



APPLICATION FOR A RESPIRATORY THERAPIST LICENSE
(This Form Should Not Be Used For License Renewal)

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>		
U.S. Social Security # <i>(New Applicants Only)</i>		Date of Birth <i>(New Applicants Only)</i>		
Address				
City		State	Zip Code	Country
Telephone Number		Email Address		
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____				
CHECK THE LICENSE/OBTAINED BY METHOD		FOR OFFICE USE ONLY		
RT – By Endorsement	\$102.70 4401-09	License Number		Issue Date
RT – By Exam	\$102.70 4401-01			
RT – Relicensure	\$122.70 4401-06			
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.				

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a respiratory therapist license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

Good Moral Character Questions

If you answer “yes” to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Answering “yes” to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found at www.michigan.gov/healthlicense.

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the one-time training for identifying victims of human trafficking pursuant to Section 16148 of the Public Health Code, 1978 PA 368 and of the administrative rules for your licensed profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (**except those applicants seeking relicensure, if the license expired within the last three years**).
- An applicant who was trained outside the United State or Canada shall have his or her education evaluated by an organization accredited by the National Association of Credential Evaluation Services (NACES) to determine if the applicant satisfies the licensure requirements.
- An applicant must demonstrate a working knowledge of the English language. Pursuant to Rule 338.7002b to demonstrate a working knowledge of the English language, the applicant must establish that he or she meets 1 of the following:
 - a) The applicant's health professional educational program was taught in English.
 - b) The applicant supplies transcripts establishing that he or she earned not less than 60 college level credits from an English-speaking undergraduate or graduate school.
 - c) The applicant obtained a passing score of 650 or higher on the Examination for the Certificate of Competency in English (ECCE) test developed by Michigan Language Assessment, as demonstrated by a certificate of competency or certificate of competency with honors.
 - d) The applicant obtained a passing score of 650 or higher on the Examination for the Certificate of Proficiency in English (ECPE) test developed by Michigan Language Assessment, as demonstrated by a certificate of proficiency or certificate of proficiency with honors.
 - e) The applicant obtained a total score of not less than 6.5 on the International English Language Testing System (IELTS) Academic test.
 - f) The applicant obtained a total score of not less than 55 on the Michigan English Test (MET) developed by Michigan Language Assessment.
 - g) The applicant obtained a total score of not less than 80 on the Test of English as a Foreign Language Internet-Based Test (TOEFL-IBT) administered by the Educational Testing Service.
- Human Trafficking – Individuals seeking licensure must have completed training in identifying victims of human trafficking that meets the standards in Administrative Rule 338.2201a prior to being issued a license. The training must only be completed one time.

Respiratory Therapist License by Endorsement

Applicants for licensure by endorsement who were registered or licensed as a respiratory therapist in another state for 5 years or more immediately preceding the date of application must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for licensure by endorsement who have been registered or licensed as a respiratory therapist in another state for less than 5 years immediately preceding the date of application must complete the following:

- Arrange for official transcripts to be sent directly to this office confirming: (1) the completion of a 2-year associate's degree from an accredited college or university that meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA) **AND** (2) the completion of a respiratory therapist training program which is accredited by the Commission on Accreditation for Respiratory Care (CoARC).
Note: The Certification of Completion of a Respiratory Therapy Program form is no longer required.
- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you possess a credential for respiratory therapists. NBRC can be contacted on their website at www.nbrc.org.
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Respiratory Therapist License by Exam

- Arrange for official transcripts to be sent directly to this office confirming: (1) the completion of a 2-year associate's degree from an accredited college or university that meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA) **AND** (2) the completion of a respiratory therapist training program which is accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Note: The Certification of Completion of a Respiratory Therapy Program form is no longer required.

- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you possess a credential for respiratory therapists. NBRC can be contacted on their website at www.nbrc.org.
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Respiratory Therapist Relicensure

Applicants for relicensure whose license has lapsed for less than 3 years at the time of application must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 3 years at the time of application must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you passed the NBRC certification examination for respiratory therapists within 2 years of submission of the application for relicensure. NBRC can be contacted on their website at www.nbrc.org.

Applicants for relicensure whose license has lapsed for more than 3 years at the time of application AND who hold a current and valid respiratory care license, registration, or certificate within another state of the United States or province of Canada must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

CERTIFICATION AND SIGNATURE

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 Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature

Date