

# STATE OF ARIZONA BIENNIAL RENEWAL APPLICATION AS A RESPIRATORY CARE PRACTITIONER

\*Pay \$150 by scheduled renewal date pursuant to R4-45-102(A)(4)\*  
 All fees submitted to the Board are non-refundable pursuant to A.A.C. R4-45-102(B).  
 \*\*It is unlawful to engage in the practice of respiratory care without a license.  
 A.R.S. §32-3556. If you are submitting this renewal form after your scheduled renewal date, you must  
 attach a completed affidavit form, stating that you have not violated the law, and twenty continuing education units.

## APPLICANT INFORMATION

License Number:		Expiration Date:
Name: (first, middle, last)		
Mailing Address:		
City:	State:	Zip Code:
Permanent Address: (if different from above)		
City:	State:	Zip Code:
Home Phone:		Cell Phone:
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	Weight:	Aliases:
Hair:	Eyes:	
Email:		

## STATUS DECLARATION

Where were you born? (List City, State (or equivalent) and Country)

City:	State:	Country:
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Citizen or National of the United States?  Yes  No

• **If the answer is “Yes”** to the Citizen or National of the U.S., please continue onto the employment section.

• **If the answer is “No”** to the Citizen or National of the U.S., the following must be answered:

“Qualified Alien” Status:

- An alien lawfully admitted for permanent residence under the Immigration and Nationality Act
- An alien who is granted asylum under Section 208 of the INA.
- A refugee admitted to the United States under Section 207 of the INA.
- An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- An alien whose deportation is being withheld under Section 243(h) of the INA.
- An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- An alien who is a Cuban and Haitian entrant (as defined in Section 5019e) of the Refugee Education Assistance Act of 1980.)
- An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subject to extreme cruelty in the United States.

“Nonimmigrant” Status:

- An alien not in categories (listed on the previous page) who have been admitted to the United States for a Limited period of time (a nonimmigrant). (Nonimmigrants are persons who have temporary status for a specific purpose.)
  - If you checked the above item, please answer the following:
    - Does the applicant have a nonimmigrant visa for entry that is related to employment in the United States for which the applicant is applying for a license?
      - Yes  No

Alien paroled into the United States for less than one year:

- An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

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**EMPLOYMENT INFORMATION**

Current employer:

Employer address:

City:

State:

ZIP Code:

Phone:

Current Supervisors Name and Phone#:

Position:

Area of care/specialty:

Employment Start Date:

End Date(if not current):

Principle Field of Employment:

- Hospital       Self Employed       Private Duty       Nursing Home       HMO  
 Home Health       School/Education       Temporary/Registry       Community Health       Other

**THE FOLLOWING QUESTIONS MUST BE ANSWERED:**

**PLEASE NOTE:** The fact that an arrest or conviction has been pardoned, expunged, dismissed or your civil rights have been restored, does not mean that you answer the question with a “no”; you would answer “yes.” provide a detailed written statement on the charge, and provide all court related documentation before your license can be renewed.

**For the following four questions, if you answer yes, attach a complete explanation including dates, places, and a copy of any and all letter of completions and court documents.**

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Attached Written Statement <input type="checkbox"/> Attached all Court Documents
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Attached Written Statement <input type="checkbox"/> Attached proof of ticket and fine paid in full
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Attached Written Statement
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Attached Written Statement <input type="checkbox"/> Attached Board order
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Attached Written Statement <input type="checkbox"/> Attached facility documents
Since your initial application or last renewal, have you been disciplined, suspended, or terminated from employment as a respiratory care practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Attached Written Statement

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**CONTINUING EDUCATION REQUIREMENTS**

I have completed twenty (20) hours of approved continuing education units.

Yes  No

\*If you are renewing after your scheduled renewal date, copies of your CEU's must be attached.  
 \*\* If you were randomly selected for continuing education audit, please provide the Board office with a copy of your continuing education units.

**AFFIDAVIT**

I certify, upon penalty of perjury under the laws of the State of Arizona, that the document enclosed (Renewal 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.

Print Name:

Signature:

Date:

**BEFORE YOU MAIL THIS RENEWAL APPLICATION PLEASE BE SURE:**

- You have included the correct renewal fee of \$150.00
- You have attached the required approved continuing education units, if audited.
- You have answered all questions and attached all required documents.

Make checks or Money Order payable to: AZ Board of Respiratory Care Examiners  
 (Cash will not be accepted and all fees are non-refundable as per R4-4-102 B.)

Mail to: Arizona Board of Respiratory Care Examiners  
 1740 West Adams Street, Suite 3406  
 Phoenix, AZ 85007