examination and Clinical Simulation Examination) of the National Board for Respiratory Care apply under the Licensure Method ACCEPTANCE OF EXAMINATION.
 - b) All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

Additional application forms can be downloaded from the IDPR Web site at www.idfpr.com.

ACCEPTANCE OF EXAMINATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED** must be completed in its entirety by the Dean or Registrar of the respiratory care program from which you graduated and it must have school seal affixed.
2. Proof of successful completion of the Entry Level Certified Respiratory Therapy Technician (CRTT) Examination or the Registered Respiratory Therapists (RRT) Examination (Written Registry Examination and Clinical Simulation Examination) of the NBRC submitted directly from the testing entity is required.
3. If you have ever been licensed, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You may photocopy this form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to the address indicated in number 6 below.
4. A copy of the National Board for Respiratory Care wall certificate verifying certification as a Certified Respiratory Therapy Technician or as a Registered Respiratory Therapist may be submitted in lieu of supporting documents required in 1 and 2 above.
5. Fee payment amount is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

ENDORSEMENT OF LICENSE

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

NOTE: Each application for the Licensure Method ENDORSEMENT OF LICENSE is reviewed on an individual basis by the Respiratory Care Board.

1. Supporting Document **ED** must be completed in its entirety by the Dean or Registrar of the respiratory care program from which you graduated and it must have school seal affixed. Applicants that graduated from a non-approved program must also submit transcripts, school catalog and/or student handbooks/guidebooks, course descriptions/outlines and all other material you have available that would delineate in very specific terms the courses you took.
2. Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction in which you are currently licensed and practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed form **CT** directly to the address indicated in number 6 below.
3. Direct the National Board for Respiratory Care to forward proof of passage of the Entry Level Certified Respiratory Therapy Technician (CRTT) Examination or the Registered Respiratory Therapists (RRT) Examination (Written Registry Examination and Clinical Simulation Examination) of the National Board for Respiratory Care directly to the address indicated in number 6 below.
4. A copy of the National Board for Respiratory Care wall certificate verifying certification as a Certified Respiratory Therapy Technician or as a Registered Respiratory Therapist may be submitted in lieu of supporting documents required in 1 and 3 above.
5. Fee payment amount is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

RESTORATION

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

IMPORTANT NOTICE

These Restoration Instructions apply only to those Respiratory Care Practitioners whose licenses have been on inactive status, or in non-renewed status, for more than 5 years.

If your license has been inactive, or in non-renewed status, for five years or less, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

1. Supporting Document **RS** must be completed.
2. **SUBMIT ONE OF THE FOLLOWING:**
 - a. Supporting Document **VE**. This form must be completed to provide documentation of active practice in another jurisdiction. In addition Supporting Document **CT** must be submitted by said jurisdiction (board or licensing authority) indicating you were authorized to practice during the said practice.

OR
 - b. Verification of successful completion of the Entry Level Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT) Examination (Written Registry Examination and Clinical Simulation Examination of the National Board of Respiratory Care) during the period license was expired, or placed on inactive status.

OR
 - c. If restoring within 2 years after discharge from active service, submit **DD214**.
3. All applicants for Restoration of a Respiratory Care Practitioner license must submit proof of having met the 24-hour requirement of continuing education as set forth in Section 1456.75 of the Rules for the Administration of the Respiratory Care Practice Act.
4. Fee payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Respiratory Care Practitioner	194	Acceptance of Examination	\$100.00
Respiratory Care Practitioner	194	Endorsement of License	\$100.00
Respiratory Care Practitioner	194	Restoration	See Supporting Document RS

CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR RESPIRATORY CARE PRACTITIONER
ENTER N/A IN PART VII a) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR RESPIRATORY CARE PRACTITIONER
ENTER N/A IN PART VII b) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR RESPIRATORY CARE PRACTITIONER
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request to one of the following telephone numbers:

217/782-8556

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Respiratory Care Practitioners

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
CT (Certification of Licensure) Form completed by jurisdiction of original licensure and current jurisdiction of licensure (if applicable)	
ED Form--Completed by school showing graduation from an approved program (if applicable)	
NBRC Wall Certificate --A copy of your NBRC wall certificate (if applicable)	
VE (Verification of Employment) Form completed by a licensed Health Care Professional (if applicable)	
CE Form--Proof of 24 hours of approved C.E. (if applicable)	
RS Form is required if restoring an expired or inactive license (complete all applicable areas)	
NBRC Score Report --Certification from NBRC showing passage of examination (if applicable)	
Copy of DD214 if restoring from active military service	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)

YES NO

- | | YES | NO |
|--|-----|----|
| 1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i> | | |
| 2. Have you been convicted of a felony? | | |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i> | | |
| 4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | |

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

- a) CHART II - Select examination(s) you desire and enter Test Codes.

- b) CHART III - Select the examination site you desire and enter Test Center Code:

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- c) CHART IV - Find your School of Graduation and enter school code:

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- d) Record the number of times you have taken this exam in Illinois or any other state:

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PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.
- Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")Yes No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes No **PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant_____
Date**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
 (Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L	Print Name	
	Title	Signature
	Agency/Board Street Address	Date
	City, State, ZIP Code	Area Code ()
		Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20_____.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.