



ALABAMA STATE BOARD OF RESPIRATORY THERAPY

P.O. Box 241386 • Montgomery, AL 36124-1386

Phone: (334) 396-2332 • Fax: (334) 396-2384

Web Site: www.asbrt.alabama.gov

Application Instructions and Checklists for Licensed Respiratory Therapist (LRT)

Note: These Application Instructions and Checklists are specifically for individuals applying for LRT. If applying for Temporary License, please review the specific instructions for Temporary License available at www.asbrt.alabama.gov.

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 must be the Board's first priority. Incomplete applications must 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 or money orders payable to ASBRT and send with application to: **ASBRT; P.O. Box 241386; Montgomery, AL 36124-1386.**

You should carefully read the ASBRT Licensure Law and Rules and Regulations (available at www.asbrt.alabama.gov) 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 within the bounds of State law. 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: Checklists have been created to assist you in completing your application. Locate the checklist for the method by which you are applying for a license. The checklists will direct you to the appropriate forms to complete. The following is a list of ASBRT checklists from which you should choose:

Licensed Respiratory Therapist (LRT) by Credential (RRT or CRT)

LRT by Reciprocity (current license from another state)

LRT by Reinstatement

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. This and other correspondence will be sent to your address of record as listed on your application. It is important that you check your mail box and keep your address current with ASBRT (if you have a change of address or contact information, a Change of Information Form is required to update your record).

Turn-Around Time: Please allow a minimum of ten (10) days to process applications. It is recommended that applicants apply at least thirty (30) days prior to being scheduled to work as a Respiratory Therapist to allow sufficient time for the applicant to complete any incomplete application items. Applications are reviewed in order of receipt. If an application review determines an incomplete application, a letter detailing the deficient application items are mailed to the applicant's address of record. If an application review determines a complete application, the license will be issued and licensure materials will be mailed to the applicants' address of record. The license number and effective date are then posted in real time on the online license roster available at www.asbrt.alabama.gov. This online roster is primary source verification for employers and the public to access LRT information and is an excellent resource for applicants to verify the issuance of their license immediately upon issuance.

Fees: Make check or money order made payable to ASBRT for the Application and License Fees. Make check or money order made payable to iGov Solutions for the Criminal Background Check Fee (this is a one-time fee). Fees are non-refundable. Please send a separate check or money order for each fee.

Questions: Please direct any application questions to asbrt@leadership-alliance.org.

Forms: All application forms are located at www.asbrt.alabama.gov.

Mail completed information to: ASBRT
P.O. Box 241386
Montgomery, AL 36124-1386

Special Note to Applicants for LRT who currently hold a Temporary License: *The Proof of Citizenship Form/Documents and Proof of Graduation are not required with this application since those were submitted with your Temporary Application; and the criminal background check fee will not be required again with this application if you obtained your initial Temporary License after March 13, 2019.)*

Forms Checklists: Please select one of the following pathways for applying for an Alabama License in Respiratory Therapy (LRT) and submit the items listed.

New License:

- Application with current picture (taken within the last 6 months) attached
- Proof of having RRT or CRT (Official Letter from NBRC or copy of certificate or card issued by NBRC)
- Proof of Citizenship (POC) Form
- Proof of Citizenship Document (copy of one of the acceptable documents listed on the POC Form)
- Application Fee (\$25.00 check or money order made payable to ASBRT)
- License Fee (\$100.00 check or money order made payable to ASBRT)
- Criminal Background Check Fee (\$45.00 check or money order made payable to iGov Solutions)
- Proof of Graduation from RT Program (official transcripts, copy of diploma, or official letter from RT Program Director)

License by Reciprocity:

- Application with current picture (taken within the last 6 months) attached
- Proof of having RRT or CRT (Official Letter from NBRC or copy of certificate or card issued by NBRC)
- Proof of Citizenship (POC) Form
- Proof of Citizenship Document (copy of one of the acceptable documents listed on the POC Form)
- Application Fee (\$25.00 check or money order made payable to ASBRT)
- License Fee (\$100.00 check or money order made payable to ASBRT)
- Criminal Background Check Fee (\$45.00 check or money order made payable to iGov Solutions)
- Official Letter of License Verification (please contact your home state licensure board and request this letter be mailed directly to the ASBRT office)

Reinstatement of License:

- Application with current picture (taken within the last 6 months) attached
- Continuing Education (CE) Reporting Form with copies of CE Certificates proving at least 24 hours of CE taken anytime during the prior 2 years
- Proof of Citizenship (POC) Form

- Proof of Citizenship Document (copy of one of the acceptable documents listed on the POC Form)
- Reinstatement Fee (\$200.00 check or money order made payable to ASBRT)
- Renewal Fee (\$100.00 check or money order made payable to ASBRT)
- Criminal Background Check Fee (\$45.00 check or money order made payable to iGov Solutions)



Alabama State Board of Respiratory Therapy

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Photo

(Attach approx. 2 x 2
 Photo of head and
 shoulders only)

**Application for
 ALABAMA RESPIRATORY THERAPIST LICENSE**

New **Reinstatement:** License # _____

Last Name: _____ First Name: _____ Middle Name: _____
(Legal Name. If name on documentation is not the same as above, submit a copy of legal name change)

List all names by which you are currently known or have used in the past: _____

Mailing Address: _____ City/State _____ County _____ Zip _____

Physical Address: _____ City/State _____ County _____ Zip _____
(If a P.O. Box is listed as your mailing address)

Prior Address: _____ City _____ State _____ Zip _____
(If at current address less than 3 years, list prior address)

Home Phone: () ____ - ____ Work Phone: () ____ - ____ Other Phone: () ____ - ____
 E-mail: _____ (optional) _____ (optional)

Social Security Number: ____ - ____ - ____ D.O.B. ____/____/____ (mm/dd/yyyy) () Male () Female

City and State (or country if not U.S.) of birth: _____ / _____

Are you a United States citizen? Yes or No

Are you a military spouse? Yes or No

SECTION 2 – Employment/Education History

Employment: List in chronological order all employment for the previous three (3) years, beginning with current employment.

Name of Employer: Include Address and Phone Number	Beginning/Ending dates of Employment (month/year)	Reason for Leaving (if applicable)	Position Title

If additional space is needed, record on a separate sheet of paper and attached to this application.

Education:

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

If additional space is needed, record on a separate sheet of paper and attached to this application.

List all Respiratory Therapy and any other health-related license you hold or have held (NBRC credentials are not licenses)

State	Type License	Date License was Issued	License Status	
			Active	Inactive

If additional space is needed, record on a separate sheet of paper and attached to this application.

SECTION 3 – Classification

I meet one of the following criteria for licensing in the State of Alabama:

_____ I currently hold a valid Registered Respiratory Therapist (RRT) or Certified Respiratory Therapist (CRT) credential from the National Board for Respiratory Care. (The applicant may be required to provide verification of the credential from the NBRC. The applicant will be notified if this is necessary)

Highest NBRC credential achieved: (circle one) RRT CRT

_____ I currently hold a valid Respiratory Therapy License from another state/jurisdiction: _____

_____ I am applying under the provision of “Special Training” or “Graduate from a Foreign School”

Section 4 – Disclosure

If you answer, “YES” to any of the following questions you are required to furnish explanation, date, place, reason, and disposition of the matter on a separate sheet of paper attached to this application. A “yes” answer does not necessarily mean the applicant will not be granted a license. Failure to furnish complete documentation may result in denial or delay in the processing of your application.

- | | YES | NO |
|---|-------|-------|
| 1. Are you currently charged with, or ever been convicted of a felony or misdemeanor? | _____ | _____ |
| 2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession of Respiratory Therapy? | _____ | _____ |
| 3. Are you or have you ever been addicted to alcohol or drugs? | _____ | _____ |
| 4. Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting? If yes, give name of institution, date and length of treatment. | _____ | _____ |
| 5. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action? | _____ | _____ |
| 6. Have you ever voluntarily or otherwise surrendered your Healthcare or Respiratory license or certification/ registry in any jurisdiction, state or territory? | _____ | _____ |
| 7. Are you currently under investigation by any healthcare licensing board or agency? | _____ | _____ |
| 8. Have you had any malpractice suits filed against you or your employer on your behalf? | _____ | _____ |

Section 5 – Affidavit of Applicant

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, Federal, or foreign), court, association, institution, or any other organization having control of any documents, records or other such information pertaining to me, to furnish to the Alabama State Board of Respiratory Therapy any such documents and records, regarding charges or complaints filed against me formal or informal, pending or closed, or any other pertinent data and permit the Alabama State Board of Respiratory Therapy or any of its agents or representatives to inspect and make copies of such documents, records and other information , in connection with this application, subsequent to practice thereunder.

I authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a Respiratory Therapist. I agree to give any further information that may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or a Court Order.

I authorize and request the Alabama State Board of Respiratory Therapy to obtain any criminal history information concerning me from any authorized law enforcement agency including but not limited to the Alabama Criminal Justice Information Center, Bureau of Investigation, and the National Crime Information Center (NCIC).

I hereby release, discharge, exonerate, and hold harmless the Alabama State Board of Respiratory Therapy or it’s employees, agents, or designees for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Alabama State Board of Respiratory Therapy as it relates to me or to this application.

I, _____ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself, and that I have read and am familiar with the Rules and Regulations pertaining to the licensure of Respiratory Therapists in the State of Alabama. I acknowledge that any false or untrue statements or representation made in this application may result in the denial or revocation of any license to practice respiratory therapy granted to me and criminal prosecution to the fullest extent of the law.

Applicant’s Signature

Date

SECTION 6 – Notary

Being duly sworn, says that he/she is the person who executed the above application before me and that the attached photo is a true photo of the applicant.

County of _____ State of _____

SWORN to and subscribed before me this _____ day of _____, 20_____

(Notary Public)

Affix SEAL here :

My Commission Expires: _____



**Alabama State Board of Respiratory Therapy
Proof of Citizenship (POC) Form – for Initial ASBRT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

ASBRT
P.O. Box 241386
Montgomery, AL 36124-1386

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

Please check and submit one of the following:

- Alabama Driver's License or Identification issued by the Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth
- Valid U.S. Passport
- Military Identification showing U.S. as place of Birth
- Naturalization documents
- Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen
- Bureau of Indian Affairs Identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of U.S. Birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

Please check and submit one of the following:

- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date