2014 Renewal of an Iowa Respiratory Care License

License No	
Last Name, First Name	
Address	
City, State, Zip Code	
E-mail address	
Phone 1	
Phone 2	
*SSN	

Privacy Act Notice: **Disclosure of your Social Security Number on this renewal application is required** by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Step One - What is the renewal fee and when is it due?

The renewal fee is $60. Check or money order must be payable to the Iowa Board of Respiratory Care.

- You are responsible for submitting a completed, accurate renewal application and renewal fee before the license expiration date of March 31st. The board office strongly suggests the application and fee be postmarked on or before March 1st.
- Your renewal **must** include: (1) the completed renewal application (this form), and (2) the renewal fee. You are no longer required to report detailed course information or mail copies of continuing education certificates for renewal. If you are selected for the post renewal audit, you will be required to submit continuing education information as instructed. For auditing purposes, licensees must retain the information for two years after the biennium has ended. Do Not Submit Continuing Education Certificates.

When is the late fee due?

- To avoid the late fee, this completed, accurate renewal application and fee **must be** postmarked by the license expiration date of March 31st.
- The most recent postmark will determine whether the renewal application is late. This is true even if the application was initially postmarked prior to the license expiration date.
- A $60 late fee plus the $60 renewal fee are required on all applications postmarked in the grace period. *"**Grace period**"* means the 30-day period following expiration of a license when the license is still considered to be active; April 1 – April 30. In order to renew a license during the grace period, a licensee is required to pay the $60.00 late fee.
- Renewal applications postmarked after the *"**Grace period**"* will not be processed. The license will automatically be placed on inactive status.

Inactive License

- A licensee who fails to renew the license by the end of the *"**Grace period**"* has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice respiratory care in Iowa until the license is reactivated.
- The 'Application for Reactivation of an Iowa License' must be completed and filed to regain active license status: www.idph.state.ia.us/licensure/reactivation.asp?board=rcp

Processing

- Allow four weeks to process the paper renewal. Once approved, a new wallet card will be sent to you.
- To receive a paper copy of the current Iowa Law and Administrative Rules include an additional $5.00. To view the current Iowa Law and Administrative Rules online, go to www.idph.state.ia.us/licensure/laws.asp?board=rcp

Step Two - The following six judgment questions **must** be answered.

If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. SINCE 04/01/2012 HAVE YOU:

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under $500)?
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you?
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer "NO" to this question.
Yes	No	Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

When you have completed steps 1 & 2 above, continue on side two & complete steps 3, 4, & 5.

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Step Three – Mandatory Reporter Training Requirements.

- For a list of approved curricula go to: www.idph.state.ia.us/bh/abuse_ed_review.asp
- You will not be permitted to renew your license unless you meet one of the conditions listed below. Check the response that applies to you.

Licensees, who are employed in specific settings and who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years.

Are you employed in one of these settings?
Foster care facility, head start program, hospital, intermediate care facility, juvenile detention center, juvenile home, juvenile shelter care facility, licensed child care center, mental health center, nursing facility, registered child care home, residential care facility, state mental health institute, state training school or substance abuse program.

	I am not employed in any of these settings.
	I am employed in one of these settings, but I do not, in the scope of my professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa.
	I am employed in one of these settings and, in the scope of my professional practice, I examine, attend, counsel, or treat dependent adults and/or children in Iowa and have completed the course(s) within the last five years.
	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse because I was on active duty in the military during this biennium; 04/01/2012 through 03/31/2014.
	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse because I have a physical or mental disability exemption approved by the Board.

Step Four – Continuing Education.

- To review the continuing education rules, go to www.idph.state.ia.us/licensure/continuing_education.asp?board=rcp
- You **must** check the one statement below that applies to you.

	This is my first renewal after initial licensure, continuing education isn't required.
	I have **completed** the required 24 hours of continuing education, earned 04/01/2012 through 03/31/2014. **Note:** If you are reporting continuing education for the first time, you may report hours earned from the date of your initial licensure.
	I am exempt from the continuing education requirements because I am licensed and reside in another state or district having continuing education requirements for my profession. I have met all continuing education requirements of that state or district for practice.
	I have been granted an extension of time to fulfill the continuing education requirements **or** I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
	I am exempt from the continuing education requirements because I was on active military duty during all or part of this continuing education biennium; 04/01/2010 through 03/31/2012.

Step Five - Please Read and Sign.

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry, including a post-renewal audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

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Licensee sign here Date