

**MONTANA BOARD OF RESPIRATORY CARE PRACTITIONERS**  
**PO Box 200513, Helena, MT 59620-0513 (Mailing address)**  
**301 S Park Ave, 4<sup>th</sup> Floor, Helena, MT 59601 (Physical address)**  
**EMAIL: [dlibsdrpc@mt.gov](mailto:dlibsdrpc@mt.gov) WEBSITE: [respcare.mt.gov](http://respcare.mt.gov)**  
**ONLINE APPLICATION PORTAL: [ebiz.mt.gov/pol](http://ebiz.mt.gov/pol)**

**REQUIREMENTS AND APPLICATION INSTRUCTIONS**

- APPLICATION PROCEDURES:** an application cannot be fully processed until Board receipt of the following (further information in the sections below regarding each item):
  - Submission of a current copy of the NBRC certificate.
  - Submission of application and licensure fee (by printing this packet and mailing to the address above or completing an application online at <https://ebiz.mt.gov/pol/>).
  - Receipt of licensure verification directly from states an applicant currently holds or has held RCP licensure.
  
- FEES**
  - Licensure and application fee is \$100.00
  - Make check or money order payable to the Board of Respiratory Care Practitioners
  - All fees are non-refundable.
  
- EDUCATION, EXAMINATION AND PRACTICE REQUIREMENTS** [[37-28-202](#), MCA]
  - High school diploma or equivalent;
  - Complete a respiratory care educational program accredited or provisionally accredited by the American Medical Association's Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education or their successor organizations ([www.coarc.com](http://www.coarc.com))
  - Pass the National Board for Respiratory Care (NBRC) examination ([www.nbrc.org](http://www.nbrc.org))
  - Previously licensed Respiratory Therapists applying to Montana who have been away from practice for more than three years shall provide evidence of competency. This can be demonstrated by either:
    - Retaking the respective examination(s) for the credential being renewed and achieving a passing score; or
    - Passing an NBRC credentialing examination not previously completed.
  
- VERIFICATION OF LICENSURE (Proof of licensure from other states, if applicable)**
  - The applicant is responsible for requesting official verification from their current state of licensure and ALL previous licenses held, regardless of status.
    - These may be emailed directly from other states to the Montana Board of RCP:  
[dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)
  - Photocopies of licenses do not qualify as official verification and should not be included with your application.
  
- NON-ROUTINE APPLICATIONS**
  - If the completed application is non-routine (such as having a history of certain criminal convictions or board discipline), there may be a delay in processing.
  - The Board may request that you provide additional information and you may be requested to be available in person or by phone for the Board during a regularly scheduled Board meeting.
  - An application and ALL supporting documentation must be received by the Board 15 business days prior to a scheduled Board meeting. Please refer to our website for Board meeting dates.
  
- RENEWAL**
  - All licenses expire on May 1 each year.
  - Renewal notices are mailed 45 days prior to the expiration date to your address of record. A change of address form is available at [nurse.mt.gov](http://nurse.mt.gov) under Quick Links.
  - All RCPs licensed in Montana must maintain proof of 24 continuing education credits every two years (audited after every May 1 of even years for the previous 24 months).

**IMPORTANT INFORMATION FOR ALL APPLICANTS**

- It is critical to your licensure to not withhold any information regarding each question on the application.
- The applicant will be notified of any deficiencies in their application.
- The licensure status can be viewed at [Licensee Lookup](#).
- It is the responsibility of the applicant to keep the Board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at [respcare.mt.gov](http://respcare.mt.gov) under Quick Links.
- The practice of respiratory care in Montana is governed by the Board's Statutes and Administrative Rules. These are found at [respcare.mt.gov](http://respcare.mt.gov) under Regulations.

**ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Application fees must be paid before your application can be reviewed. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Respiratory Care Practitioners.

**APPLICATION FOLLOWS**



11. **EXPERIENCE**

Please provide all locations in which you have practiced in the last three (3) years. (Please use additional sheets if necessary).

Name of Facility	Address	Dates (From/To)

12. **LICENSE VERIFICATION DOCUMENTS**

Do you currently hold a license in another state as a Respiratory Care Practitioner or Limited Permit? If yes, provide the following information:

State or Other Jurisdiction	License Type	License Number	Current? Yes/No	
			Yes	No
			Yes	No
			Yes	No

## PERSONAL HISTORY QUESTIONS

- *Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See [37-1-105](#), MCA.*
- *You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.*
- *Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.*

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|-----|--|-----|----|
| 13. | Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 14. | Have you ever surrendered a credential like those listed in number 13, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?  | Yes | No |
| 15. | Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | Yes | No |
| 16. | Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | Yes | No |
| 17. | Have you ever withdrawn an application for any professional license?   | Yes | No |
| 18. | As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | Yes | No |
| 19. | Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | Yes | No |

### The following information is provided for Question 20 below:

*A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.*

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|-----|---|-----|----|
| 20. | Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 21. | Are you now subject to criminal prosecution or pending criminal charges?  | Yes | No |
| 22. | Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?   | Yes | No |
| 23. | Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  | Yes | No |
| 24. | Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?   | Yes | No |

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| 25. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 26. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?   | Yes | No |
| 27. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?  | Yes | No |
| 28. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?  | Yes | No |

**DECLARATION**

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE**  
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

**APPLICANT:** Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

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**LICENSEE INFORMATION**

To Whom It May Concern:

I am applying for a license to practice as a Respiratory Care Practitioner in the State of Montana, and the Board of Respiratory Care Practitioners requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Respiratory Care Practitioners**  
**PO Box 200513**  
**Helena, MT 59620-0513**  
**[dlibsdrpc@mt.gov](mailto:dlibsdrpc@mt.gov)**

Your prompt response is appreciated.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Street or PO Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My License Number from your State is: \_\_\_\_\_ License Type: \_\_\_\_\_  
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