



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

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 # (New Applicants Only)		Date of Birth (New Applicants Only)	
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	\$100.75 4401-09	License Number	Issue Date
RT – By Exam	\$100.75 4401-01		
RT – Relicensure	\$120.75 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 <i>(Attach additional sheets if necessary)</i>	
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 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. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony?	Yes	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?	Yes	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***).

Respiratory Therapist License by Endorsement

Applicants for licensure by endorsement who were registered or licensed as a respiratory therapist in another state and held a valid registration or license as a respiratory therapist in that state immediately preceding the date of filing an application for a Michigan license but who is not currently certified by the National Board of Respiratory Care (NBRC) may apply for a license by endorsement by submitting the application and fee.

Applicants for licensure by endorsement who were registered or licensed as a respiratory therapist in another state and did not hold a valid registration or license as a respiratory therapist in that state immediately preceding the date of filing an application for a Michigan license must complete the following:

- Arrange for the Certification of Completion of a Respiratory Therapy Program form to be sent directly to this office from the educational institution confirming the completion of a respiratory therapist training program which is accredited by the Committee on Accreditation for Respiratory Care (CoARC) from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA) or meets the standards of the regional postsecondary accrediting organizations.
- Arrange for official transcripts to be sent directly to this office confirming the completion of a 2-year associate's degree from an accredited college or university.
- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you are currently registered or certified by the NBRC or passed the NBRC certification examination for respiratory therapists within 2 years of submission of the application for licensure by endorsement. NBRC can be contacted on their website at www.nbrc.org.

A Canadian registered respiratory therapist applying for licensure by endorsement who is currently certified as a respiratory therapist by the United States National Board of Respiratory Care must complete the following:

- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you are currently registered or certified by the NBRC. NBRC can be contacted on their website at www.nbrc.org.

A Canadian or other foreign trained and registered applicant applying for licensure by endorsement who is not currently certified as a respiratory therapist by the United States National Board of Respiratory Care must complete the following:

- Arrange for an official credential evaluation to be submitted directly to this office from the credential evaluation service confirming the completion of a respiratory therapist training program which is equivalent to a program accredited by the Committee on Accreditation for Respiratory Care (CoARC) from the Commission on Accreditation of Allied Health Education Programs (CAAHEP), meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA), or meets the standards of the regional postsecondary accrediting organizations.
- Arrange for an official credential evaluation to be submitted directly to this office from the credential evaluation service confirming the completion of education equivalent to a 2-year associate's degree from an accredited college or university.
- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you have passed the NBRC certification examination. NBRC can be contacted on their website at www.nbrc.org.
- Verification/certification registration or license is in good standing to be submitted directly to this office by the licensing jurisdiction in which you hold a current registration or license or ever held a registration or 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 the Certification of Completion of a Respiratory Therapy Program form to be sent directly to this office from the educational institution confirming the completion of a respiratory therapist training program which is accredited by the Committee on Accreditation for Respiratory Care (CoARC) from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA) or meets the standards of the regional postsecondary accrediting organizations.

- Arrange for official transcripts to be sent directly to this office confirming the completion of a 2-year associate's degree from an accredited college or university.
- Arrange for an official report to be sent directly to this office from the National Board of Respiratory Care (NBRC) confirming you possess the entry-level credential for respiratory therapists. NBRC can be contacted on their website at www.nbrc.org.

Respiratory Therapist Relicensure

Applicants for relicensure whose license has lapsed for less than 3 years at the time of application may apply for relicensure by submitting the application and fee.

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

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

OR

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.

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