



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROFESSIONS LICENSURE  
**BOARD OF RESPIRATORY CARE**  
239 CAUSEWAY STREET, SUITE 500, 5TH FLOOR, BOSTON, MA 02114  
(617) 973-0800

**INSTRUCTIONS AND CHECKLIST  
APPLICATION FOR RESPIRATORY THERAPIST**

**Carefully read the following instructions for completing the respiratory therapist license application.**

**General Information About the Application Process:**

**The Board of Respiratory Care (“Board”) highly recommends that you refrain from accepting a Respiratory Therapist position in Massachusetts until you are licensed.**

Once an application is received by the Board, it takes a **minimum of 3- 5 weeks** to review the completed application and determine if any additional information is required. Once complete, applications are processed for the issuance of a license in the order received. Every effort is made to process license applications in a timely manner; however, the Board is unable to expedite the processing of applications.

To facilitate the processing of your application, please ensure that you provide all the information requested. **DO NOT LEAVE BLANKS.** If you are unable to provide the requested information, attach a separate sheet with an explanation. Missing information will delay the processing of your application.

As an applicant, it is your responsibility to ensure that ALL supporting documentation for licensure is sent directly to the Board and to check with the Board on the status of your application.

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

**Complete applications must include the following documents:**

- Completed application form, signed and dated by the applicant and notarized.
- 2x2 passport style color photo; white or off-white background; copies and printer generated photos are not acceptable.
- Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form obtained from the Board’s website.
- Official transcripts in signed, sealed envelopes for your respiratory care program and any other post-secondary programs/degrees. When requesting official transcripts, please inform each school’s registrar that the **transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.** Transcripts may be sent directly to the Board by the institutions.
  - **NOTE:** If you hold a current limited permit license and transcripts were previously submitted with an application for a provisional license, transcripts do not need to be submitted again.

- National Board of Respiratory Care (NBRC) documentation of certification is required. The verification must be sent directly to the Board; email, online and other verifications are not acceptable. You must have obtained a passing score on NBRC's CCRT examination.
  
- Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have ever held any professional license or board certification. Verifications must be sent directly to the Board by the state or other jurisdiction.
  - **NOTE:** If verifications have been previously submitted with an application for a limited permit, they do not need to be submitted again if they were issued within the past 12 months.
  
- If you hold, or have ever held, any professional license or certification, you must request a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query and submit the Original report in a signed and sealed envelope with this application. To request a Self Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or <http://www.npdb.hrsa.gov/>. Keep a copy for your records.
  - **NOTE A:** If you do **NOT** hold and have never held a professional licenses in any other state, you do not need to submit a National Practitioner Data Bank self-query.
  - **NOTE B:** If a National Practitioner Data Bank self-query was submitted with an application for a limited permit, it does not need to be submitted with an application for full licensure if it was certified and sent within the past twelve months.
  
- Check or money order payable to the Commonwealth of Massachusetts for \$260.00. Cash or foreign currency is not accepted.
  - **NOTE:** If you hold a limited permit license you must pay the full license fee in addition to the \$150.00 fee previously paid for your limited permit license.
  
- Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. Applications are void if requirements for a respiratory therapy license are not met within one (1) year from the date of Board receipt of this application. All fees are non-refundable and non-transferable.
  
- Application must be submitted on single-sided paper.
  
- Retain a copy of the completed application for licensure for your records. **The Board is not able to provide copies of the application.** Employers may require that you provide them with a copy.

## IMPORTANT INFORMATION

Respiratory care applicant/licensee must notify the Board in writing of any changes in the applicant's/licensee's information within thirty (30) days of their occurrence, including but not limited to any change of address and any name change.

An application is no longer valid if requirements for respiratory care licensure are not met within one (1) year from the date of Board receipt. All fees are non-refundable and non-transferable.

The address printed on your license is a **PUBLIC RECORD** that is available to anyone who requests it. Address changes may be done online at the Board's website [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards) or you may obtain a form online to submit to the Board's office.

***Failure to update your address may result in failure to receive a license renewal application and expiration of your license.***

The address of record is where the Board mails your license and any correspondence.

Retain a copy the completed application for licensure and all related documents for your records. Employers may require that you provide them with a copy.

Answers to many questions may be respiratory care licensure may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168.



**EDUCATION**

7. RESPIRATORY CARE ACCREDITED DEGREE PROGRAM: \_\_\_\_\_  
Program Educational Institution

No. Street City State Zip Code

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for an official transcript to be mailed directly to the Board by the degree-awarding institution in a signed, sealed envelope.***

8. OTHER POST-SECONDARY EDUCATION: \_\_\_\_\_  
Name of Institution

No. Street City State Zip Code

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for all official transcripts of other post-secondary education to be mailed directly to the Board by the degree-awarding institution.***

9. OTHER POST-SECONDARY EDUCATION: \_\_\_\_\_  
Name of Institution

No. Street City State Zip Code

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for all official transcripts of other post-secondary education to be mailed directly to the Board by the degree-awarding institution.***

10. Certification: Are you credentialed by the National Board for Respiratory Care (NBRC)?

CRT Yes  No

RRT Yes  No

***Arrange for official NBRC Verification of Credentials to be sent directly to the Board from NBRC in a signed, sealed envelope.***

**VERIFICATION OF OTHER LICENSES/ BOARD CERTIFICATIONS**

11. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS.

I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD ANY PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

| <u>Issuing State/Jurisdiction</u> | <u>Profession</u> | <u>License/Certification Number</u> |
|-----------------------------------|-------------------|-------------------------------------|
| _____                             | _____             | _____                               |
| _____                             | _____             | _____                               |
| _____                             | _____             | _____                               |

**Applicants must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board in a signed, sealed envelope.**

**QUESTIONS**

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.**

12. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?

Yes  No

13. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes  No

14. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?

Yes  No

15. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes  No

16. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$250 or less was imposed.

Yes  No

17. Have you ever been court martialled or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

Yes  No

**RELEASE**

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Respiratory Care any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Respiratory Care to release information contained in this application in association with its processing.

**AFFIDAVIT OF APPLICANT**

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a respiratory therapist, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed respiratory therapist in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a respiratory therapist shall be deemed no longer valid if requirements for full licensure as a respiratory therapist are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Respiratory Care to deny issuance of a license; to suspend or revoke a license issued to me; and to deny renewal of a license issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_



NOTARY NAME: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

[Seal]

**INCLUDE A NONREFUNDABLE FEE OF \$260.00 (CHECK OR MONEY ORDER) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS**