Colorado Division of Professions and Occupations
**Office of Licensing—Respiratory Therapy**
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

# APPLICATION FOR LICENSE BY ORIGINAL OR ENDORSEMENT—RESPIRATORY THERAPIST

## APPLICANT INSTRUCTIONS

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Respiratory Therapist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from date of receipt in the Division. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

**License Expiration Grace Period for New Applicants.** All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2012 and August 31, 2012 will reflect a license expiration date of August 31, 2014. Licenses issued prior to May 1, 2012 will reflect an expiration date of August 31, 2012 and must renew in the upcoming renewal period.

- All Respiratory Therapist licenses expire on August 31 of even-numbered years and must be renewed to continue practicing.

**Checking Your Application Status.** Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application. (To check your application online, you must have a Social Security Number.)

## APPLICANT CHECKLIST

To apply for a Colorado **Respiratory Therapist** license:

- ☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- ☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are **non-refundable** and subject to change every July 1.
- ☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- ☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- ☐ **Submit a credentialing report** provided by the National Board for Respiratory Care (NBRC). You must be credentialed by NBRC to obtain licensure in Colorado.
- ☐ **Request verification of licensure from other state(s), if applicable.** If you are, or have ever been, licensed in another state, request that a verification of licensure be sent directly to our office from all states in which you are, or have ever been licensed, registered, or certified to practice respiratory therapy.

## Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
**Office of Licensing—Respiratory Therapy**
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

# IMPORTANT NOTICE

**TO**: All Applicants

**FROM**: Director of the Division of Professions and Occupations

**SUBJECT**: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.state.co.us V/TDD 711

Consumer Protection

**Colorado Department of Regulatory Agencies**
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

**Licensee/Applicant Full Legal Name**

| Last | First | Middle | Suffix |
|---|---|---|---|
| | | | |

**Colorado Professional or Occupational License/Certification/Registration Number:** _____
(if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** _____

# AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

## Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

## Section B: SECURE AND VERIFIABLE DOCUMENTS
**Select ONE document in this section if you checked 1 or 2 in Section A.**

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|---|---|
| ☐ Driver's license or permit | | | | |
| ☐ Government issued ID card | | | | |
| ☐ Valid U.S. military ID/common access card | | | | |
| ☐ Colorado Department of Corrections inmate ID | | | | |
| ☐ Tribal ID card | | | | |
| ☐ U.S. passport | | | | |
| ☐ Certificate of Naturalization | | | | |

## Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|---|---|
| ☐ Certificate of (U.S.) Citizenship | | | | |
| ☐ Valid Temporary Resident card | | | | |
| ☐ Valid I-94 issued by Canadian government | | | | |
| ☐ Valid I-94 with refugee/asylum stamp | | | | |

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

| Name on card | Alien Number (A#) | Card Number | Valid from (mm/dd/yyyy) | Expires (mm/dd/yyyy) |
|---|---|---|---|---|
| | | | | |

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

| Name on card | Alien Number (A#) | Country of birth | Card expires (mm/dd/yyyy) | Resident since (mm/dd/yyyy) |
|---|---|---|---|---|
| | | | | |

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

| Issuing foreign country | Passport Number | Visa Number | Visa Class (ex.: J-1, P-1, H-1B, etc.) | Date of entry (mm/dd/yyyy) | Until date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

**Issuing foreign country:** **Passport Number:**

## Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
**Office of Licensing—Respiratory Therapy**
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for License
by Original or Endorsement
**RESPIRATORY THERAPIST**
**Fee: $162**

**The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

**Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.**

**Select a license method:** ☐ ORIGINAL ☐ ENDORSEMENT (Licensed in another state)

## PART 1—APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| **Name:** Last: | First: | Middle: | Suffix: |
| **Previous Name(s):** | | | |
| **Social Security Number: *** | **Date of Birth** (mm/dd/yyyy)**:** | **Gender:** ☐ *Male* ☐ *Female* | |
| **Place of Birth** (city and state, or foreign country)**:** | | | |
| **Mailing Address:** *This is a* ☐ *Home* ☐ *Business* | PO Box, Street: City, State, Zip: | | |
| **Daytime Telephone Number:** ( ) | **E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail* | | |

## PART 2—EDUCATION AND LICENSE INFORMATION

Provide the following information regarding your respiratory therapy education:

**Name of School** **Location (City & State)**

**Dates of Attendance** **Date of Graduation (Month & Year)** **Type of Degree/Certificate Granted**

Are you now, or have you ever been, licensed, registered, or certified to practice respiratory therapy in any state, territory, district, or country? ☐ YES ☐ NO

► If **YES**, list all states/countries in which you are or have ever been licensed (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

| State | License Number | Year license issued | Disciplinary action against license? | Is this license current/active? |
|---|---|---|---|---|
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |

*Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME: _____

## PART 3—MILITARY QUESTIONS

| | | |
|---|---|---|
| 1. Are you a Member of the U.S. military?<br>➢ If **YES**, provide information below: | | ☐ YES ☐ NO |
| Branch: | Duty Station: | |
| 2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state?<br>➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military. | | ☐ YES ☐ NO |

## PART 4—SCREENING QUESTIONS

**You must provide the following for each "YES" response to the screening questions below:**

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

| | |
|---|---|
| 1. Have any complaints ever been filed against, or any disciplinary actions been taken against, any respiratory therapy license, registration, or certification or other healthcare professional license which you now hold or have ever held? | ☐ YES ☐ NO |
| 2. Have your credentials from the National Board for Respiratory Care ever been suspended or revoked? | ☐ YES ☐ NO |
| 3. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a respiratory therapist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | ☐ YES ☐ NO |
| 4. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a respiratory therapist safely and competently? | ☐ YES ☐ NO |
| 5. Have you ever been convicted of a felony, pled guilty or *nolo contendere* to a felony, or accepted a deferred judgment or deferred prosecution to a felony charge? | ☐ YES ☐ NO |
| 6. Have you ever been convicted of or have entered and had accepted by a court a plea of guilty or *nolo contendere* to any crime that related to your employment as a respiratory therapist? | ☐ YES ☐ NO |

## ATTESTATION

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

**Applicant Signature** **Date**

# REQUEST FOR VERIFICATION OF CREDENTIALS

**To request verification of your NBRC credentials,**
**provide the information requested along with the appropriate fee, and mail it to NBRC.**

**TO APPLICANT:** Complete the form below and submit it along with the required $5 fee for active member and $20 fee for inactive members to:

National Board for Respiratory Care
18000 West 105th Street
Olathe, KS 66061-7543

**TO NBRC:** I am applying for licensure in **COLORADO** and am requesting NBRC to verify my respiratory therapy credential(s) by sending a credentialing report directly to:

Colorado Division of Professions and Occupations
Office of Licensing—Respiratory Therapy
1560 Broadway, Suite 1350
Denver, CO 80202

I hold the following NBRC credential(s):

☐ RRT ☐ CPFT ☐ PED ☐ CRT ☐ RPFT

**PRINT NAME UNDER WHICH YOU WERE CREDENTIALED:**

| | | |
|---|---|---|
| **Name:** Last: | First: | Middle: |
| **Previous Name(s):** | | |

**PRINT APPLICANT FULL NAME AND CURRENT ADDRESS:**

| | | | |
|---|---|---|---|
| **Name:** Last: | First: | Middle: | Suffix: |
| **Mailing Address:** PO Box, Street:<br>City, State, Zip: | | | |
| **Business Phone:**<br>**(  )** | **Home Phone:**<br>**(  )** | **Social Security Number:** | |

**Signature of Applicant** **Date**