



# State of Maine

## BOARD OF RESPIRATORY CARE PRACTITIONERS

### Applicant information to assist in completing your application

### Associate Permit for Respiratory Care Practitioners

**Do not return the following informational pages with your application; it is for your information only**

Department of Professional and Financial Regulation  
Office of Licensing and Registration  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8689 or Main Receptionist (207) 624-8603  
TTY/Hearing Impaired 1-888-577-6690  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [respcare.lic@maine.gov](mailto:respcare.lic@maine.gov)

## APPLICATION INSTRUCTION

### Associate Permit

The following is a guideline to assist in your application process. It does not, however, replace the requirements outlined in the Board of Respiratory Care Practitioners Laws and Rules. Please review them carefully for more detailed and clarifying information.

**Fax submissions of applications and supporting documentation will not be accepted**

**Complete Application and Fees**

**Self query results for the HIPDB and the NPDB**

In accordance with 10 MRS §8003, sub-§10, the Office of Licensing and Registration now requires all applicants to submit a NPDB/HIPDB\* Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective 11/1/2007. The instructions to request a self-query report are available at NPDB/HIPDB's website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov)

**License Verification**

If you hold or have held a respiratory care license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

**INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED.** Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

The Board of Respiratory Care Practitioners requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

**PROCESSING TIME:**

- ✓ Please allow approximately three (3) weeks processing time from date of receipt.
- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Licensing and Registration's website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 days for delivery.

# VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a respiratory care license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request this an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken i.e. CRT, RRT
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

## Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

## NOTICES

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**SECTION 1: EDUCATION**

Please complete the following:		
<input type="checkbox"/> Graduate of an AMA accredited respiratory care educational program		
College of Respiratory Care		Date of Graduation
Contact Address:	Street or P.O. Box	
City	State	Zip Code
<p><b>Note:</b> If you are applying for licensure based on 32 MRS § 9708 (3)(A)(2) an Official transcript demonstrating your degree must be submitted with your application</p>		

**SECTION 2: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A RESPIRATORY CARE PRACTITIONERS LICENSE (INCLUDES ALL RESPIRATORY LICENSES)**

1. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
4. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
5. State, Territory, Country	License Number/Type	Date Issued	Expiration Date

For each of the above, you must submit with this application an official Verification of Licensure from the licensing jurisdiction. **IMPORTANT:** Applications submitted without all of the Verification of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

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INITIALS OF APPLICANT

**SECTION 3: Check appropriate response to the questions below. Any YES response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.**

Have you ever had a hospital or similar health care institution privileges ever been denied or which had previously been granted to you suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received a sanction from Medicare or from a state Medicaid program?  1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____ 2. Submit a copy of the official action by the entity. 3. Provide a detailed explanation in your own words on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name of Practice</b>			
<b>Practice Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervising Respiratory Care Practitioner</b>		<b>Lic. No.</b>	
<b>Signature of Supervising Respiratory Care Practitioner</b>			
<b>Beginning Date of Supervision</b>		<b>Ending Date of Supervision</b>	

**SECTION 4: EMPLOYER**

**Note: Associate permit may not exceed 30 days in a calendar year.**

**SECTION 5: NOTICES**

**Public Information**

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State’s website.

**Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports**

In accordance with 10 MRS §8003(10), all applicants must submit a HIPDB Self-Query Report as part of the initial application for licensure. The instructions to request a self-query report are available at HIPDB’s website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov) The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information: **NPDB-HIPDB Customer Service Center**  
**Tel: (800)767-6732 - TDD: (703)802-9395**

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 INITIALS OF APPLICANT

## **SECTION 5 (CONTINUED): NOTICES**

### **10 Day Notification Requirement**

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- c. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

### **Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

## **SECTION 6: APPLICANT'S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Respiratory Care Practitioners will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date