

RESPIRATORY CARE LICENSE RENEWALS

Visit the Licensee Portal at: <https://azbrce.portalus.thentiacloud.net/webs/portal/service/#/login>



Licensee Portal

donita@rb.az.gov

.....

Sign In Forgot Password

[New to this site? Activate now](#)

On the left panel, choose "Continuing Education"

Choose "View"



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Continuing Education

For further information regarding continuing education requirements, please visit our website at the following link: <https://respiratoryboard.az.gov/>

CE Period	License	License Status	Status	
06/02/2024 - 05/23/2024	Respiratory Care Practitioner	Active	Open	Q View

Choose "Add New Records"

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- Continuing Education
- License Renewal
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- Name Change Request
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Continuing Education Summary

To meet the continuing education requirements, please fill out the **Program Activities** table by clicking on **+Add New Records** and entering the necessary information. Be mindful of the minimum hours required per each category. If you are uncertain about anything related to CE, please email to: info@rb.az.gov

Status: Open

License	CE Period	Minimum Hours Required	Total Submitted this CE Period	Total Remaining this CE Period
Respiratory Care Practitioner	06/02/2024 - 05/23/2024	20	0	20

Credits By Category

Category	Minimum Hours Required	Maximum Hours Allowed	Current Hours
Live Training	5	N/A	0
Other	10	N/A	0
Ethics	2	N/A	0

Program Activities

CE Category	Activity Provider	Date of Completion	Number of Hours
No activity records have been added. Click + Add New Records to add a new activity.			

+ Add New Records

Enter all required fields with a red asterisk then "Save and Back"

New Continuing Education

Note: All information with a red asterisk (*) is required.

CE Category *

Activity Provider *

Date of Completion *

Number of Hours *

Description

Please upload certificate or proof of education *

white box.PNG

< Cancel

Save & Back >

Choose "Add New Record" and repeat until all CEU's have been provided

Continuing Education Summary

To meet the continuing education requirements, please fill out the **Program Activities** table by clicking on **+Add New Records** and entering the necessary information. Be mindful of the minimum hours required per each category. If you are uncertain about anything related to CE, please email to: info@rb.az.gov

Status: Open

License	CE Period	Minimum Hours Required	Total Submitted this CE Period	Total Remaining this CE Period
Respiratory Care Practitioner	06/02/2024 - 05/23/2024	20	5	15

Credits By Category

Category	Minimum Hours Required	Maximum Hours Allowed	Current Hours
Live Training	5	N/A	0
Other	10	N/A	0
Ethics	2	N/A	5

Program Activities

CE Category	Activity Provider	Date of Completion	Number of Hours
Ethics	American Association for Respiratory Care and its state affiliates	05/20/2024	5

+ Add New Records

Once all records have been added, you will see a Continuing Education Summary. The “Total Remaining this CE Period” should be at zero when you have entered all your CE.

Continuing Education Summary

To meet the continuing education requirements, please fill out the Program Activities table by clicking on **+Add New Records** and entering the necessary information. Be mindful of the minimum hours required per each category. If you are uncertain about anything related to CE, please email to: info@rb.az.gov

Status: Open

License	CE Period	Minimum Hours Required	Total Submitted this CE Period	Total Remaining this CE Period
Respiratory Care Practitioner	06/02/2024 - 05/23/2024	20	20	0

Credits By Category

Category	Minimum Hours Required	Maximum Hours Allowed	Current Hours
Live Training	5	N/A	5
Other	10	N/A	10
Ethics	2	N/A	5

Program Activities

CE Category	Activity Provider	Date of Completion	Number of Hours	
Ethics	American Association for Respiratory Care and its state affiliates	05/20/2024	5	Update Delete
Other	American Association for Respiratory Care and its state affiliates	01/18/2024	10	Update Delete
Live Training	American Association for Respiratory Care and its state affiliates	01/18/2024	5	Update Delete

[+ Add New Records](#)

On the left side menu, choose “License Renewal” then “Start Renewal”

ARIZONA
STATE BOARD OF RESPIRATORY CARE

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License Renewal

This section is for applications involving license renewals. Please follow the step-by-step instructions to complete your application. You will be able to save your progress and return to it later. For assistance, please contact info@rb.az.gov or call (602) 542-5995.

Your license information is listed below.

License Type	License Number	Status	Expiration Date	
Respiratory Care Practitioner	0	Active	05/23/2024	Start Renewal

Review Past Renewals

License Type	License Number	Current Status	Destination Status	Renewal Status	Submitted Date
No past renewal.					

Step 1 of 8:

Choose “Save & Continue”

License Renewal

1 **Status Change Request** Step 1 of 8

Note All information with a red asterisk (*) is required.

License Type *

Current Status *

Requested Status *

[< Previous](#) [Save & Continue >](#)

Step 2 of 8:

Your Continuing Education Summary shows what you entered in the Continuing Education page. Choose "Save and Continue". **IMPORTANT: In the middle "Credits by Category" the "Current Hours" must be equal to or greater than the "Minimum Hours Required"**

2 Continuing Education Summary Step 2 of 8

Below is your Continuing Education Summary for the most recent CE period.
To add or change a continuing education activity, please visit the [Continuing Education](#) page.

Status: Open

License	CE Period	Minimum Hours Required	Total Submitted this CE Period	Total Remaining this CE Period
Respiratory Care Practitioner	06/02/2024 - 05/23/2024	20	20	0

Credits By Category

Category	Minimum Hours Required	Maximum Hours Allowed	Current Hours
Live Training	5	N/A	5
Other	10	N/A	10
Ethics	2	N/A	5

Program Activities

CE Category	Activity Provider	Date of Completion	Number of Hours
Ethics	American Association for Respiratory Care and its state affiliates	05/20/2024	5
Live Training	American Association for Respiratory Care and its state affiliates	01/18/2024	5
Other	American Association for Respiratory Care and its state affiliates	01/18/2024	10

< Previous Save & Continue >

Step 3 of 8:

Verify all Personal Demographics and make any necessary updates. All required fields are marked with a red asterisk. Choose "Save and Continue"

License Renewal Step 3 of 8

All information with a red asterisk (*) is required.

Personal Information

First Name

Last Name

Birth Date

Social Security Number

Working Address

Street Address 1

Street Address 2

City

Country

Province/State

Postal ZIP Code

Contact Information

Telephone

Mobile Number

Primary E-mail

Description

Height

Weight

Hair Color

Eye Color

Hobbies

Military Status

Have you or your spouse served in the military?

Alt/Respiratory

Sex

Therapist

SSN

1710 W Adams St

Phoenix

United States of America

Arizona

85007

(602) 342-5555

threth@trc.ar.gov

M

S

Brown

Black

< Previous Save & Continue >

Step 4 of 8:

Complete the Arizona Statement of Citizenship and Alien Status section. Required fields are marked with a red asterisk. Choose "Save and Continue"

License Renewal

4 Arizona Statement of Citizenship And Alien Status for State Public Benefits Step 4 of 8

Note: All information with a red asterisk (*) is required.

Arizona Statement of Citizenship And Alien Status

Professional License and Commercial License
Arizona State Board of Respiratory Care Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactory demonstrates the applicant's presence in the United States is authorized under federal law.

Directions for Statement of US Citizenship:

All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must complete Section III.

- This page has to be completed and a copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" document must be uploaded with your application for license or renewal.
- If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.
- You must upload supporting legal documents (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Citizenship or National Status Declaration

Are you a citizen or national of the United States? Yes No

City of Birth *

Country/Territory of Birth *

State of Birth *

Evidence of U.S. Citizenship, U.S. National Status, or Alien Status *

citizenship_white box.PNG

Note: Please Review List of Acceptable Documents for Proof of Evidence of U.S. Citizenship, U.S. National Status, or Alien Status [HERE](#). If the document you select does not contain a photograph, you must also provide a government issued document that contains your photograph.

Step 5 of 8

Update Employment Information. Add New Record, if necessary. Choose "Save and Continue"

License Renewal

5 Employment Information Step 5 of 8

Please list current or most recent employer.

Employer Name	Employment Start Date	Employment End Date
State of AZ	04/01/2000	

Step 6 of 8

Complete the Renewal Declarations. Any "Yes" answers will require you to provide a written explanation and upload any pertinent documents. Choose "Save and Continue"

Note: All information with a red asterisk (*) is required.

1. Since your initial application or last renewal, have you been arrested, pled guilty to, no contest to, or been convicted of a felony, misdemeanor, or any undesignated offense? * Yes No
If yes, please upload Written Statement and all Court Documents.
2. Since your initial application or last renewal, have you been arrested or issued a ticket for a traffic violation which resulted in a fine of \$150.00 or greater? * Yes No
If yes, please upload Written Statement and proof of ticket and fine paid in full.
3. Since your initial application or last renewal, have you been named in a civil/malpractice case related to your employment as a respiratory care practitioner? * Yes No
If yes, please upload Written Statement.
4. Since your initial application or last renewal, has any disciplinary action, consent order, or settlement been imposed or is any action pending on your license in any state (including Arizona) or jurisdiction? * Yes No
If yes, please upload Written Statement and Board order.
5. Since your initial application or last renewal, have you had any problems with substance abuse (which includes alcohol) or been enrolled or committed to a substance abuse program? * Yes No
If yes, please upload Written Statement and facility documents.
6. Since your initial application or last renewal, have you been disciplined, suspended, or terminated from employment as a respiratory care practitioner? * Yes No
If yes, please upload Written Statement.

[< Previous](#)[Save & Continue >](#)

Step 7 of 8

Read Statement and check the Attestation. Choose "Save and Continue"

License Renewal

Note: All information with a red asterisk (*) is required.

- I certify upon penalty of perjury under the laws of the State of Arizona, that the document enclosed (Application for Licensure as a Respiratory Care Practitioner) is a true and correct copy of the original received by me. I further certify that any additional materials enclosed are true and correct copies of originals received by me and are originals issued to me. *

[< Previous](#)[Save & Continue >](#)

Step 8 of 8

Payment Information. Choose "Credit Card" then "Process Payment"

License Renewal

8 Payment

Step 8 of 8

Fee Breakdown

Invoice Item	Amount
License Renewal Fee Allocated to the General Fund	\$15.00
License Renewal Fee Allocated to the Board	\$135.00
Convenience Fee	\$3.00
Total	\$153.00

Method of Payment

Please select method of payment

Method of Payment

Credit Card

Process Payment >

< Previous

Complete the Payment Information and then "Continue"

PAYMENT INFORMATION

CHECKOUT - PAYMENT INFORMATION

NOTICE: Before submitting your payment information, please ensure that your address on file with your bank or credit card company is up to date with the address you are entering here. If your address does not match, your payment might be rejected.



* First Name * Last Name

* Billing Address Billing Address 2

* City * State * Zip

* Email * Phone Number
Include area code

Credit Card

Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

* Credit Card Number

* Expiration Month * Expiration Year * CVV/CSV

Clear Cancel **Continue**

Review the Order the choose "Authorize"

145	RBA0008	License Renewal Fee Allocated to the General Fund	\$15.00	1	\$15.00
145	RBA0007	License Renewal Fee Allocated to the Board	\$135.00	1	\$135.00
145	RBA0017	Convenience Fee	\$3.00	1	\$3.00
Total					\$153.00

Note :

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
Arizona State Board of Respiratory Care Examiners	\$153.00

The total amount to be billed to your account by State of Arizona is \$153.00.

[Previous](#) [Cancel](#) [Authorize](#)

Arizona Checkout Utility

Total	\$153.00
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Note :

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Your request is being processed

The total amount to be billed to your account by State of Arizona is \$153.00.

[Previous](#) [Cancel](#) [Authorize](#)

Choose "Continue" after you see the Receipt screen



Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.
Your authorization number is 571073.
Please reference this number in any correspondence regarding your transaction. [Get the Adobe Acrobat Reader](#)

[Download Receipt](#)

[Continue](#)

BILLING INFORMATION

Name

deee mcgeee

Address

123 , phx AZ 85007

Email

donita@rb.az.gov

Please Wait

Your status is being updated.

Please do not close your tab or window, and please do not use your browser's Back button.



You will see the "Submitted" confirmation and receive an email confirmation, as well.

License Renewal



Submitted

Thank you for completing your renewal. If you have questions about your renewal please call us at (602) 542-5995.

For payments, please visit the [Invoices & Receipts](#) section on the menu.

AZSBRCE - Renewal - Submitted External Inbox x



noreply@thentiacloud.com
to me

2:15 PM (0 minutes ago) ☆ ↶

ARIZONA

STATE BOARD OF RESPIRATORY CARE

Hello donita mcglasson,

You have successfully completed the online registration renewal process. We will be reviewing your submission and will contact you if there are any issues. If you would like a copy of your invoice, please visit the [Registrant Portal \(https://azbrcesb.portalus.thentiacloud.net/web/portal/service\)](https://azbrcesb.portalus.thentiacloud.net/web/portal/service).

Arizona State Board of Respiratory Care Examiners
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Phoenix, AZ 85007
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