



## Application Instructions and Checklists for Licensed Respiratory Therapist

### Special Instructions for the Temporary Respiratory Therapist License

#### **General Statement:**

The ASBRT desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process **complete applications only**. Complete applications will be the Board's first priority. Incomplete applications will be returned to have deficiencies addressed. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application. **Make all checks payable to ASBRT and send with application to: P.O. Box 241386; Montgomery, AL 36124-1386.**

You should carefully read the ASBRT Licensure Law and the Rules and Regulations (also available on this web site) to familiarize yourself with them prior to beginning to complete the application. Please copy all forms submitted to the ASBRT for your records, as you may need some pages for future reference.

The ASBRT has been given the responsibility of protecting the public safety and welfare by regulating respiratory therapy in the State of Alabama, which is our first concern. In addition, we are striving to meet the needs of the professional respiratory therapists, who provide respiratory therapy services to the public. Therefore, we have attempted to make the rules and regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome suggestions and request that you mail them to our office in Montgomery.

**Checklists:** A checklist has been created to assist you in completing your application. The checklist will direct you to the appropriate forms to complete.

**Application:** Applications must be typewritten or printed in ink and must be legible. Complete the entire application. **Leave no space blank.** If a particular question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of application.

Your full name, social security number, and date of birth are essential for identification purposes. This information will be for confidential Board use only. Please supply this key information. The preferred contact information, name, and license number may be used for publication of a roster of licensees on the Board's web site.

**Application Process:** Once your **complete application** with payment has been received, your application will be reviewed by the Board. You will then be notified of your status by letter.



## **Application Instructions and Checklists for Licensed Respiratory Therapist**

### **Forms Checklist for Temporary License**

Complete and submit:

- Application (within 30 days of graduation)
- Application Fee (\$25.00)
- Temporary License Fee (\$25.00)
- Official transcript(s) or other proof of successful completion of RT education program, such as certificate of completion, diploma, or letter from program director
- Proof of citizenship (see instructions for acceptable documents)

### **Instructions for completion of the application:**

1. Personal information:  
Complete all sections either type written or printed legibly in blue or black ink.
2. Acceptable documents for proof of citizenship:
  - a. A driver's license or non-driver's identification card issued by the Alabama department of Public Safety or the equivalent agency of another state within the united States, provided that the governmental agency of another state within the united States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or non-driver's identification card.
  - b. A birth certificate in the United States or one of its territories.
  - c. Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
  - d. United States naturalization documents or the number of the certificate of naturalization.
  - e. Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
  - f. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
  - g. A consular report of birth abroad of a citizen of the United States of America.
  - h. A certificate of citizenship issued by the United States Citizenship and Immigration Services.
  - i. A certification of report of birth issued by the United States Department of State.
  - k. An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
  - l. Final adoption decree showing the person's name and United States birthplace.
  - m. An official United States military record of service showing the applicant's place of birth in the United States.



## **Application Instructions and Checklists for Licensed Respiratory Therapist**

3. **Employment:** List all employment held in the past 3 years.  
Begin with current employer and include address of employer, dates of employment, position title, reason for leaving (if applicable), and employer phone number for all entries. Attach additional sheet if extra space is needed.
4. **Education:** List all educational institutions attended including graduation information. Please include GED information under "other". Attach additional sheet if extra space is needed.
5. List all respiratory and health-related licenses you currently hold or have ever held. You do not have to arrange for verification of a license unless you are applying for a license by reciprocity.
6. **Criteria for temporary license –** complete requested information to attest eligibility for temporary license.
7. **Self disclosure section:** Answer each question  
If you answered any question "Yes", include explanation, date, place, reason, and disposition on a separate sheet of paper and attach to the application. A "yes" answer does not necessarily mean the applicant will not be granted a license. However, additional documentation may be requested by the Board if the information submitted is insufficient.
8. **Affidavit:** Carefully read complete affidavit statement. Print your name in the blank at the beginning of the last paragraph.
9. Signature must be notarized.
10. Enclose 2 checks or money orders, one for non-refundable \$25.00 temporary license fee and one for non-refundable \$25.00 application fee made payable to ASBRT.
11. Mail completed information to: ASBRT, P.O. Box 241386, Montgomery, AL 36124-1386.

*April 14, 2008*