

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE RESPIRATORY THERAPY IN VIRGINIA**  
(This form has been designed to be used as a checklist when preparing to submit your application.)

**APPLICATION FEES ARE NONREFUNDABLE**  
BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

**NOTE**

**AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE BOARD PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION EXPIRES, THE APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE APPLICATION FEE AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS ALSO GET TO THE BOARD.**

This is the application for a full and unrestricted license to practice respiratory therapy in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of respiratory therapy in Virginia. They can be found at: [https://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](https://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm).

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

**NB:** Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

A completed application must be returned to this office along with the fee of \$130.00. Applications and fees must be received together. Only checks or money orders are accepted. Please make your payment instrument payable to the "Treasurer of Virginia."

Certain forms may be faxed to 804-527-4426. The phone number to the Virginia Board of Medicine is 804-367-4600.

**Mailing Address**

Virginia Board of Medicine  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment or FAX. The Board is unable to trace documents not delivered by the post office. If you wish to send your documents by overnight mail, please use FED EX or UPS.

**PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.**

1. **Application and Fee** – The completed four (4) page application should be returned with the required fee of \$130.00. Applications submitted without the application fee will be returned. Checks should be made payable to the “Treasurer of Virginia.” This document **may not** be faxed.

2. An applicant for a license to practice as a respiratory therapist shall provide original source documentation (not a copy) of the following:

1. Current credential as a Certified Respiratory Therapist (CRT) or a Registered Respiratory Therapist (RRT) from the National Board of Respiratory Care (NBRC)  
<https://onlineprod.nbrc.org/auth;>
2. Graduation from an accredited educational program for respiratory therapists.

Faxed transcripts are not accepted. The Board accepts transcripts delivered electronically. Official copy of the NBRC certificate and/or school transcripts can be emailed directly to [respther-medbd@dhp.virginia.gov](mailto:respther-medbd@dhp.virginia.gov).

3. Provide copies of documentation supporting any name change.

4. If you answer “yes” to any question 6-19, provide documentation to the Board from your attorney or you may provide a narrative explaining your answer. Please provide court documentation for any convictions.

**Items 5-7 are not required if you have never practiced your profession and you have never held licensure in another jurisdiction.**

5. **Employment Activity Questionnaire** – List all activities from the date of graduation from your professional school including but not limited to internships, employment, affiliations, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following professional school graduation. If you are employed by a group practice or traveler company, please list all locations where you have provided service. If you need more space to record your activities, follow the link below to obtain and submit a supplemental form with your application:

Supplemental Form -

<https://www.dhp.virginia.gov/media/dhpweb/docs/med/forms/SupplementalForm.pdf>

**For applicants practicing as travelers, provide a complete list of all locations and dates where you have provided service.**

6. **Verification of professional licenses** from a jurisdiction within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice respiratory therapy to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come directly from the jurisdiction and maybe sent by email to [respther-medbd@dhp.virginia.gov](mailto:respther-medbd@dhp.virginia.gov), faxed to (804) 527-4426, or mailed.

7. **NPDB Self Query** – Complete the online **Place a Self-Query Order form**

<https://www.npdb.hrsa.gov/>. Be ready to provide:

- o Identifying information such as name, date of birth, Social Security number
- o State health care license information (if you are licensed)
- o Credit or debit card information for the \$4.00 fee (charged for each copy you request)

**Verify your identity.** This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.

**Wait for your response.** Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

**Please note that the Board will accept a digitally-certified electronic copy of the NPDB report that is emailed to the Board, in lieu of a mailed report.**

Should you choose to mail your report, when you receive your report in the mail from NPDB, **DO NOT OPEN IT.** Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes.

**The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.**

**Any NPDB report received for an application not completed within 6 months of receipt of the NPDB report will have to be resubmitted.**

**Please note:**

\*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. This notice is to reiterate that the Board of Medicine will allow the Board address of record to be a Post Office Box or practice location.

\*Applications will be acknowledged after receipt if items are missing.

\*Applications not completed within 12 months may be purged without notice from the board.

\*Additional information may be requested after review by Board representatives.

*\*Application fees are non-refundable.*

\* Do not begin practice until you have been notified of approval. Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

\*Certain forms may be faxed to 804-527-4426.



## Application for License to Practice as a Respiratory Therapist

To the Board of Medicine of Virginia:

I hereby make application for a license to practice as a respiratory therapist in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle
Date of Birth ____ / ____ / ____ MO DAY YEAR	Social Security No. or VA Control No.*	Maiden Name if applicable
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	House No. Street or PO Box	City State and Zip
Work Phone Number	Home/Cell Phone Number	Email Address

Please submit address changes in writing immediately to [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

Please attach check or money order payable to the Treasurer of Virginia for \$130.00. Applications will not be processed without the fee. Do not submit fee without an application. **IT WILL BE RETURNED.**

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

APPROVED BY

Date

LICENSE NUMBER <b>0117-</b>	PROCESSING NUMBER	FEE <b>\$130.00</b>
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\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

\*\*In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.



3. Are you practicing a new graduate that has not yet taken the NBRC certification exam?  Yes  No
4. Do you intend to engage in the active practice of respiratory therapy in the Commonwealth of Virginia?  Yes  No

If Yes, give location \_\_\_\_\_

5. List all jurisdictions in which you have been issued a license to practice respiratory therapy: include all active, inactive, expired, suspended or revoked licenses. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

Yes No

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (5-17) is answered **Yes**, explain and substantiate with documentation.

6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?  Yes  No
7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into a plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**  Yes  No
8. Have you ever been denied clinical privileges or voluntarily surrendered your clinical privileges for any reason while under investigation, been censured or warned or been requested to withdraw from any professional school, training program, hospital, healthcare facility, healthcare provider, or been terminated from employment or resigned in lieu of termination?  Yes  No
9. Have you requested a current report (Self Query) from NPDB?  Yes  No
10. Have you requested a certification of credentials from the National Board of Respiratory Care, Inc.? Certification should be requested from the NBRC. You may do so at <http://www.nbrc.org/>.  Yes  No
11. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of respiratory therapy?  Yes  No
12. Have you voluntarily withdrawn from any professional society while under investigation?  Yes  No
13. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?  Yes  No
14. Within the past five years, have you been disciplined by any entity?  Yes  No
15. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing respiratory therapist.  Yes  No
16. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means  Yes  No

recently enough so that the condition could reasonably have an impact on your ability to function as a practicing respiratory therapist.

17. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing respiratory therapist.
18. Within the past 5 years, have any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?
19. Have you had any malpractice suits brought against you in the past ten (10) years? If so, please provide a narrative for each closed or pending case during this time period.

**Military Service:**

20. Are you the spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?
21. Are you active duty military?

**22. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice respiratory therapy in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) and I understand that fees submitted as part of the application process shall not be refunded.

\_\_\_\_\_  
Signature of Applicant