INSTRUCTIONS FOR TEMPORARY LICENSE APPLICATION

QUALIFICATIONS & ELIGIBILITY:

A respiratory therapist may apply for a temporary license to practice in this state pursuant to A.R.S. § 32-3124 if the applicant meets all of the following requirements:

1. Have already submitted an initial application for a license and paid the applicable fees.
2. Hold an active and unrestricted license to practice the profession of respiratory care in a state, territory or possession of the United States.
3. Have never had a health profession license revoked or suspended.
4. Are not the subject of any unresolved complaint against the person's respiratory license.

INSTRUCTIONS:

1. **Section 1: Attestation**: To qualify for a temporary respiratory therapy license, you must attest to the existence of certain conditions. You are required to notify the Board immediately if there are any changes to these circumstances during the application process or while holding a temporary license, at which time the Board may deny the pending application for a temporary license or revoke the temporary license.

2. **Section 2: Notarized Signature**: By signing the application, you are declaring under penalty of perjury that all statements on the application are true and correct. False or misleading statements on an application are acts of unprofessional conduct and grounds for disciplinary actions, including denial of the application for licensure or revocation of a temporary license.

3. If granted, the temporary license will expire in thirty (30) days from the date of issuance.

4. Submit the Application for Temporary License in person, by regular mail or email.

5. There is no fee charged for this application or temporary license.
TEMPORARY LICENSE APPLICATION

Name of Applicant: ____________________________________________________________

SECTION 1: ATTESTATION: Please initial each statement below attesting that the statement is true.

_____ I hold an active and unrestricted license in a state, territory or possession of the United States.

_____ I have never had a license revoked or suspended.

_____ I am not the subject of an unresolved complaint against my respiratory license.

_____ I have submitted my initial application for license and paid the associated fees.

SECTION 2: AFFIDAVIT & NOTARIZED SIGNATURE: I declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this application; that I have read the Arizona statutes and rules regarding the practice of respiratory therapy; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that all the credentials submitted were procured without fraud or misrepresentation or any mistake of which I am aware. I hereby release the Arizona State Board of Respiratory Care Examiners from any liability arising out of the furnishing or inspection of any information which is material to the application of any subsequent registration. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

STATE OF __________________

COUNTY OF __________________

Subscribed and sworn before me this ____ day of _____________, 20____, by ____________________________________________.

____________________________________
(Notary Seal) NOTARY PUBLIC

Signature of Applicant ______________________________ Date Signed ______________________________
In accordance with A.R.S. § 41-1030, the Board is required to notify you of the following:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency’s adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 of 12-820.02.

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.