

Division of Public Health  
Licensure Unit  
301 Centennial Mall South  
PO Box 94986  
Lincoln NE 68509-4986

## Nebraska Application Information Respiratory Care Licensure

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your initial application license fee **is waived**:

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

### **APPLICATION PROCESS - To apply for a License:**

#### **STEP 1: Get copies of the following documents:**

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1.  **US Citizenship/Lawful Presence** (must be at least 19 years old):

**U.S. Citizen, a PHOTOCOPY** of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates **cannot be accepted**).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

**A Driver's License is NOT acceptable.**

**NOT a U.S. Citizen, a PHOTOCOPY** of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
  - An approved deferred action status (DACA);
  - A pending application for asylum in the United States;
  - A pending or approved application for temporary protected status in the United States; or
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2.  **Education and Transcript:** You must have your school submit (mail) an official college or university transcript (that shows proof of graduation) **directly to our office:** Licensure Unit, P.O. Box 94986, Lincoln, NE 68509. Transcripts must show proof of graduation.

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3.  **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**), you must contact that state and request a verification of your license (**do not send a copy of your license**). Attachment A-2.
4.  **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (**regardless of when they occurred**) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment,** to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**STEP 2: Complete all pages and questions on the Application**

**STEP 3: Submit your application to the Licensure Unit**

<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents	<input type="checkbox"/> Conviction Records (if you have convictions) <input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver).
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**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

State of Nebraska  
 Department of Health and Human Services  
 Division of Public Health  
 Licensure Unit  
 P.O. Box 94986  
 Lincoln, NE 68509-4986

Effective: 05/24/2018  
 Revised: 12/10/2019

**Print or type application and mail to the address on the left.**  
**Print the application pages one (1) sided only.**  
**Do not print application-double sided**

**Check below the basis for application:**

- Examination After July 17, 1986 (For new graduates who have never held licensure)
- Examination Before July 17, 1986 (For applicants who have never held licensure)
- Active License in Another Jurisdiction (state) – Current Practice
- Active License in Another Jurisdiction (state) – Not Currently Practicing
- Passed Examination More Than Three Years – Not Currently Practicing

**APPLICATION FOR RESPIRATORY CARE LICENSURE**

**SECTION A – LICENSE FEE**

**A. Fee Waiver:** If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:**

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:  
 The initial Respiratory Care application fee is \$118.00. If your license is issued within 180 days of the expiration date of June 1<sup>st</sup> even-numbered years, the application fee is prorated and will be \$29.50. **Make your check or money order payable to “Licensure Unit” and mail with your application.** Debit or credit card is not accepted.

**All respiratory care licenses expire June 1 of even-numbered years.**

<b>Even Year</b>	<b>Jan</b> \$29.50	<b>Feb</b> \$29.50	<b>Mar</b> \$29.50	<b>Apr</b> \$29.50	<b>May</b> \$29.50	<b>Jun</b> \$118	<b>July</b> \$118	<b>Aug</b> \$118	<b>Sep</b> \$118	<b>Oct</b> \$118	<b>Nov</b> \$118	<b>Dec</b> \$118
<b>Odd Year</b>	<b>Jan</b> \$118	<b>Feb</b> \$118	<b>Mar</b> \$118	<b>Apr</b> \$118	<b>May</b> \$118	<b>June</b> \$118	<b>July</b> \$118	<b>Aug</b> \$118	<b>Sep</b> \$118	<b>Oct</b> \$118	<b>Nov</b> \$118	<b>Dec</b> \$29.50

**SECTION B – PERSONAL INFORMATION (All applicants must complete this section.)**

1	Name	Last:	First:	Middle/Maiden:
	Maiden Name	Name: Other names you are known as (AKA)		
2	Mailing Address	Street/PO/Route/APT NO:		
		City:	State:	Zip:
3	Date of Birth:	Age:		
4	Place of Birth:	City/County/State/Country:		

**THIS BOX IS FOR OFFICIAL USE ONLY**

BACKGROUND CHECK	
BOARD REVIEW	
LICENSE #	

5	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#")	SSN#
			A#

*Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.*

6	Phone #:		Fax # (optional)		E-Mail Address:	
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7	Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
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**SECTION C – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.**

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested.

1	Have you ever been convicted of a misdemeanor or felony? (Use additional sheet if space is inadequate.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Charge/Crime	Date of Charge/Crime	Name/Location of Court

2	Have you practiced in Nebraska as a respiratory care practitioner prior to licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, how many days have you practiced in Nebraska as a respiratory care practitioner prior to licensure?	Number of days: _____	
	Name of Business:		
	Location/Address of Business:		
	Phone Number of Business:		

3	Have you previously held a respiratory care license in Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4	Are you or have you been credentialed to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction (state)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List **all** other states where you hold active or expired credentials. (Continue on reverse side or use additional sheet if space is inadequate.)

State	Type of Credential	License Number	Date Issued	Expiration Date

Request to have certification of your credential(s) from all states listed above (except Nebraska) be sent to our office. Refer to Attachment A-2 "Certification of Credential" form to be completed by other states.

5	Has any disciplinary action ever been taken against your credential(s) by a state licensing agency, or is any currently pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, list the type of action; date of action; type of credential; and the name and address of entity taking such action:

Action	Date of Action	Type of Credential	Name/Address of Entity

Submit a copy of the disciplinary action(s), including charges and disposition.

**SECTION D – Examination (All applicants must complete this section)**

1	Have you taken and passed any of the National Board for Respiratory Care (NBRC) national examinations listed below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Date CRT Examination passed	(month/day/year): _____	
3	Date RRT Examination passed	(month/day/year): _____	
4	Date Therapist Multiple-Choice Exam passed (TMC)	(month/day/year): _____	
5	If you have not taken and passed any examination listed above, please indicate the date you plan to take the Therapist Multiple-Choice Examination (TMC): _____ (After you have passed the TMC Examination, submit a notarized copy of your score report or have NBRC send a letter to our office verifying that you have passed the examination.)		

**SECTION E – EDUCATION – Complete this section if you graduated from an approved Respiratory Care Program.**

Name Respiratory Care College or University:	_____
Address of Respiratory Care College or University:	_____
Type of Respiratory Care Degree Awarded: (Certificate, Associate, Bachelor's, etc.)	_____
Date Degree Awarded (month/day/year)	_____

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**SECTION F – Passed NBRC examination more than three years prior to Application date—not currently practicing**  
**This section must be completed by the following applicants:**

- A. If you passed the NBRC examination more than three years prior to the date of this application and are not currently practicing; or
- B. If you passed the NBRC examination more than three years prior to the date of this application, have not held a credential to practice respiratory care in another jurisdiction (state) and you are not currently practicing.

1	Continuing Education Requirements – If you passed the examination more than three years prior to this application and are not currently practicing, or have passed the NBRC examination more than three years prior to the date of this application and have not held a credential to practice respiratory care in another jurisdiction (state), you must submit proof of at least 60 hours of acceptable continuing education with a minimum of 15 hours in each of the categories below. Continuing education must be within the three years preceding this application. A. Pharmacology; B. Mechanical ventilation; C. Non-invasive ventilation support; and D. Practice of respiratory care
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List your continuing education below for each required category. Continue on reverse side or use an additional sheet if space is inadequate. Submit your certificates of attendance and course outline(s) or course brochure(s) for the 60 hours you list below.

	Pharmacology Course Title	Course Presenter	Date completed	Hrs. earned
A.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
B.	Mechanical Ventilation Course Title	Course Presenter	Date completed	Hrs. earned
	_____	_____	_____	_____
	_____	_____	_____	_____
C.	Non-invasive Ventilation Support Course Title	Course Presenter	Date completed	Hrs. earned
	_____	_____	_____	_____
	_____	_____	_____	_____
D.	Practice of respiratory care Course Title	Course Presenter	Date completed	Hrs. earned
	_____	_____	_____	_____
	_____	_____	_____	_____

**SECTION G - LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION.** (State) (If you hold an active license to practice respiratory care in another jurisdiction and are currently practicing or not currently practicing, you MUST complete this section G-1, G-2, G-3 and G4A. NOTE: If you are currently practicing, you must list the current practice facility name, address and begin and end dates. If your end date is prior to your application for licensure, you are not currently practicing and must list continuing education in Section G4B and submit documentation.

1	Name of Agency Issuing License:		
	Address:	Street/PO/Route:	
		City:	State:

2	Date Issued:
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3	Name of Written Examination:
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4A	<b>License in another jurisdiction (state) – current practice</b>		
	Have you been in the active and continuous practice of respiratory care immediately preceding the date of application for Nebraska license?		Yes No
	Give location, address, and dates <b>actively engaged in practice of respiratory care.</b> (Continue on reverse side or use an additional sheet if space is inadequate.) <b>NOTE: DO NOT put your Traveling Agency name and address in this Section.</b>		
	Facility	Address	Dates (Beginning and Ending)

4B	<b>Hold current license in another jurisdiction (state) – not currently practicing</b>		
	If you have an <b>active</b> license in another jurisdiction, but are not practicing at the time of this application, you must have obtained 20 acceptable continuing education hours pursuant to 172 NAC 1620-006.01A through 162-006.01D. Continuing education must be within the three (3) years immediately preceding the date of this application. List your continuing education below. (Continue on reverse side or use an additional sheet if space is inadequate.) <b>Submit</b> your certificates of attendance and course outlines or course brochures for the 20 hours you list below. Refer to Attachment A-1 for the list of acceptable continuing education.		
	Course Title	Course Presenter	Date Completed Hrs. earned

Submit signed certificate of attendance; course outline, brochure of course for each of the courses listed above with your application.

**SECTION H – Attestation (All applicants must complete this section.)**

**Attestation:** For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129

(check **ONE** of the boxes below):

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

**Application Attestation: I attest that:**

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

## RESPIRATORY CARE ACCEPTABLE CONTINUING EDUCATION

**This section applies to applicants who hold current license in another jurisdiction (state) – not currently practicing (Section G - 4B of the application)**

In order for a learning experience to be accepted for renewal of a license, the learning experience must relate to the theory or clinical application of theory pertaining to the practice of respiratory care and it may focus on research, treatment, documentation, management or education. Acceptable continuing education activities are:

1. Programs at State and National association meetings which relate to the theory or clinical application of theory pertaining to the practice of respiratory care;
2. Formal education courses/presentations in which:
  - a. Courses or presentations are formally organized and planned instructional experiences;
  - b. Courses have a date, location, course title, number of contact hours, signed certificate of attendance, and are open to all licensees;
  - c. The objectives relate to the theory or clinical application of theory pertaining to the practice of respiratory care; and
  - d. The instructor has specialized experience or training to meet the objectives of the course.
3. University or college sponsored courses relating to the theory or clinical application of theory pertaining to the practice of respiratory care;
4. Home study where the content of home study activity relates to the theory or clinical application of theory pertaining to the practice of respiratory care whether the subject is research, treatment, documentation, education, or management, e.g. videotapes, internet courses, and/or correspondence courses. The program must have a testing mechanism scored by the named study provider.
5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of respiratory care. A respiratory care practitioner may complete a **maximum of four hours** of continuing education utilizing management courses.
6. Nationally recognized specialty certification examinations. A licensee will earn contact hours for successful completion of nationally recognized specialty certification examinations related to an area of specialty practice in the field of respiratory care each 24 month renewal period. A licensee's documentation must include a copy of the certification that shows the date of the examination. Continuing education hours will be awarded as follows:
  - a. Certified Pulmonary Function Technologist (CPFT), ten hours;
  - b. Registered Polysomnographic Technologist (RPSGT), ten hours;
  - c. Neonatal Pediatric Specialist (NPS), ten hours;
  - d. Registered Pulmonary Function Technologist (RPFT), ten hours; and
  - e. Registered Respiratory Therapist (written and clinical simulation examinations, 15 hours).
7. Basic cardiac life support or advanced cardiac life support for adults and pediatric or neonatal courses.
  - a. Maximum of one hour credit for the Basic Cardiac Life Support course;
  - b. Maximum of 12 hours credit for initial ACLS certification course or six hours credit for re-certification;
  - c. Maximum of 8 hours credit for initial Neonatal Advanced Life Support certification course or four hours credit for recertification.
  - d. Maximum of 12 hours credit for Pediatric Advanced Life Support certification course or six hours credit for recertification.
8. One hour credit will be awarded for each hour of scientific presentation by a licensee acting as an essayist or lecturer to licensed respiratory care practitioners if the program relates to the theory or clinical application of theory pertaining to respiratory care. A licensee may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations.
9. In-services that meet the requirements for formal education as outlined in item #2 above that cover:
  - a. Therapeutic respiratory care procedures; or
  - b. Respiratory care equipment.
10. One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks, lunch, or dinner.



**Attachment A-2**

STATE OF NEBRASKA  
 DEPARTMENT OF HEALTH & HUMAN SERVICES  
 DIVISION OF PUBLIC HEALTH

**CERTIFICATION OF CREDENTIAL IN ANOTHER JURISDICTION**

All applicants applying for a Nebraska Respiratory Care credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state) must have the jurisdiction(s) (state) complete and submit this form directly to our office. **Section A must be filled out by the applicant and forwarded to the appropriate jurisdiction(s) to complete Sections B, C and D.**

<b>SECTION A – This section must be completed</b>				
Applicant's Name:				
Credential Type:		Credential Number:		Credential Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____
Date of Issue:		Date of Expiration:		
<b>SECTION B – This section must be completed only if it is a certification of a Respiratory Care Credential.</b>				
Credential was issued on the basis of:				
<input type="checkbox"/> NBRC Examination	Date of Examination:	Score: _____		
<input type="checkbox"/> State Examination	Date of Examination:	Score: _____		
<input type="checkbox"/> Other. Please explain: _____				
Graduation from an accredited Respiratory Care Program				
Name of Respiratory Care School: _____		Date of graduation: _____		
<b>SECTION C – This section must be completed</b>				
Based on the records of this Department, the applicant's credential:				
<input type="checkbox"/> Is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement				
<input type="checkbox"/> Has been disciplined.				
Please explain any disciplinary action: _____				
Submit supporting document of disciplinary action.				
Does the applicant have any pending complaints:				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. If yes, please explain: _____				
_____				
<b>SECTION D – This section must be completed</b>				
SIGNATURE:		<b>AGENCY SEAL</b>		
DATE:				
NAME (PRINT)				
TITLE:				
LICENSING AGENCY NAME AND ADDRESS:				

RETURN THIS FORM TO:  
 LICENSURE UNIT  
 ATTN: RESPIRATORY CARE  
 P.O. BOX 94986  
 LINCOLN, NE 68509-4986