RESPIRATORY CARE ADVISORY BOARD
New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Physical Address: 2550 Cerrillos Rd ▪ Santa Fe, New Mexico 87504
Mailing Address: P. O. Box 25101 ▪ Santa Fe, New Mexico 87504
(505) 476-4622 ▪ Fax (505) 476-4545 ▪ www.RLD.state.nm.us

RESPIRATORY CARE PRACTITIONER
EXPIRED STATUS REACTIVIATION APPLICATION

Application fees are non-refundable.
All license information provided is public information.

Please print out the form and print legibly in Black or Blue ink. Attach additional pages if more space is required to respond to questions below.

Name:	☐ Renewal Fee---$150
Mailing Address:	☐ Late Fee---$100
City, State, Zip:	
I am reactivating my (check one) ☐ CRT ☐ RRT License #:	
Contact phone #:	**E-mail:** **All communications (including renewal notices) will be sent out to this email address**

Use this form to reactivate your license if it was expired for non-renewal on **September 30, 2019.** The reactivation fee is $150 plus a $100 late payable by check or money order to the Respiratory Care Advisory Board.
All fees are non-refundable. *(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)*

If you did not renew you license before September 30, 2019, it must be renewed **before September 30, 2021 or it will LAPSE.** (*16.23.11.11 NMAC)*

*If your license LAPSES, you **cannot** reactivate it. You must reapply and be approved for licensure before you can practice in New Mexico again. (16.23.11.11 NMAC)*

Birth date:	**Social Security number:**

EMPLOYER INFORMATION—Attach additional pages if necessary.

Type of employer: ☐ Hospital ☐ Home care ☐ DME ☐ Long-term care ☐ SNF ☐ ICR/MR PRN ☐ 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:	
Other NBRC credentials (i.e., CPFT, RPFT, etc.)? If so, list and provide copies of certificates if you have not already done so:	
Other certification for Expanded Practice purposes? Specify and provide copies of completion certificates:	

Respiratory Care Advisory Board
REACTIVATION FORM

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

☐ Yes ☐ No	1. Since initial licensure or last renewal, has any application for respiratory care license or license renewal been denied approval by this or any other licensing jurisdiction pursuant to a disciplinary proceeding? If so, where and why?
☐ Yes ☐ 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?
☐ Yes ☐ 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?
☐ Yes ☐ No	4. Within the last three years, have you engaged in the illegal use of controlled substances?
☐ Yes ☐ 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)?
☐ Yes ☐ No	6. Since your license has expired have you practiced respiratory care?
☐ Yes ☐ No	7. 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? 8. 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: ☐

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* as provided in Section 12 of 16.23.12 NMAC; or *waived*, as provided Section 13 of 16.23.12 NMAC.

CAUTION: Your renewal will be returned if you do not FULLY list on this form the information requested for EACH CE course or seminar taken. If there is not sufficient room below to list all your CE's, you may list the remainder on a separate sheet of paper and attach the sheet to this renewal form. **Remember you MUST also send COPIES of all you CEs.**

Dates Attended	Course Title	Sponsor/Approval Body	# of CE's
Total Hours Submitted			

On this date, I hereby certify that all of the above requested information is true and correct to the best of my knowledge.

***APPLICANT SIGNATURE*: _____ DATE: _____**