

Michigan Department of Licensing and Regulatory Affairs  
**Board of Respiratory Care**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## **RESPIRATORY THERAPIST LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Respiratory Care. Questions regarding your application can be directed to the Michigan Board of Respiratory Care at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

### **RESPIRATORY THERAPIST LICENSURE - BY EXAMINATION**

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Arrange for final, official transcripts showing completion of at least a 2-year associate's degree program forwarded directly to this office from a Board approved college or university.
4. If this degree program did not include your training as a respiratory therapist, then you must arrange for transcripts of your respiratory therapy education forwarded directly to this office from a Board approved educational program.
5. Complete Section I of the Certification of Completion of Respiratory Therapy Program form. For Section II, forward the form to the Program Director of the respiratory therapist educational program for completion. The Certification of Completion of Respiratory Therapy Program form submitted directly to the Board of Respiratory Care from the Program Director.
6. Arrange for an official report of your national examination scores and credentialing status to be forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at [www.nbrc.org](http://www.nbrc.org).
7. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form sent to the Michigan Board directly from the state(s) where you are or have been licensed.

## **RESPIRATORY THERAPIST LICENSURE - UPGRADE FROM TEMPORARY TO FULL LICENSE**

(must hold a current temporary respiratory therapist license)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Arrange for an official report of your national examination scores and credentialing status to be forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at [www.nbrc.org](http://www.nbrc.org).
4. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapy license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

## **RESPIRATORY THERAPIST LICENSURE - BY EXAMINATION** (foreign trained)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. If you are registered as a respiratory therapist in Canada, you must provide:
  - a. verification of your Canadian registration, sent directly to our office from the Canadian licensing authority **AND**
  - b. an official report of your national examination scores and credentialing status that is forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at [www.nbrc.org](http://www.nbrc.org).
4. If you are a foreign-trained respiratory therapist, you must provide:
  - a. verification that your registration in your country is in good standing whether it is current or expired.
  - b. an official evaluation of your respiratory therapy education that is sent to our office directly from a credentialing evaluation organization.
  - c. an official report of your national examination scores and credentialing status that is forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at [www.nbrc.org](http://www.nbrc.org).

**RESPIRATORY THERAPIST LICENSURE - BY ENDORSEMENT** (must currently be licensed in another state to apply by endorsement)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. If you have been licensed in another state for at least five years, you only need to submit #1 - #3 above.
5. If you have not been licensed in another state for at least five years, in addition to #1 and #2 above, also provide:
  - a. transcripts of your respiratory education that are sent to the Board office, directly from a board-approved educational program. **AND**
  - b. an official report of your national examination scores and credentialing status that is forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at [www.nbrc.org](http://www.nbrc.org).

**GENERAL INFORMATION**

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Respiratory Care in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Respiratory Care in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. **ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS, SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.**



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)  
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at [www.cogentid.com/index.htm](http://www.cogentid.com/index.htm). Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to [mihelp@cogentsystems.com](mailto:mihelp@cogentsystems.com).



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**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit  
1650 Wabash Ave. Ste. D  
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

## LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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**Applicant Instructions:** Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

### REQUESTING AGENCY INFORMATION

Agency I.D. Number: <b>71734k</b>	Agency Name: <b>Department of Licensing and Regulatory Affairs, Bureau of Health Professions</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional (MCL333.16174)</b>	Cost:

**\*\*Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

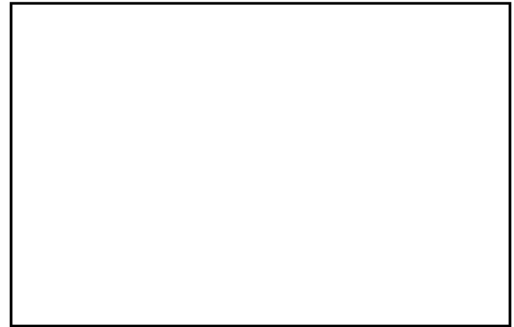
**Board of Respiratory Care**

P.O. Box 30670  
 Lansing, MI 48909  
 (517) 335-0918  
 www.michigan.gov/healthlicense

**APPLICATION FOR LICENSURE AS A  
 RESPIRATORY THERAPIST**

Authority: Public Act 368 of 1978, as amended  
 If this form is not completed, a license will not be issued.

Type or Print Only



Board Use Only

License Number: \_\_\_\_\_

Date of Licensure: \_\_\_\_\_

\_\_\_\_\_

**I AM APPLYING FOR THE FOLLOWING:**

- Respiratory Therapist License by Examination      Fee: \$ 95.00 71-4401-01
- Respiratory Therapist License, Upgrade  
 Temporary to Full License      Fee: \$ 95.00 71-4401-01
- Respiratory Therapist License, Endorsement      Fee: \$ 95.00 71-4401-09

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name

U.S. Social Security Number	Date of Birth	Daytime Telephone Number (     )

Street Address

City	State	ZIP Code

All Previous Names and/or Birth Name Used (if applicable)

Have you ever taken the NBRC Examination?

No     Yes    If yes, date of exam \_\_\_\_\_

Have you ever held a health professional license in Michigan?

No     Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: \_\_\_\_\_

**Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Name
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7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?  Yes  No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?  Yes  No
9. Do you hold or have you ever held a respiratory care license in any state? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination).  Yes  No  
**You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)**

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

**Provide a complete chronological record of your educational preparation.  
Attach additional sheets if necessary.**

Name and address of Institution	Dates of Attendance		Degree
	From	To	

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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**Board of Respiratory Care**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**CERTIFICATION OF COMPLETION OF A RESPIRATORY THERAPY PROGRAM**

Authority: Public Act 368 of 1978, as amended  
 If this form is not completed, a certification will not be issued.

**SECTION I - APPLICANT INFORMATION**

Instructions: Applicant must complete Section I. Type or print your legal name exactly as it appears on your application. Send this form to the Program Director of your respiratory therapy educational program for completion of Section II. The Program Director should send the completed form directly to the Board.

First Name	Middle Name	Last Name
Social Security Number	Date of Birth	
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	

**SECTION II - CERTIFICATION OF COMPLETION OF A RESPIRATORY THERAPY PROGRAM**

Instructions: Program Director must complete Section II and return it directly to the Michigan Board of Respiratory Care at the address given above.

Name of School	
Street Address of School	
City, State and ZIP Code	
I certify that _____ completed the	
Applicant's Name	
Respiratory Therapy Program at _____ He/she was awarded a	
Name of School	
<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate on _____
	Month\Date\Year
_____ Signature of Program Director	_____ Date of Signature
_____ Print or Type Name of Program Director	( SEAL )
	( If school has no seal, please indicate )

## Michigan Department of Licensing and Regulatory Affairs

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Type or Print Name

(S E A L)

\_\_\_\_\_  
Title\_\_\_\_\_  
Full Name of Licensing Board