



Douglas A. Ducey  
Governor

State of Arizona  
Board of Respiratory Care Examiners  
1400 W. Washington, Suite 200  
Phoenix, Arizona 85007  
(602) 542-5995 FAX (602) 542-5900  
[www.rb.az.gov](http://www.rb.az.gov)

John Confer  
Executive Director

## VOLUNTEER HEALTH SERVICES REGISTRATION INSTRUCTIONS

### QUALIFICATIONS:

A respiratory therapist may apply for a volunteer health services registration pursuant to A.R.S. § 32-3217 if he/she meets all of the following criteria:

1. Holds an active and unrestricted license in a state, territory or possession of the United States.
2. Has never had a license revoked or suspended.
3. Is not the subject of an unresolved complaint.
4. Applies for registration every two years as prescribed by the board.
5. Agrees to render services at a free medical clinic that does not provide abortions and restricts the health professional's authorized services and duties to the provision of care or service at a free medical clinic.
6. Provides only the care or services that the health professional is licensed or authorized to provide by the health professional's regulatory agency or this state's regulatory board for the same health profession, whichever is more stringent.

### INSTRUCTIONS:

1. **Section 1: Attestation:** To qualify for a volunteer health services registration, 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 volunteer health services registration, at which time the Board may deny the pending application for a volunteer health services registration or revoke the volunteer health services registration.
2. **Section 2: Other State Licenses:** List all professional licenses you hold or have ever held. You do not need to list temporary licenses or permits. List all licenses regardless of the current status of the license. If you need additional space, please provide the required information on a separate sheet of paper.
3. Request written verification of licensure from each state listed in Section 2, except Arizona. A license verification form can be found on the Board website at <https://respiratoryboard.az.gov>. Verification must include disciplinary history, if any. Applicant is responsible for any fees. Verifications must be sent to the Arizona State Board of Respiratory Care Examiners. Online license profiles, wall certificates and wallet cards do not meet requirements for written verification.
4. **Section 3: 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 a volunteer health services registration or revocation of a volunteer health services registration.
5. Submit the original signed application in person, by mail or delivery service only. Copies are not acceptable.

**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.



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**INSTRUCTIONS:** (cont'd.)

6. Your volunteer health services registration will be complete once all verifications of licensure have been received. Verifications of licensure must be received within sixty (60) days from the date the Board receives the volunteer health services registration application. If all state license verifications have not been received within sixty (60) days, the volunteer health services registration application will expire and the file will be closed.
7. If granted, the volunteer health services registration expires two years from the date the volunteer health services registration is granted. A voluntary health services registration is not renewable but a health professional may reapply for a new voluntary health services registration every two years.
8. A volunteer health services registration enables the registrant to engage in fourteen days of practice each calendar year in the State of Arizona for the purpose of rendering services at a free medical clinic. The fourteen days of practice may be performed consecutively or cumulatively during each calendar year.



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## VOLUNTEER HEALTH SERVICES REGISTRATION APPLICATION

Name of Applicant: \_\_\_\_\_

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.

**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 or surrendered for disciplinary reasons.

\_\_\_\_\_ I am not the subject of an unresolved complaint.

\_\_\_\_\_ I am providing care and rendering services at a free medical clinic, which does not provide abortions, for no more than fourteen days of practice in each calendar year for the next two calendar years.

\_\_\_\_\_ I am only providing care and rendering services that I am licensed or authorized to provide as a respiratory care practitioner.

\_\_\_\_\_ I have read and understand the statutes contained in Arizona Revised Statutes Title 32, Chapters 32 and 35, and rules contained in Arizona Administrative Code Title 4, Chapter 45.

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**SECTION 2: OTHER STATE LICENSES:** List each license you hold or have held regardless of its status. Order written verification of each license sent to the Arizona State Board of Respiratory Care Examiners. See instruction #2 and #3 on page 1 for more information.

Issuing State	License Number	Date of Issuance	Date of Expiration	License Status

**SECTION 3: CITIZENSHIP STATUS DECLARATION:** Please provide a legible copy of the front and back of a document from the enclosed list is required.

Please list Place of Birth below

City: \_\_\_\_\_ State(or equivalent): \_\_\_\_\_ Country: \_\_\_\_\_

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 Section 4.



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**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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**SECTION 4: 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.

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Signature of Applicant

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Date Signed