

STATE OF MAINE  
Board of Respiratory Care Practitioners

**Respiratory Care Technician  
or  
Respiratory Care Therapist**



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing) 35 State House Station, Augusta, ME 04333  
(Physical Location) 76 Northern Ave. Gardiner, ME 04345

Office Telephone: (207) 624-8674  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

**APPLICATION INSTRUCTION**  
**RESPIRATORY CARE TECHNICIAN (TC) or RESPIRATORY CARE THERAPIST (TH)**

**Application Checklist and Information**

- Completed Application**
- License Fee of \$65.00**
- SBI Fee of \$21.00**  
**Fees can be made in one payment**
- License Verification**  
An Official Verification of Licensure Form from the jurisdiction(s) in which the applicant was ever licensed (online verifications are acceptable)
- Written confirmation of NBRC credentials.**  
You can reach the NBRC by Telephone: Toll-Free: 888 – 341 – 4811 **or** 913 – 895 – 4900 or via the internet at [www.nbrc.org](http://www.nbrc.org)
- Transcript (If you do not hold credentials with NBRC)** An official academic transcript demonstrating completion of an educational program for respiratory therapists which is accredited by COARC or its predecessor accrediting body; and
  - Must pass NBRC Examination.**

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 (including the use of any white out substance) in any way will not be accepted.

**PROCESSING TIME:**

Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE.

Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.

**IMPORTANT INFORMATION REGARDING YOUR LICENSE: The Office no longer prints licenses.** Upon issuance of your license, you will be notified by email using the email address you provide in this application from [noreply@maine.gov](mailto:noreply@maine.gov) that your license has been issued with your license attached to the email (a paper license will not be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address using this access code, go online to [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing).

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### 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 emailed 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.

### 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 Professional and Occupational Regulation 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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). 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)
- 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 check one:		
<input type="checkbox"/> NBRC Credentialed; or <input type="checkbox"/> Graduate of an COARC accredited respiratory care educational program		
College of Respiratory Care	Date of Graduation	
Contact Address:	Street or P.O. Box	
City	State	Zip Code
<b>Note:</b> If you are applying for licensure based on 32 MRS § 9708 (3)(B)(2) an Official transcript demonstrating your degree must be submitted with your application.		

**SECTION 2: LICENSE VERIFICATION**

**DO YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE?  Yes  No**  
**If Yes, complete the following. Use a separate sheet of paper if necessary.**

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

**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.**

<p>Have 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p> <p>Clarification on programs:</p> <ul style="list-style-type: none"> <li>• Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease.</li> <li>• Medicaid – Health program administered by the United States government for people with limited incomes.</li> <li>• MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid.</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**SECTION 4: NOTICES**

**PLEASE NOTE - 10 Day Notification Requirement**

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

**SECTION 5: APPLICANT’S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

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