



RESPIRATORY CARE ADVISORY BOARD

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
P. O. Box 25101 ▪ Santa Fe, New Mexico 87504
(505) 476-4965 ▪ Fax (505) 476-4645 ▪ www.RLD.state.nm.us

Respiratory Care Practitioner License--*Renewal Form*

All licensing information provided is public information

Name:	Check applicable:
Address:	<input type="checkbox"/> Renewal – fee \$150
City, State Zip:	<input type="checkbox"/> Inactive – fee \$30
Email:	<input type="checkbox"/> Late – fee \$100
Home phone: Cell phone:	License #

Please use a pen and be sure to print legibly. Attach additional pages if more space is required to respond to questions in any section.

• **Your Respiratory Care Practitioner’s license EXPIRES on SEPTEMBER 30, 2015.**

1. To renew or to place your license on inactive status, you **MUST** complete this form and submit it with the appropriate fee. (16.23.9 NMAC)
2. The **Renewal Fee** is \$150.00. The **Inactive Status Fee** is \$30.00. (Check or Money Order payable to the NM Respiratory Care Board will only be accepted; **NO Credit Cards.**) The **Late Fee** is \$100. It **MUST** accompany renewal applications postmarked or hand-delivered after September 30, 2015. (*note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction*) **ALL FEES ARE NON REFUNDABLE**
3. **There is no grace period for license renewal.** Licenses not renewed or placed on inactive status on or before September 30, 2015 will **EXPIRE** and will be **INVALID**. Practicing with an expired, invalid license is a violation of New Mexico law. (61-12B-4 and 61-12B-15 NMSA 1978; 16.23.8.13 and 16.23.8.14 NMAC)
4. If you meet the requirements for Inactive Status you will receive a confirmation letter from the Board. Persons on Inactive Status **may not** practice Respiratory Care in New Mexico. (16.23.9.15 NMAC)
5. Expired or Inactive Status may be reactivated within the time period set forth in 16.23.11 NMAC.

NOTICE: The department **will not** accept incomplete documentation. Your application will be returned to you for completion if it is not completely filled out, including a *complete listing of your continuing education courses* on the form (16.23.8.11; 16.23.9.11 and 16.23.9.12 NMAC).

EMPLOYER INFORMATION—Attach additional pages if necessary.

Type of employer: <input type="checkbox"/> Hospital <input type="checkbox"/> Home care <input type="checkbox"/> DME <input type="checkbox"/> Long-term care <input type="checkbox"/> SNF <input type="checkbox"/> ICR/MR PRN	
<input type="checkbox"/> Other (specify):	
1. Employer name:	Employer 1 phone:
Employer address:	
Employer city, state zip:	
2. Employer name:	
Employer address:	Employer 2 phone:
Employer city, state zip:	

ANSWER THE FOLLOWING QUESTIONS

“Since initial licensure or last renewal” refers to licensing activity with the NM Respiratory Care Advisory Board. If you answer YES to any questions, explain the circumstances fully on a separate sheet

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RESPIRATORY CARE PRACTITIONER LICENSE RENEWAL

of paper and provide copies of relevant documentation such as the final judgement, court orders, proof of compliance, etc.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Since initial licensure or last renewal, has any application for respiratory care license or license renewal been denied approval by another licensing jurisdiction pursuant to a disciplinary proceeding? If so, where and why?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Since initial licensure or last renewal, has any restriction, including disciplinary action, which may include suspension or revocation, or any agreement of any reason, including rehabilitation, been taken or entered into against any of your respiratory care license(s) by any licensing jurisdiction or against your professional certification by any professional association or by the National Board for Respiratory Care?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Since initial licensure or last renewal, have you knowingly failed to renew a license during an investigation or disciplinary action; or have you failed to complete the terms of a disciplinary finding, agreement, or final order in a licensing jurisdiction by just ignoring or not renewing your license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Within the last three years, have you engaged in the illegal use of controlled substances?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Within the last three years, have you engaged in the abuse of alcohol or other intoxicants, and/or been arrested for DWI (DUI)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. If you answered YES to items 4 or 5, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances or that you are not engaging in the abuse of alcohol or other intoxicants? 7. If you answer YES to Items 4 or 5, you must provide a copy of your contract with the Monitored Treatment Program. Check here if this document is included: <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Are you currently more than one month in arrears in court ordered child support payments in New Mexico or any other state?

CONTINUING EDUCATION RECORD

Twenty (20) sixty (60) minute clock hours of Board approved continuing education (CE) taken within the two-year renewal cycle are required for renewal, unless your CE requirement was *prorated* (16.23.12.12 NMAC); or *waived* (16.23.12.13 NMAC). ***Your renewal will be returned if you do not FULLY list the information requested for EACH continuing education course or seminar taken.***

Dates attended	Course title	Sponsor/approval body	# of CEs
<i>Total hours submitted</i>			

Licensee Signature: _____

Date: _____