

Respiratory Therapy

Professional Licensure State Boards and Contact Information

Alabama

Contact Name in State:

Alabama State Board of Respiratory Therapy - Elizabeth Utley Sheehan, Executive Director

<http://www.asbrt.alabama.gov/>

Contact Phone Number: (334) 265-7125 or (334) 396-2332

Contact Email Address: board@asbrt.alabama.gov

Additional Information:

Reciprocity Requirement: A valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States, whose requirements for licensure are considered by the board as substantially similar to those of Alabama and who otherwise meets the reciprocity requirements established by the board.

Mailing Address:

Alabama State Board of Respiratory Therapy

PO Box 303770

Montgomery, AL 36130

Alaska

Contact Name in State:

Providence Alaska Medical Center

<https://alaska.providence.org/locations/p/pkimc/respiratory-therapy>

Contact Phone Number: (907) 562-2211

Contact Email Address: karen.good@providence.org - Karen Good RRT-NPS

Additional Information:

Respiratory therapists must be licensed in all U.S. states with the exception of Alaska. However, Alaska's respiratory therapists are still expected to complete a degree in respiratory therapy to

become proficient in the field and are encouraged to earn nationally recognized RT credentials as a way to remain competitive in the field.

Mailing Address:

Providence Alaska Medical Center

3200 Providence Drive

Anchorage, AK 99508

Arizona

Contact Name in State:

Arizona Board of Respiratory Care Examiners - John Confer, Executive Director

<https://respiratoryboard.az.gov/>

Contact Phone Number: (602) 542-599

Contact Email Address: info@rb.az.gov

Additional Information:

Reciprocity: If you are applying for an Arizona License and you have practiced or have held a License in any other state you must provide a Letter of Verification from each state in which you practiced.

Mailing Address:

Arizona Board of Respiratory Care Examiners

1740 West Adams Street, Suite 3406

Phoenix, AZ 85007

Arkansas

Contact Name in State:

Arkansas State Medical Board - Amy E. Embry, Executive Director

<http://www.armedicalboard.org/Professionals/RespiratoryTherapist.aspx>

Contact Phone Number: (501) 296-1802

Contact Email Address: Juli.Carlson@armedicalboard.org

Additional Information:

Reciprocity: The ASMB must have verification of all licenses ever held, even temporary licenses from other states, whether active or inactive. The applicant will be responsible for requesting and paying any fees.

The Arkansas State Medical Board will escalate the license applications of current and former military service members, and their spouses. License renewal fees are waived for all active duty military service members.

Mailing Address:

Arkansas State Medical Board
1401 West Capitol Avenue, Suite 340
Little Rock, AR 72201-2936

California

Contact Name in State:

Respiratory Care Board of California - Ricardo Guzman, MA, RRT, RCP, President

<https://www.rcb.ca.gov/>

Contact Phone Number: (916) 999-2190

Contact Email Address: rcbinfo@dca.ca.gov

Additional Information:

California does not have reciprocity with any states, therefore, you will need to apply for a Respiratory Care Practitioner (RCP) license issued by the Respiratory Care Board to practice in California.

However, if you have already earned your RRT credential, you will not be required to retake an initial licensing exam. You will be required to have proof of your credential, out-of-state license, and education requirements sent to our office.

Mailing Address:

California Respiratory Care Board
3750 Rosin Court, Suite 100
Sacramento, CA 95834

Colorado

Contact Name in State:

Colorado Division of Professions and Occupations - Jason D Sunstrom, Program Director

<https://dpo.colorado.gov/RespiratoryTherapy>

Contact Phone Number: (303) 894-5942

Contact Email Address: dora_dpo_hppp@state.co.us

Additional Information:

Reciprocity: An applicant for a license to practice respiratory therapy shall submit to the director written evidence that he or she is credentialed with the national board for respiratory care as a certified or registered respiratory therapist and shall pay a fee as determined by the director. An applicant must be currently in possession of an unrestricted license in good standing to practice respiratory therapy under the laws of another state or territory of the United States or foreign country, if the qualifications of the applicant are deemed by the director to be substantially equivalent to those required by this state, and whether the applicant has ever had a disciplinary action taken in regard to the applicant's license to practice respiratory therapy in another state.

Mailing Address:

Colorado Division of Professions and Occupations

1560 Broadway, Ste. 1350

Denver, CO 80202

Connecticut

Contact Name in State:

RCP Licensure Committee - Latarsha Starling, Dept. of Public Health, RCP Licensure

<https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/RCP/Respiratory-Care-Practitioner-Licensure-Requirements>

Contact Phone Number: (860) 509-7603

Contact Email Address: oplc.dph@ct.gov

Additional Information:

Reciprocity: An applicant for licensure must have completed an educational program for Respiratory Therapists or Respiratory Therapy Technicians which, at the time of completion, was accredited by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs, in cooperation with the Joint Review Committee for Respiratory Therapy Education, or was recognized by the Joint Review Committee for Respiratory Therapy Education; or the Committee on Accreditation for

Respiratory Care; and Successfully completed either the Entry Level or Advanced Practitioner Respiratory Care examination administered by the National Board for Respiratory Care, and be currently credentialed by the National Board for Respiratory Care.

Mailing Address:

Connecticut Department of Public Health

RCP Licensure Committee

410 Capitol Ave. MS# 12APP

PO Box 340308

Hartford, CT 06134

Delaware

Contact Name in State:

Delaware Department of State - Division of Professional Regulation - Shauna Slaughter,
Executive Director

<https://dpr.delaware.gov/boards/medicalpractice/>

Contact Phone Number: (302) 744-4500

Contact Email Address: customerservice.dpr@delaware.gov

Additional Information:

Reciprocity: The applicant must possess a current license in a state which has licensing requirements equal to or exceeding the requirements of Delaware subchapters, and there may not be any outstanding or unresolved complaints pending against the applicant; an applicant may not have been assessed any administrative penalties regarding the applicant's practice of respiratory care or be under investigation for misconduct.

Mailing Address:

Board of Medical Licensure & Discipline

Cannon Bldg.

861 Silver Lake Blvd., Suite 203

Dover, DE 19904-2467

District of Columbia

Contact Name in State:

DC HEALTH - LaQuandra S Nesbitt, Director

<https://dchealth.dc.gov/service/respiratory-care-licensing>

Contact Phone Number: (202) 442-8336

Contact Email Address: dcboresp@dc.gov

Additional Information:

Reciprocity requirements: Official transcript (with seal) showing successful completion of and educational course in respiratory care from an approved institution. May be sent directly from the school, but is preferred that it accompany the application in a sealed envelope. A certified examination results from the National Board for Respiratory Care, Inc. The National Board for Respiratory Care. The applicant shall also submit a verification of licensure from each jurisdiction where the applicant is or was licensed to practice respiratory care.

Mailing Address:

DC Health

899 North Capitol Street, NE

Washington, DC 20002

Florida

Contact Name in State:

Florida Board of Respiratory Care - Joseph Frey, Chair

<https://floridasrespiratorycare.gov/licensing/>

Contact Phone Number: (850) 245-4444

Contact Email Address: mqa_respiratorytherapy@doh.state.fl.us

Additional Information:

Reciprocity & Endorsement: The applicant holds the "Certified Respiratory Therapist" or the "Registered Respiratory Therapist" credential issued by the National Board for Respiratory Care (NBRC), or an equivalent credential acceptable to the Board; or the applicant holds certification, or the equivalent, to deliver respiratory care in another state and such certification was granted pursuant to requirements determined to be equivalent to, or more stringent than, the requirements in Florida.

Mailing Address:

Florida Department of Health

4052 Bald Cypress Way, BIN #C-05

Tallahassee, FL 32399-3257

Georgia

Contact Name in State:

Georgia Respiratory Therapy Committee - LaSharn Hughes, MBA, Executive Director

<https://medicalboard.georgia.gov/professionals/applications-center/respiratory-care-professional>

Contact Phone Number: (404) 463-2292

Contact Email Address: tara.edwards@dch.ga.gov

Additional Information:

Reciprocity: Any person who has been granted certification, registration, licensure or other to practice respiratory care in another state whose requirements for such to practice are substantially equal to or exceed the requirements for certification in this state may petition the Board for reciprocity in this State. Verification by oath of certification, registration, licensure or other to practice respiratory care must be submitted directly to the Board. Any applicant for certification by reciprocity must submit a notarized statement of reference from a physician, currently licensed in the state where the applicant has been practicing attesting to the fact that the applicant is qualified to practice respiratory care. Reciprocity applicants who have not practiced respiratory care in another state for 12 months or more will be required to prove to the Board's satisfaction that the applicant maintained knowledge, skill & proficiency in respiratory care.

Mailing Address:

Georgia Composite Medical Board

2 Peachtree St. NW, 36th Fl.

Atlanta, GA 30303

Hawaii

Contact Name in State:

Hawaii Department of Commerce and Consumer Affairs - Professional and Vocational Licensing Division - Keali'i S. Lopez, Director

http://cca.hawaii.gov/pvl/programs/respiratory/copy_of_index.html/

Contact Phone Number: (808) 586-2850

Contact Email Address: rt@dcca.hawaii.gov

Additional Information:

Reciprocity and Endorsements: A license through endorsement may be granted to applicants who hold CURRENT licenses in another state or jurisdiction that are in good standing, provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's. In addition to the application and fee, you must request a "Verification of License - Respiratory Therapist form (Form RT- 05) be completed by the states where you are licensed and attach original with board's seal to your application form.

Mailing Address:

Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Division
King Kalakaua Building
335 Merchant Street
Room 301
Honolulu, Hawaii 96813

Idaho

Contact Name in State:

Idaho Board of Medicine - Allied Health Licensure

<https://bom.idaho.gov/BOMPortal/BoardPage.aspx?Board=RES>

Contact Phone Number: (208) 327-7000

Contact Email Address: info@bom.idaho.gov

Additional Information:

Reciprocity: The person is licensed as a respiratory care practitioner or the equivalent, as determined by the board, in good standing in another state or the District of Columbia, or in a territory of the United States; or the person is a certified respiratory therapy technician (CRTT) or registered respiratory therapist (RRT).

Mailing Address:

Idaho Board of Medicine
PO Box 83720
Boise, Idaho 83720-0058

Illinois

Contact Name in State:

IL Department of Financial and Professional Regulation - Respiratory Care Board - Todd Robertson, Board Liaison

<https://www.idfpr.com/profs/RespCare.asp>

Contact Phone Number: (888) 473-4858

Contact Email Address: robert.gerton@illinois.gov

Additional Information:

Reciprocity and Endorsement: Each application of Reciprocity/Endorsement is reviewed on an individual basis. Supporting document(s) must be completed in its entirety by the Dean of the respiratory care program from which you graduated with a school seal. Supporting document(s) must be completed by the jurisdiction of original licensure in which you are currently licensed and practicing.

Mailing Address:

IL Department of Financial and Professional Regulation

P.O. Box 7007,

Springfield, Illinois 62791

Indiana

Contact Name in State:

Indiana Professional Licensing Agency - Respiratory Care Committee - David R. Burnworth, RCP, RRT, Chairman

<https://www.in.gov/pla/professions/respiratory-care-committee/>

Contact Phone Number: (317) 234-8800

Contact Email Address: cvaught@pla.in.gov

Additional Information:

Reciprocity and Endorsement: Applicants must submit a "Verification of State Licensure" form, submitted to the Committee directly from the state, that you hold a current license, registration, or certification or applicants that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration or certification. This statement must be signed and dated by the applicant.

Mailing Address:

Indiana Professional Licensing Agency
402 W. Washington St. Rm W072
Indianapolis, IN 46204

Iowa

Contact Name in State:

IDPH - Iowa Board of Respiratory Care and Polysomnography - Tony Alden, Board Executive

<https://idph.iowa.gov/Licensure/iowa-Board-of-Respiratory-Care>

Contact Phone Number: (515) 281-0254

Contact Email Address: Tony.Alden@idph.iowa.gov

Additional Information:

Reciprocity and Endorsement: Applicants that have been previously licensed, registered or certified in any other state must provide official verification of licensure in the other state(s). The license verification must include license issue date, expiration date and any pending or past disciplinary action. The verification may be printed from another state licensing board's website if it contains all the required information.

Mailing Address:

Iowa Department of Public Health
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075

Kansas

Contact Name in State:

Kansas Board of Healing Arts

<http://www.ksbha.org/professions/RT.shtml>

Contact Phone Number: (785) 296-7413

Contact Email Address: KSBHA_Licensing@ks.gov

Additional Information:

Reciprocity: Applicants should provide documents from all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. Verification fees may be applicable and are the applicant's responsibility.

Mailing Address:

Kansas Board of Healing Arts
Respiratory Care Advisory Committee
800 SW Jackson, LL- Ste. A
Topeka, KS 66612

Kentucky

Contact Name in State:

Kentucky Board of Respiratory Care - Tamara McDaniel, RRT, Executive Director

<https://kbrc.ky.gov/Pages/default.aspx>

Contact Phone Number: (859) 246-2747

Contact Email Address: tamara.mcdaniel@ky.gov

Additional Information:

Reciprocity: Respiratory care practitioners duly authorized to practice in other states and in good standing and who have held a RRT or hold the CRT credential or its equivalent may be conferred a mandatory certificate by the board if the requirements for licensure or certification in that state are substantially equal to the requirements of this section.

Mailing Address:

Kentucky Board of Respiratory Care
2365 Harrodsburg Rd., B 350
Lexington, KY 40504-3335

Louisiana

Contact Name in State:

Louisiana State Board of Medical Examiners

<http://www.lsbme.la.gov/licensure/rules>

Contact Phone Number: (504) 568-6820 x235

Contact Email Address: lsbme@lsbme.la.gov

Additional Information:

Reciprocity: A person who possesses a current, unrestricted license to practice respiratory therapy issued by the medical licensing authority of another state, the District of Columbia, or a territory of the United States, shall only be eligible for licensure in this state if the applicant meets all the qualifications for licensure specified and satisfies the procedural and other requirements specified including but not limited to restrictions and/or limitations on the examination.

Mailing Address:

Louisiana State Board of Medical Examiners

Respiratory Therapy

630 Camp Street

New Orleans, LA 70130

Maine

Contact Name in State:

Office of Professional and Occupational Regulation - Board of Respiratory Care Practitioners -
Kristina Halvorsen, Administrator

<https://www.maine.gov/pfr/professionallicensing/professions/board-respiratory-care-practitioners>

Contact Phone Number: (207) 624-8674

Contact Email Address: respcare.lic@maine.gov

Additional Information:

Reciprocity: The Maine Board of Respiratory Care Practitioners requires that a verification of every license be submitted with the application, even if that license is not currently active (Online verifications are acceptable).

Mailing Address:

Office of Professional and Occupational Regulation

Board of Respiratory Care Practitioners

35 State House Station

Augusta, ME 04333

Maryland

Contact Name in State:

Maryland Board of Physicians - G. Felicia Wright, Allied Health Supervisor

https://www.mbp.state.md.us/licensure_ahapp_poly.aspx

Contact Phone Number: (410) 764-4764

Contact Email Address: Felicia.Wright@maryland.gov

Additional Information:

Reciprocity: The Board will issue a license by reciprocity to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to Maryland's licensing requirements at the time the applicant received a license; and the other state offers a similar reciprocal licensure process to Maryland licensed physicians.

Mailing Address:

Maryland Board of Physicians

4201 Patterson Avenue

Baltimore, Maryland 21215

Massachusetts

Contact Name in State:

Board of Respiratory Care - Martha DeSilva, Chair

<https://www.mass.gov/orgs/board-of-respiratory-care>

Contact Phone Number: (800) 414-0168 or (617) 973-0806

Contact Email Address: Karen.Geoghegan1@state.ma.gov

Additional Information:

Reciprocity: Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have previously held any professional license or board certification. The state or other jurisdictions must send verifications directly to the Board.

Mailing Address:

Board of Respiratory Care

239 Causeway St.

Suite 500

Boston, MA 02114-4499

Michigan

Contact Name in State:

Department of Licensing and Regulatory Affairs - Bureau of Professional Licensing - Orlene Hawks, Director

https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_29413---,00.html

Contact Phone Number: (517) 335-0918 or (517) 241-0199

Contact Email Address: bhpinfo@michigan.gov

Additional Information:

Reciprocity and Endorsement: Applicants for licensure by endorsement who were registered or licensed as a respiratory therapist in another state for 5 years or more immediately preceding the date of application must submit the following: Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for licensure by endorsement who have been registered or licensed as a respiratory therapist in another state for less than 5 years immediately preceding the date of application must complete the following: Arrange for official transcripts to be sent directly to this office confirming the completion of a 2-year associate degree from an accredited college or university that meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA). Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Mailing Address:

Department of Licensing and Regulatory Affairs

Board of Respiratory Care

P.O. Box 30670

Lansing, Michigan 48909

Minnesota

Contact Name in State:

Minnesota Board of Medical Practice - Respiratory Care Advisory Council - Ruth Martinez

<https://mn.gov/boards/medical-practice/licensing/fact-sheets/?id=21-389049>

Contact Phone Number: (612) 548-2144

Contact Email Address: Molly.Schwanz@state.mn.us

Additional Information:

Reciprocity: Applicants applying under reciprocity must have a current, unrestricted credential in another state and must have worked as a respiratory therapist at least eight weeks during the last five years.

Mailing Address:

Board of Medical Practice

University Park Plaza

2829 University Ave. SE, Suite 500

Minneapolis, MN 55414-3246

Mississippi

Contact Name in State:

MS State Dept. of Health, Professional Licensure - Respiratory Care, Melissa Parker,
Administrator, Licensure and Certification

https://msdh.ms.gov/msdhsite/_static/30,0,82,93.html

Contact Phone Number: (601) 364-7360

Contact Email Address: yolanda.morrow@healthymms.com

Additional Information:

Reciprocity and Endorsement: An individual shall not be prohibited from performing such procedures for which he was tested, so long as the testing body offering the examination is certified by the National Commission for Health Certifying Agencies or its equivalent, and so long as the individual is a licensed health care provider in the state of Mississippi. There appear to be no regulations permitting licensure based on reciprocity.

Mailing Address:

MS State Dept. of Health

Professional Licensure - Respiratory Care

PO Box 1700

Jackson, MS 39215-1700

Missouri

Contact Name in State:

Missouri Division of Professional Registration, Missouri Board for Respiratory Care - Vanessa Beauchamp

<https://pr.mo.gov/respiratorycare.asp>

Contact Phone Number: (573) 522-5864

Contact Email Address: rcp@pr.mo.gov

Additional Information:

Reciprocity: A person who holds a valid current license issued by another state, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a license in Missouri in the same occupation or profession, and at the same practice level, for which he or she holds the current license.

<https://pr.mo.gov/boards/respiratory/375-1094.pdf>

Mailing Address:

Missouri Board for Respiratory Care

3605 Missouri Blvd

PO Box 1335

Jefferson City, MO 65102-1335

Montana

Contact Name in State:

Board of Respiratory Care Practitioners - Missy Poortenga, Executive Officer

<https://boards.bsd.dli.mt.gov/respiratory-care-practitioners/>

Contact Phone Number: (406) 841-2360 or (406) 841-2300

Contact Email Address: DLIBSDHELP@MT.GOV

Additional Information:

Reciprocity: The applicant is responsible for requesting official verification from their current state of licensure and ALL previous licenses held, regardless of status.

Mailing Address:

Board of Respiratory Care Practitioners

PO Box 200513

301 S. Park, 4th Fl.

Helena, MT 59620-0513

Nebraska

Contact Name in State:

Dept. of Health & Human Services, Division of Public Health Licensure Unit -

<http://dhhs.ne.gov/licensure/Pages/Respiratory-Care.aspx>

Contact Phone Number: (402) 471-2115

Contact Email Address: Claire.covertbybee@nebraska.gov

Additional Information:

Reciprocity: If you hold or have held a health-related license in any state (other than Nebraska), you must contact that state and request a verification of your license (do not send a copy of your license).

Mailing Address:

Division of Public Health Licensure Unit - Dept. of Health & Human Services

301 Centennial Mall S.

Attn: [Profession, Facility type, or Children's Services]

PO Box 94986

Lincoln, NE 68509-4986

Nevada

Contact Name in State:

Nevada State Board of Medical Examiners - Lynnette Daniels

http://medboard.nv.gov/Licensees/L_A_Main/

Contact Phone Number: (775) 688-2559

Contact Email Address: ldnsbme@medboard.nv.gov

Additional Information:

Reciprocity/Endorsement: If a physician is licensed in another state and is in good standing, he/she may apply for medical licensure by endorsement from that state. (In the state of Nevada, endorsement is not reciprocity.)

Mailing Address:

Nevada State Board of Medical Examiners

New Hampshire

Contact Name in State:

Office of Professional Licensure and Certification - Lindsey B. Courtney, J.D., Executive Director

<https://www.oplc.nh.gov/respiratory-care-practitioners-governing-board>

Contact Phone Number: 603-271-8353

Contact Email Address: alliedhealth@oplc.nh.gov

Additional Information:

Reciprocity/Endorsement: Under the governor's declaration of emergency directive, any out-of-state health care practitioners may practice in New Hampshire to assist with the state's response to COVID-19, provided they are licensed and in good standing in their home state.

Mailing Address:

Office of Licensed Allied Health Professionals

Philbrook Building

121 South Fruit Street

7 Eagle Square

Concord, NH 03301

New Jersey

Contact Name in State:

Dept. of Law & Public Safety, Div. of Consumer Affairs, State Board of Respiratory Care - Renee Clark, Executive Director

<http://www.njconsumeraffairs.gov/resp/Pages/default.aspx>

Contact Phone Number: (973) 504-6485

Contact Email Address: askconsumeraffairs@dca.lps.state.nj.us

Additional Information:

Reciprocity/Endorsement: If you are required to submit proof that you are licensed in a state other than New Jersey, contact that out-of-state licensing board and request that it send a license verification letter directly to the New Jersey Board. The submission of a copy of your out-of-state license doesn't meet the requirements for license verification.

Mailing Address:

State Board of Respiratory Care
Dept. of Law & Public Safety, Div. of Consumer Affairs
124 Halsey Street, 6th Floor
P.O. Box 45031
Newark, NJ 07101

New Mexico

Contact Name in State:

Respiratory Care Advisory Board - Nicolas Alderete, Board Administrator

www.rld.state.nm.us/boards/Respiratory_Care.aspx

Contact Phone Number: (505) 476-4965

Contact Email Address: RespiratoryCareBd@state.nm.us

Additional Information:

Reciprocity/Endorsement: Copies of other state professional licenses & verification of licensure forms sent directly from other state boards along with a résumé with employment information encompassing five years prior to the application.

Mailing Address:

Respiratory Care Advisory Board
2550 Cerrillos Road, Second Floor
P.O. Box 25101
Santa Fe, NM 87504

New York

Contact Name in State:

New York State Education Department, Office of the Professions - State Board for Respiratory Therapy

<http://www.op.nysed.gov/prof/rt/#>

Contact Phone Number: (518) 474-3817 x120

Contact Email Address: rtbd@nysed.gov

Additional Information:

Reciprocity/Endorsement: The Office of the Professions (OP) will accept electronic verifications of licensure, certification and examination completion from other licensing authorities located in the United States provided that the OP can independently authenticate that the verification is received directly from the licensing authority, and the applicant had no opportunity to directly access or alter the verification before it is sent or transmitted.

Mailing Address:

State Board for Respiratory Therapy
89 Washington Avenue, Second Floor
Albany, NY 12234-1000

North Carolina

Contact Name in State:

North Carolina Respiratory Care Board - William L. Croft, PhD, RRT, RCP, Executive Director

<http://www.ncrcb.org/>

Contact Phone Number: (919) 878-5595

Contact Email Address: bcroft@ncrcb.org

Additional Information:

Reciprocity/Endorsement: If you currently hold or have held a health care provider license in any jurisdiction(s), have the licensing agency complete and send an official verification of license status to the NCRCB.

Mailing Address:

North Carolina Respiratory Care Board
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

North Dakota

Contact Name in State:

ND State Board of Respiratory Care - Nikki Owings or Jacinda Simmons

<http://www.ndsbrc.com/>

Contact Phone Number: (701) 222-1564

Contact Email Address: ndsbrc@aptnd.com

Additional Information:

Reciprocity: To apply for licensure by reciprocity, pay an \$80.00 Licensure Fee, submit an official verification of your license in all jurisdictions in which you hold and previously held a license(s). You will need to contact each state and request either a letter of verification or the url for their on-line license verifications and have either forwarded to the NDSBRC Office. Submit to a statewide and nationwide criminal history record check.

Mailing Address:

ND State Board of Respiratory Care

PO Box 2223

Bismarck, ND 58502

Ohio

Contact Name in State:

State Medical Board of Ohio

<http://www.med.ohio.gov/Renew/Respiratory-Care-RC>

Contact Phone Number: (614) 466-3934

Contact Email Address: license@med.ohio.gov

Additional Information:

No information on reciprocity/endorsement found.

Mailing Address:

State Medical Board of Ohio

30 E. Broad St, 3rd Floor

Columbus, OH 43215

Oklahoma

Contact Name in State:

Oklahoma Board of Medical Licensure

http://www.okmedicalboard.org/respiratory_care_practitioners

Contact Phone Number: (405) 962-1400

Contact Email Address: rhall@okmedicalboard.org

Additional Information:

Reciprocity/Endorsement: Yes, if currently licensed to practice respiratory care in another state, territory or country, if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state, credentials are conferred by the National Board for Respiratory Care as a Certified Respiratory Therapy Technician (CRTT) or as a Registered Respiratory Therapist (RRT), provided such credentials have not been suspended or revoked; and certification under oath that applicant's credentials have not been suspended or revoked.

Mailing Address:

Oklahoma Board of Medical Licensure

Respiratory Care Advisory Committee

PO Box 18256

101 NE 51st St

Oklahoma City, OK 73105-1821

Oregon

Contact Name in State:

Oregon Health Licensing Office - Sylvie Donaldson, Executive Director

www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT.aspx

Contact Phone Number: (503) 378-8667

Contact Email Address: derek.j.fultz@state.or.us

Additional Information:

Reciprocity: An applicant who is currently licensed to practice respiratory care under the laws of another state, territory or country if the qualifications of the applicant are considered by the office to be equivalent to those required in this state; or an applicant holding an active credential conferred by the National Board for Respiratory Care as a Certified Respiratory Therapist (CRT) or as a Registered Respiratory Therapist (RRT), or both.

Mailing Address:

Oregon Health Licensing Office
700 Summer St. NE, Suite 320
Salem, OR 97301-1287

Pennsylvania

Contact Name in State:

Pennsylvania State Board of Osteopathic Medicine
<http://www.dos.state.pa.us/>

Contact Phone Number: (717) 783-4858

Contact Email Address: ST-MEDICINE@PA.GOV

Additional Information:

Reciprocity: Respiratory therapists who hold the CRT or RRT credential from the NBRC and who are licensed in another state may apply for licensure in Pennsylvania. The process is virtually the same as for those individuals who are applying as a new graduate.

<https://www.psrc.net/obtaining-rt-license-for-out-of-state>

Mailing Address:

Pennsylvania State Board of Osteopathic Medicine
PO Box 2649
Harrisburg, PA 17105

Rhode Island

Contact Name in State:

Rhode Island Dept. of Health, Respiratory Care Practitioners Board, Division of Professional Regulation - Respiratory Care Licensing: Department of Health (ri.gov)

Contact Phone Number: (401) 222-2828

Contact Email Address: doh.elicense@health.ri.gov

Additional Information:

Reciprocity: If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. If applying for expedited

military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Mailing Address:

Division of Professional Regulation

3 Capitol Hill, Room 105A

Providence, RI 02908-5097

South Carolina

Contact Name in State:

South Carolina Board of Medical Examiners, SC Department of Labor, Licensing & Regulation -
Sheridon Spoon, Administrative Coordinator

<https://llr.sc.gov/med/licensure.aspx>

Contact Phone Number: (803) 896-4500

Contact Email Address: Candace.Gunter@llr.sc.gov

Additional Information:

Reciprocity: Verify all state licenses/certificates and all supporting documents.

Mailing Address:

South Carolina Board of Medical Examiners SC Department of Labor, Licensing and Regulation

PO Box 11289

Columbia, SC 29211-1289

South Dakota

Contact Name in State:

South Dakota Board of Medical and Osteopathic Examiners

Sdbmoe.gov

Contact Phone Number: 605-367-7781

Contact Email Address: SDBMOE@state.sd.us

Additional Information:

Reciprocity/Endorsement: The Board will issue a license by reciprocity to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to South Dakota's licensing.

Mailing Address:

South Dakota Board of Medical and Osteopathic Examiners
101 N. Main Avenue, Suite 301
Sioux Falls, SD 57104

Tennessee

Contact Name in State:

Tennessee Board of Respiratory Care, Office of Health Related Boards - Kimberly Wallace, Board Director

www.tn.gov/health/health-program-areas/health-professional-boards/rc-board.html

Contact Phone Number: (615) 532-5090

Contact Email Address: mary.v.webb@tn.gov

Additional Information:

Reciprocity: all universities attended, (Must be received directly from institution), Verification of credentials sent to us from NBRC, Passport style Photo, Mandatory Practitioner profile, Background Check, Verification of all Respiratory care licenses held regardless of current status, Verification of any medical license held regardless of status. Must come directly from the issuing state.

Mailing Address:

Tennessee Board of Respiratory Care
Office of Health Related Boards
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Texas

Contact Name in State:

Professional Licensing and Certification Unit, Texas Medical Board

<https://www.tmb.state.tx.us/page/licensing-respiratory-care-practitioner>

Contact Phone Number: (512) 305-7010

Contact Email Address: TMBscreening@tmb.state.tx.us

Additional Information:

Reciprocity: <https://tmb.state.tx.us/docs/forms>

Mailing Address:

Professional Licensing and Certification Unit, Texas Medical Board

PO Box 2029

Austin, TX 78768-2029

Utah

Contact Name in State:

State of Utah Division of Occupational & Professional Licensing, Respiratory Care Licensing Board - Bobby Loy, Board Secretary

<https://dopl.utah.gov/resp/>

Contact Phone Number: (801) 530-6159

Contact Email Address: DOPLWeb@utah.gov

Additional Information:

Reciprocity/Endorsement: Some applicants may qualify for an alternate pathway to licensure by endorsement. Applicants who have held a license in another state, district, or territory of the United States that has a similar scope of practice may request licensure by endorsement if after being licensed outside of this state, the person has at least one year of experience in the state, district, or territory of the United States where the license was issued.

To apply by endorsement, the following items are required to complete your application - \$60.00 non-refundable application-processing fee, made payable to "DOPL", supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire", Official verification of your Respiratory Care Practitioner license in another approved jurisdiction that meets the qualifications outlined above.

Mailing Address:

State of Utah Division of Occupational & Professional Licensing, Respiratory Care Licensing Board

160 East 300 South

Salt Lake City, UT 84111-6741

Vermont

Contact Name in State:

Office of Professional Regulation - Brittney Utton, Licensing Administrator

<https://www.sec.state.vt.us/professional-regulation/list-of-professions/respiratory-care-practitioners.aspx>

Contact Phone Number: (802) 828-1502

Contact Email Address: brittney.utton@sec.state.vt.us

Additional Information:

Reciprocity: <https://sos.vermont.gov/opr/about-opr/covid-19-response/out-of-state-licensees-temporary-licensees-telehealth/>

Mailing Address:

Office of Professional Regulation

89 Main Street, 3rd Floor

Montpelier, VT 05620-3402

Virginia

Contact Name in State:

Virginia Board of Medicine, Advisory Board on Respiratory Therapy - Daniel Gochenour

<http://www.dhp.virginia.gov/medicine/advisory/rcp/>

Contact Phone Number: (804) 367-4600

Contact Email Address: ashley.cota@sec.state.vt.us

Additional Information:

Reciprocity: Virginia does not have reciprocity. An applicant must meet the education and examination requirements to become licensed.

Mailing Address:

Virginia Board of Medicine

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233-1463

Washington

Contact Name in State:

Dept. of Health, Respiratory Care Program

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/RespiratoryCarePractitioner.aspx>

Contact Phone Number: (360) 236-4700

Contact Email Address: hsqa.csc@doh.wa.gov

Additional Information:

Reciprocity: Applicants must list all states where they do or did hold credentials, including where the applicant applied but didn't receive a credential. The jurisdiction where the applicant is or was credentialed must complete and submit a verification form. The jurisdiction must send the completed form directly to the department.

Mailing Address:

Washington Dept. of Health - Respiratory Care Practitioner Program

PO Box 47877

Olympia, WA 98504-7877

West Virginia

Contact Name in State:

West Virginia Board of Respiratory Care - Jordyn Chapman, Administrative Secretary

www.wvborc.com

Contact Phone Number: (304) 558-1382

Contact Email Address: wvborc@wv.gov

Additional Information:

Reciprocity: "Letter of Good Standing" mailed direct to the WV Board of Respiratory Care from each state in which you have a current or have had a previous license, notarized copy of the certificate of completion (official transcript or diploma) of an approved respiratory care educational program, notarized copy of the original NBRC Credential Certificate or official "Statement of Credentials" from the NBRC direct to this board, (NBRC CREDENTIALS MUST BE VALID), 2 inch by 2 inch Photograph: professional, color, passport style (attach to application).

Mailing Address:

West Virginia Board of Respiratory Care

106 Dee Dr. Suite 1
Charleston, WV 25311

Wisconsin

Contact Name in State:

Wisconsin Department of Safety and Professional Services, Wisconsin Respiratory Care Practitioners Examining Council - Tom Ryan, MPA, JD, Administrative Policy Advisor

<https://dsps.wi.gov/Pages/Professions/RespiratoryCarePractitioner/Default.aspx>

Contact Phone Number: (608) 251-3036

Contact Email Address: thomas.ryan@wisconsin.gov

Additional Information:

Reciprocity: Certify that you are licensed in another state, and you have taken the National Certification Examination for Respiratory Care, proof that the provider holds a current and valid license issued in another state, proof that the provider license has no restrictions or limitations placed on license issued by the credentialing state or other jurisdiction, proof that the provider is not currently under investigation. Any health care provider practicing must apply for a temporary or permanent health care license within ten (10) days of first working at the Wisconsin health care facility.

Mailing Address:

Wisconsin Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

Wyoming

Contact Name in State:

Wyoming State Board for Respiratory Care - Carla Fleming, Licensing Specialist

<https://respiratory.wyo.gov/>

Contact Phone Number: (307) 777-5403

Contact Email Address: Carla.Fleming@wyo.gov

Additional Information:

Reciprocity/Endorsement: You can be eligible for licensure through endorsement if the credentials and qualifications you earned for licensure in your home state are equivalent to

those required in Wyoming. There are two ways you can demonstrate this to Wyoming's Board for Respiratory Care: By submitting proof of your current license for evaluation by the Board or by holding current credentials as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT).

Mailing Address:

Wyoming State Board for Respiratory Care

Emerson Building

2001 Capitol Avenue

RM 105

Cheyenne WY 82002

Guam

Contact Name in State:

Guam Board of Allied Health Examiners

<http://dphss.guam.gov/guam-board-of-allied-health-examiners/>

Contact Phone Number: (671) 735-7407

Contact Email Address: mae.pangelinan@dphss.guam.gov

Additional Information:

Reciprocity: http://www.guamlegislature.com/Public_Laws_25th/P.L.%2025-190.pdf
(Unknown)

Mailing Address:

Guam Board of Allied Health Examiners

194 Hernan Cortez Ave,

Terlaje Professional Building Suite 213,

Hagatna, Guam 96910

Puerto Rico

Contact Name in State:

Puerto Rico Examining Board for Respiratory Care - Amarilys Irizarry, President

Contact Phone Number: (201) 565-2134

Contact Email Address: amarilysirizarry@gmail.com

Additional Information:

Reciprocity: Undetermined by U.S. States as of March 2021.

Mailing Address:

Puerto Rico Examining Board for Respiratory Care

PO Box 118

Mayaguez, PR 00681

Virgin Islands

Contact Name in State:

Virgin Islands Board of Medical Examiners - Department of Health

<https://doh.vi.gov/programs/emergency-medical-services/vi-licensure>

Contact Phone Number: (340) 713-6920

Contact Email Address: <https://doh.vi.gov/contact-us>

Additional Information:

Reciprocity: There is no reciprocity with any other state.

Mailing Address:

Virgin Islands Board of Medical Examiners

Department of Health

1303 Hospital Ground, Suite 10

St. Thomas, VI 00802

Northern Mariana Islands

Contact Name in State:

Commonwealth of the Northern Mariana Islands - Office of the Governor

<https://governor.gov.mp/>

Contact Phone Number: (670) 237-2200

Contact Email Address: <https://governor.gov.mp/contact/>

Additional Information:

Reciprocity: To apply for a reciprocal license in CNMI one must satisfy the requirements that follow: Hold an active license from a substantially equivalent jurisdiction, have five years of experience within the 10 years immediately preceding the date of application.

Mailing Address:

Commonwealth of the Northern Mariana Islands - Office of the Governor

Caller Box 10007

Saipan, MP 96950