

13839, (eff 12-28-23)

Adopt Plc 1502.26 and renumber existing Plc 1502.26 as Plc 1502.27, so that Plc 1502.26 reads as follows:

Plc 1502.26 “Self-directed study program” means a program that is presented via audio, video, or computer programming at a time chosen by the licensee, which requires successful completion of an examination to obtain proof of completing the self-study program.

Readopt with amendments Plc 1504.01, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1504.01 Statutory Qualifications.

(a) As required by RSA 326-E:3, I, to qualify for an initial license to practice respiratory care an applicant shall be of good professional character and:

- (1) Be a graduate of a respiratory care educational program; or
- (2) Have successfully completed and achieved a passing score for the entry level exam administered in English by the NBRC prior to July 31, 1977.

(b) As required by RSA 326-E:3, II and as further explained in Plc 1504.02, an applicant for initial licensure shall also pass a standardized national examination administered in English by the NBRC or by its successor organization.

(c) As required by RSA 326-E:3, III, an applicant for initial licensure shall certify under oath that the applicant is not under investigation by any professional licensing board and that the applicant’s credentials have not been suspended or revoked by any professional licensing board.

(d) As required by RSA 326-E:3, IV, an applicant for initial licensure who has not practiced as a respiratory care practitioner for at least 500 hours per year during the 4 years prior to filing the application shall successfully complete continuing education and continuing competence requirements set forth in Plc 1504.13.

Readopt with amendments Plc 1504.03, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1504.03 Applying for Initial Licensure.

(a) Any individual who meets the statutory qualifications as reiterated in Plc 1504.01 and wishes to engage in the practice of respiratory care who is not already licensed in New Hampshire shall file an application for an initial license in accordance with this section.

(b) Each applicant for initial licensure shall submit to the licensing bureau:

- (1) A “Universal Application for Initial License” dated April 2023, as tailored for respiratory care licenses, that contains the information specified in Plc 304.03 and Plc 1504.04 and is signed and attested to as specified in Plc 304.05;
- (2) The documentation specified in Plc 304.04 and Plc 1504.05 as applicable; and
- (3) The application processing and licensing fee specified in Plc 1002.

Readopt with amendments Plc 1504.05, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1504.05 Documentation Required for Initial License Application. In addition to the information and documentation required by Plc 304.04, the applicant shall provide the following with an application for initial licensure:

- (a) Documentation of current certification by the NBRC; and

13839, (eff 12-28-23)

(b) If the applicant was previously licensed as a respiratory care practitioner but has not been active in the profession for at least 500 hours per year during the 4 years prior to filing the application, the following proofs of having met the competency requirements of Plc 1504.13:

(1) For the courses described in Plc 1504.13(a), proofs of attendance showing:

- a. The name of the applicant;
- b. The name or main topic of the course;
- c. The beginning and ending dates of the course;
- d. The duration of the course in hours; and
- e. The signature of a representative of the course sponsor or provider;

(2) For the additional hours required by Plc 1504.13(b), the documentation specified for the program or activity specified in Plc 1507.07 through Plc 1507.18; and

(3) For the NBRC self-assessment examination described in Plc 1504.13(c), the applicant's scores sent directly to the licensing bureau by the NBRC.

Readopt with amendments Plc 1504.08, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1504.08 Review of Complete Applications for Initial Licensure; Decisions.

(a) After determining that an application is complete, the licensing bureau shall review the application to determine whether the applicant meets all criteria specified in applicable law for a license to practice respiratory care.

(b) Subject to (c), below, the licensing bureau shall approve an application for initial licensure and issue a license if the applicant:

- (1) Has submitted an application that meets the requirements of Plc 1504.03;
- (2) Meets the statutory requirements for licensure reiterated in Plc 1504.01; and
- (3) Has met the competency requirements of Plc 1504.13, if applicable.

(c) The licensing bureau shall notify the applicant of the decision on the application in writing sent to the applicant's designated email address.

(d) If the licensing bureau determines that the applicant has not demonstrated that all requirements to obtain a license are met, then:

- (1) The licensing bureau shall deny the application; and
- (2) The notice sent pursuant to (c), above, shall inform the applicant that the denial shall become final in 30 days unless the applicant requests a hearing in writing within 30 days.

(e) If the application is denied in accordance with (d), above, the application processing and licensing fee shall not be refunded.

Readopt with amendments Plc 1504.10, eff. 5-22-2023 (doc. #13621), to read as follows:

13839, (eff 12-28-23)

Plc 1504.10 Initial Licenses: Issuance and Duration.

(a) Each initial license to practice respiratory care issued by the OPLC shall specify:

- (1) The name of the licensee;
- (2) The effective date of the license; and
- (3) The license number.

(b) An initial license shall:

- (1) Be valid for 2 years from the date of issuance as provided in RSA 310:8, II, provided that the timely filing of a complete renewal application shall continue the validity of the license being renewed until final action is taken on the renewal application;
- (2) Expire 2 years from the date the license was issued unless a timely and complete renewal application is filed or the license is sooner suspended or revoked in accordance with Plc 1510; and
- (3) Be subject to renewal.

Readopt with amendments Plc 1505.02, eff. 5-22-2023 (doc. #13621), and renumber as Plc 1504.13, to read as follows:

Plc 1504.13 Competence Requirements. An applicant who was previously licensed but who has not been active in the profession for at least 500 hours per year during the 4 years prior to filing the application shall, within the calendar year immediately preceding the submittal of an application for initial licensure:

(a) Complete 12 contact hours of professional respiratory care courses that are:

- (1) Described by the course sponsors or providers as review courses; and
- (2) Approved by:
 - a. The American Medical Association's Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education or successor organizations;
 - b. The Committee on Accreditation for Respiratory Care or its successor organization;
 - c. The Commission on Accreditation of Allied Health Education Programs or its successor organization; or
 - d. The American Association for Respiratory Care (AARC) or its successor organization;

(b) Complete an additional 6 contact hours of continuing education in:

- (1) Current treatment or management of infectious diseases;
- (2) Advances in the pharmacologic treatment of the cardio-pulmonary system;
- (3) New modes of respiratory care; or
- (4) Any of the topics authorized for continuing competence credit listed in Plc 1507.04(c) and (d); and

13839, (eff 12-28-23)

(c) Take and score in the passing range on all parts of the NBRC self-assessment examination designed for the highest NBRC credential the applicant has obtained.

Change the heading of Plc 1505 to read as follows:

PART Plc 1505 RESERVED

Repeal Plc 1505.01, eff. 5-22-2023 (doc. #13621), as follows:

~~Plc 1505.01 Definition. For purposes of this part, “managing RCP” means an individual who is a licensed respiratory care practitioner in New Hampshire in good standing and without conditions or limitations who will be responsible for providing or overseeing and coordinating the supervision of a conditional licensee.~~

{Plc1505.02 moved, renumbered as Plc 1504.13}

Repeal Plc 1505.03 through Plc 1505.10, eff. 5-22-2023 (doc. #13621), as follows:

~~Plc 1505.03 Supervision Required for Conditional Licensees.~~

~~(a) A conditional license shall limit the licensee to practicing under the following supervision by one or more individuals who are licensed in good standing and without conditions or limitations to practice respiratory care in New Hampshire:~~

~~(1) Direct supervision, as defined in Plc 1502.09, for not less than 10 percent of the hours worked each week; and~~

~~(2) Indirect supervision, as defined in Plc 1502.11, for not less than 10 percent of the hours worked each week.~~

~~(b) The managing RCP shall not be required to personally provide all of the required supervision, but shall be responsible for ensuring that any supervision provided by other licensed respiratory care practitioners is sufficient to allow the determination of competency required by Plc 1505.06 to be made.~~

~~Plc 1505.04 Supervision Form.~~

~~(a) The supervision form required by Plc 1504.05(b) shall be the “Supervision of Respiratory Care Conditional Licensee” form dated September 2023, as further described in (e), below.~~

~~(b) The individual to be supervised shall:~~

~~(1) Legibly complete part I of the form, entitled “To be completed by the Applicant/Conditional Licensee (individual to be supervised)”;~~ and

~~(2) Give the form to the managing RCP.~~

~~(c) The managing RCP shall:~~

~~(1) Legibly complete part II of the form, entitled “To be completed by the Managing RCP”;~~

~~(2) Sign and date the form; and~~

~~(3) Return the form to the licensing bureau.~~

~~(d) The signature required on the form by (c), above, shall constitute the managing RCP’s attestation that the managing RCP:~~

~~(1) Is licensed to practice respiratory care in New Hampshire in good standing and without limitation or restriction;~~

~~(2) Has read and understands Plc 1505 governing the supervision;~~

13839, (eff 12-28-23)

- ~~(3) Agrees to undertake the duties of supervision as set forth in the rules;~~
- ~~(4) Agrees to take responsibility for the acts and omissions of any individual who directly supervises the conditional licensee; and~~
- ~~(5) Understands that the failure of the signer or the signer's delegate to follow the rules governing the supervision has the potential to subject the signer to disciplinary sanctions.~~

~~(e) The "Supervision of Respiratory Care Conditional Licensee" form dated September 2023 shall comprise 2 parts, as follows:~~

~~(1) Part I, entitled "To be completed by the Applicant/Conditional Licensee (individual to be supervised)", shall require the applicant or conditional licensee to provide the following information:~~

- ~~a. The individual's full legal name;~~
- ~~b. The date the application is being or was originally submitted; and~~
- ~~c. The name, address, and telephone number of the individual's intended place of employment; and~~

~~(2) Part II, entitled "To be completed by the Managing RCP", shall require the managing RCP to provide the following information:~~

- ~~a. The managing RCP's full legal name and New Hampshire license number;~~
- ~~b. The name, address, and telephone number of the managing RCP's employer;~~
- ~~c. The name, location, and telephone number of the site where the supervision will occur; and~~
- ~~d. The date the supervision is anticipated to start and the date the supervision is anticipated to end.~~

~~Plc 1505.05 No Delegation of Managing RCP Responsibilities.~~

~~(a) If a managing RCP is unable for any reason to perform the responsibilities of overseeing the supervision of a conditional licensee, the managing RCP shall inform the conditional licensee that a new managing RCP will be needed.~~

~~(b) If the managing RCP informs the conditional licensee pursuant to (a), above, the conditional licensee shall complete the steps in Plc 1505.04(b) through (d) with a new managing RCP.~~

~~Plc 1505.06 Requirements for Full Initial Licensure of Conditional Licensees.~~

~~(a) In order to achieve full licensure, a conditional licensee shall, within the period of validity of the conditional license:~~

- ~~(1) Practice under the supervision required by Plc 1505.04(a) for at least 12 weeks if practicing 32 hours or more each week or for at least 24 weeks if practicing fewer than 32 hours each week; and~~
- ~~(2) Demonstrate competency as documented by at least one supervisory letter that complies with (b), below.~~

~~(b) Each supervisory letter demonstrating competency shall:~~

- ~~(1) Be on business stationery, dated and signed by the managing RCP;~~
- ~~(2) Be submitted directly to the licensing bureau by the managing RCP;~~

13839, (eff 12-28-23)

~~(3) Include the statement that the requirements of Plc 1505.06(a)(1) were met; and~~

~~(4) Include the statement that, in the opinion of the managing RCP, the conditional licensee is competent to practice under full licensure.~~

~~Plc 1505.07 Administrative Obligations of Conditional Licensees.~~

~~(a) Before the beginning of supervision by a managing RCP, a conditional licensee shall:~~

~~(1) Give a copy of Plc 1505 and the supervision form specified in Plc 1505.04 to the managing RCP;~~

~~(2) Discuss the required supervision with the managing RCP; and~~

~~(3) Request the managing RCP to complete the form and submit it to the licensing bureau.~~

~~(b) Whenever a managing RCP is replaced by another managing RCP, a conditional licensee shall:~~

~~(1) Notify the licensing bureau of the replacement; and~~

~~(2) Take the actions required by (a), above.~~

~~Plc 1505.08 Extension of Conditional License When Supervised Practice is Incomplete or Supervisory Letter is Unavailable. The licensing bureau shall extend a conditional license for an additional period of no more than 26 weeks when:~~

~~(a) The conditional license is currently valid;~~

~~(b) The conditional licensee:~~

~~(1) Is unable to complete the practice required by Plc 1505.06(a)(1) due to loss of employment for any reason other than being terminated for cause or terminated during probationary employment because of incompetence; or~~

~~(2) Is unable to submit the letter required by Plc 1505.06(a)(2) for a reason unrelated to the managing RCP's belief that the licensee is not competent to practice under full licensure; and~~

~~(c) The conditional licensee submits to the executive director a written request for the extension explaining the details of the reason for the request as provided in (b), above.~~

~~Plc 1505.09 Extension of Conditional License Pursuant to Managing RCP's Request. The licensing bureau shall extend a conditional license for an additional period of not more than 12 weeks when:~~

~~(a) The conditional license is currently valid; and~~

~~(b) The managing RCP requests the extension to allow the conditional licensee to establish competence sufficient for full licensure.~~

~~Plc 1505.10 Expiration, Suspension, and Emergency Suspension of Conditional Licenses.~~

~~(a) A conditional license not expired by the passage of time without fulfillment of the requirements to obtain full initial licensure shall expire when a final decision on full initial licensure is made.~~

~~(b) The conditional licensee shall have the right to challenge the denial of full licensure through an adjudicative hearing.~~

~~(c) The executive director shall suspend a conditional license after complying with (d), below, if it is demonstrated that the conditional licensee:~~

~~(1) Practiced respiratory care without the required supervision;~~

~~(2) Was terminated for cause from employment as a respiratory care practitioner;~~

13839, (eff 12-28-23)

~~(3) Was terminated from employment as a respiratory care practitioner for incompetence during a probationary period; or~~

~~(4) Violated RSA 326-E or Plc 1500.~~

~~(d) The executive director shall suspend a conditional license on one or more of the bases set forth in (e), above, only after:~~

~~(1) Giving the conditional licensee notice containing:~~

~~a. A statement of the executive director's intent to suspend the conditional license;~~

~~b. The facts on which the proposed suspension is based;~~

~~c. The date the proposed suspension will take effect; and~~

~~d. A statement that the conditional licensee has the right to request an adjudicative hearing to challenge the proposed suspension; and~~

~~(2) Providing the conditional licensee the opportunity to challenge the proposed suspension at an adjudicative hearing.~~

~~(e) The executive director shall suspend a conditional license on an emergency basis in the circumstances, and according to the procedures, set forth in RSA 541-A:30, III.~~

Readopt with amendments Plc 1506.01 and Plc 1506.02, eff. 5-22-2023 (doc. #13621), to read as follows:

Plc 1506.01 Purpose and Applicability.

(a) The purpose of this part is to formally acknowledge and give effect to the exemption from licensing under RSA 326-E:6, I(a) for students in approved respiratory care programs, to:

(1) Allow students to satisfy supervised clinical education requirements; and

(2) Reassure healthcare providers that students are authorized to work without being licensed.

(b) This part shall apply to:

(1) Any educational institution that offers courses or programs that include clinical rotations to educate and train individuals who wish to become licensed respiratory care practitioners; and

(2) Any individual who is enrolled in a course or program to be educated and trained in respiratory care.

(c) Nothing in this part shall be construed to prohibit payment to students.

Plc 1506.02 Clinical Rotations Allowed. An individual may engage in activities normally undertaken by a licensed respiratory care practitioner in a clinical rotation, without obtaining a license under RSA 326-E or Plc 1500, if the individual is enrolled in a course or program to be educated and trained in respiratory care that meets the requirements of Plc 1506.03.

Readopt with amendments Plc 1507.01 and Plc 1507.02, eff. 5-22-2023 (doc. #13621), to read as follows:

Plc 1507.01 Licensee Obligations for Notifications and Updates.

(a) Each licensee shall notify the licensing bureau within 10 working days when a change of name occurs.

13839, (eff 12-28-23)

(b) Each licensee shall update the OPLC's records within 10 working days when a change of personal telephone number or designated email address occurs.

(c) As provided in RSA 326-E:8, VI, each licensee shall update the OPLC's records of any change in home or business address within 30 days of the change.

(d) Each licensee shall notify the licensing bureau within 10 working days of:

(1) Any disciplinary action, including the imposition of fines or penalties, taken or in process of being taken against the licensee by any jurisdiction in which the licensee is licensed in any profession;

(2) The commencement of any civil action or insurance claim filed against the licensee that alleges malpractice and any decision(s) made in such civil actions or insurance claims; and

(3) Conviction without annulment in any jurisdiction of any felony that:

a. Constitutes a sexual offense as defined in the convicting jurisdiction;

b. Constitutes a violation of controlled substance law; or

c. Is based on:

1. Injury or the potential for injury to a victim;

2. Any form of theft that would be covered in New Hampshire by RSA 637; or

3. Any form of crime involving dishonesty, including but not limited to fraud, blackmail, extortion, graft, hoax, misrepresentation, or forgery.

(e) Each licensee shall know, and have available in the licensee's office or other place of business, information regarding how complaints can be filed with the OPLC.

Plc 1507.02 Licensee Responsibilities for Renewal. Each licensee shall:

(a) Know when the licensee's license is due to expire; and

(b) Except for holders of a temporary license or conditional license, file an application for renewal prior to the expiration of the current license in accordance with Plc 1508 if the licensee wishes to continue to practice in New Hampshire.

Readopt with amendments Plc 1507.04, eff. 07-20-23 (doc. #13689, Emergency), to read as follows:

Plc 1507.04 Continuing Professional Competence Requirements.

(a) Unless receiving a waiver pursuant to Plc 1507.06 based on active military service, a licensee intending to renew licensure shall engage in continuing professional education by completing 12 contact hours of continuing competence activities for the 2-year license period in accordance with (b) through (d), below.

(b) At least half of the contact hours required by (a), above, shall relate directly and primarily to the clinical application of respiratory care.

(c) The balance of the contact hours required by (a), above, shall relate to:

(1) How to teach respiratory care;

13839, (eff 12-28-23)

- (2) Respiratory care supervision and consultation skills;
- (3) Respiratory care curriculum development;
- (4) Trans-disciplinary issues or skills applicable to respiratory care;
- (5) Respiratory care administration and management;
- (6) Respiratory care research;
- (7) Extracorporeal membrane oxygenation (ECMO); or
- (8) Other continuing professional education similarly not related directly and primarily to the clinical application of respiratory care, including but not limited to development of leadership skills and training in emergency management.

(d) Continuing competence credit shall be accumulated through participating in any continuing competence program accepted by the NBRC and any of the following activities:

- (1) Successful completion of a college-level course related to respiratory care, as further described in Plc 1507.07;
- (2) Successful completion of live programming such as courses, programs, workshops, and seminars, as further described in Plc 1507.08;
- (3) Passing specialty examinations, as further described in Plc 1507.09;
- (4) Public professional presentations relating to respiratory care, as further described in Plc 1507.10;
- (5) Participation in a respiratory care research project, as further described in Plc 1507.11;
- (6) Taking and passing courses for initial or renewal certification, as further described in Plc 1507.12;
- (7) Participation as an instructor or instructor trainee in one of the courses for initial or renewal certification that qualify under (6), above, as further described in Plc 1507.13;
- (8) Teaching a college-level course relating to respiratory care, as further described in Plc 1507.14;
- (9) Facility-based respiratory care in-service training, as further described in Plc 1507.15;
- (10) Publication of writing related to respiratory care, as further described in Plc 1507.16;
- (11) Participation in the work of professional boards and committees, as further described in Plc 1507.17; and
- (12) Completing a self-directed study program, as further described in Plc 1507.18.

Readopt with amendments Plc 1507.05, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1507.05 Documentation Requirements; Audits.

(a) Upon being notified by the OPLC that an on-line system administered by a third-party organization is available to manage continuing competence compliance, each licensee shall use the on-line system to track and report the completion of continuing competence activities.

13839, (eff 12-28-23)

(b) Each licensee shall retain documentation of participating in continuing competence activities as described for the specific course or activity for not less than the current license period and most recent renewal period, provided that documentation may be retained in the on-line system once available.

(c) The executive director shall audit licensee participation in continuing competence activities by:

(1) Randomly selecting 10% of licensees each year to be audited; and

(2) Notifying each selected licensee of the audit by email sent to the licensee's designated email address.

(d) The notice sent pursuant to (c)(2), above, shall direct the licensee to submit documentation to support the continuing competence activities claimed by the licensee for the most recent renewal period to the executive director by a specified date, which shall be no sooner than 30 days from the date of the notice.

(e) In response to the notice, a licensee selected for audit shall submit the following to the executive director no later than the date specified in the notice:

(1) The documentation required by Plc 1507.07 through Plc 1507.18, as applicable to the type of activity; or

(2) For any time period covered by the on-line system, a copy of the on-line records, subject to (f), below.

(f) In lieu of submitting a copy of the on-line records, a licensee selected for audit may provide the executive director with direct access to the on-line records.

(g) Failure to submit documentation when directed to do so shall constitute a violation of these rules.

Readopt with amendments Plc 1507.07 and Plc 1507.08, eff. 07-20-23 (doc. #13689, Emergency), to read as follows:

Plc 1507.07 College-Level Courses Relating to Respiratory Care.

(a) A licensee may claim credit towards the continuing competence requirement for successfully completing a college-level course relating to the topics listed in Plc 1507.04(b) and (c), provided that:

(1) The course is given as part of a program or curriculum with the potential to lead to an academic degree higher than that held by the licensee at the time of first eligibility for initial licensure;

(2) The course adds to the professional knowledge or skill of the licensee as shown in a written summary of the new information or skill the licensee acquired during the course; and

(3) The licensee achieves in the course a letter grade of C or better or a numerical grade of 2.00 or better on a 4-point scale, or the equivalent on any other point scale.

(b) The licensee may claim one contact hour for each course credit awarded by the college or university.

(c) Documentation of successful completion of a college-level course relating to the topics listed in Plc 1507.04(b) and (c) shall be:

(1) An official transcript showing:

a. The name of the course;

13839, (eff 12-28-23)

- b. The date of the course; and
 - c. The grade assigned to the licensee;
- (2) One of the following descriptions of the course:
- a. The description of the course copied from the college or university catalogue; or
 - b. The course syllabus; and
- (3) The licensee's written summary of the new information or skill that the licensee acquired by taking the course.

Plc 1507.08 Courses, Programs, Workshops, and Seminars.

(a) A licensee may claim credit towards the continuing competence requirement for successfully completing live programming such as courses, programs, workshops, and seminars that are:

- (1) Any course or program approved or sponsored by AARC;
- (2) Non-AARC courses, workshops, and seminars that are:
 - a. Related to the topics listed in Plc 1507.04(b) and (c); and
 - b. Sponsored or provided by any statewide, regional, or national professional respiratory care organization or any federal agency, including but not limited to the Federal Emergency Management Agency; or
- (3) Non-AARC courses that are:
 - a. Related to the topics listed in Plc 1507.04(b) and (c); and
 - b. Approved by the accreditation council for continuing education of the American Medical Association, the American Heart Association, or the American Academy of Pediatrics.

(b) The licensee may claim as credit for completing a course, program, workshop, or seminar described in (a), above, the same number of contact hours attributed to it by the provider or sponsor.

(c) Documentation of successful completion of a course or program described in (a), above, shall be a document showing:

- (1) The licensee's name;
- (2) The name and location of the course or program;
- (3) The name of the provider or sponsoring entity;
- (4) The beginning and ending date(s) of the course or program;
- (5) The name of each speaker or instructor;
- (6) The number of hours credited by the provider or sponsoring entity; and
- (7) The printed name and signature of the speaker, instructor, or representative of the provider or sponsoring entity.

(d) Documentation of successful completion of a workshop or seminar described in (a), above, shall be the licensee's certificate of completion.

13839, (eff 12-28-23)

Readopt with amendments Plc 1507.09, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1507.09 Specialty Examinations.

(a) A licensee may claim credit towards the continuing competence requirement for passing any of the following specialty examinations that the licensee has not previously passed, provided the examination is for credentials that are a more advanced category than the licensee currently holds:

- (1) NBRC registered respiratory therapist examination;
- (2) NBRC pulmonary function technologist examination;
- (3) NBRC neonatal and pediatric respiratory care specialty examination;
- (4) NBRC sleep disorders testing and therapeutic intervention respiratory care specialist examination;
- (5) NBRC adult critical care specialist examination;
- (6) Extracorporeal Life Support Organization (ELSO) Adult ECMO Certification (E-AEC) examination; and
- (7) National Certification Corporation Certified in Neonatal Pediatric Transport (C-NPT) examination.

(b) The licensee may claim 12 contact hours for each specialty examination passed.

(c) Documentation of passing one of the specialty examination described in (a), above, shall be the certifying organization's notification stating that the licensee passed the examination.

Readopt with amendments Plc 1507.12, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1507.12 Taking and Passing Courses for Initial or Renewal Certification.

(a) A licensee may claim credit towards the continuing competence requirement for taking and passing one or more courses for initial or renewal certification in:

- (1) Basic life support for health care providers (BLS), comprising a course for health care providers sponsored by the American Heart Association in the techniques of cardio pulmonary resuscitation;
- (2) Advanced cardiac life support (ACLS), comprising a course sponsored by the American Heart Association in the therapeutic interventions used in cases of cardiac arrest;
- (3) Pediatric advanced life support (PALS), comprising a course in advanced techniques in the resuscitation of children sponsored by the American Academy of Pediatrics; or
- (4) Neonatal resuscitation program (NRP), comprising a course sponsored by the American Academy of Pediatrics in the techniques of resuscitation of newborn babies.

(b) The licensee may claim the following:

- (1) For taking and passing a BLS initial certification course, 8 contact hours;
- (2) For taking and passing a BLS renewal certification course, 4 contact hours;
- (3) For taking and passing an ACLS initial certification course, 16 contact hours;

13839, (eff 12-28-23)

- (4) For taking and passing an ACLS renewal certification course, 8 contact hours;
 - (5) For taking and passing a PALS initial certification course, 16 contact hours;
 - (6) For taking and passing a PALS renewal certification course, 8 contact hours;
 - (7) For taking and passing an NRP initial certification course, 16 contact hours; and
 - (8) For taking and passing an NRP renewal certification course, 8 contact hours.
- (c) Documentation of taking and passing one of the courses listed in (a), above, shall be:
- (1) The certification card showing that the licensee has taken and passed the course; or
 - (2) A certificate of course completion issued by the course sponsor.

Adopt Plc 1507.18 to read as follows:

Plc 1507.18 Completing Self-Directed Study Programs.

- (a) A licensee may claim credit towards the continuing competence requirement for successfully completing a self-directed study program relating to the topics listed in Plc 1507.04(b) and (c), provided that:
- (1) The program adds to the professional knowledge or skill of the licensee; and
 - (2) The licensee passes the examination given at the end of the program.
- (b) The licensee may claim as credit for completing a self-directed study program the same number of contact hours attributed to it by the provider or sponsor.
- (c) Documentation of successful completion of a self-directed study program shall be a document showing:
- (1) The licensee's name;
 - (2) The name of the course or program and the standard duration of the program, in hours;
 - (3) The name of the provider or sponsoring entity;
 - (4) The date the licensee completed the program;
 - (5) The number of hours credited by the provider or sponsoring entity; and
 - (7) Confirmation that the licensee passed the examination at the end of the program.

Readopt with amendments Plc 1508.01 through Plc 1508.03, eff. 05-22-23 (doc. #13621), to read as follows:

Plc 1508.01 Eligibility for License Renewal. To be eligible for renewal of a license to practice respiratory care, an individual shall have:

- (a) Maintained NBRC credential(s);
- (b) Accrued the hours of continuing education required by Plc 1507.04;
- (c) Paid all monetary penalties imposed in New Hampshire, if any;

13839, (eff 12-28-23)

(d) Not been determined through an adjudicative process of having violated this chapter or the licensure requirements of any other jurisdiction in which the licensee is currently licensed;

(e) Not been convicted in the prior 27 months of any misdemeanor or felony arising from circumstances that demonstrate poor professional character; and

(f) Meet the eligibility for renewal criteria specified in Plc 308.02.

Plc 1508.02 Notification of Pending License Expiration.

(a) At least 60 days prior to the expiration of a license issued pursuant to RSA 326-E and Plc 1500 or rules of the predecessor board, the licensing bureau shall:

(1) Notify, in writing to the licensee's designated email address, each licensee whose license is expiring that:

a. The license is due to expire; and

b. Failure to file a complete and timely application for renewal shall result in the license expiring; and

(2) Include with the notice a copy of the renewal application identified in Plc 1508.03(a) or, when the application becomes available on-line, a registration code for the licensee to use to renew on-line, if a code is necessary for on-line renewal.

(b) A licensee who wishes to renew the license who does not receive an application or registration code shall contact OPLC customer support at CustomerSupport@oplc.nh.gov to obtain an application or code, as applicable.

(c) As provided in RSA 541-A:30, I and RSA 310:8, II, if a timely and complete renewal application is filed, the license shall continue as valid until final action is taken on the application for renewal.

(d) A licensee whose license has expired shall not practice respiratory care in New Hampshire until the license has been reinstated.

Plc 1508.03 Application for License Renewal. A licensee who wishes to renew the license shall submit to the licensing bureau:

(a) A completed "Universal Application to Renew License" dated April 2023, as tailored for respiratory care licenses, that provides the information required by Plc 308.06 and is signed and attested to as specified in Plc 308.08;

(b) The information and documentation required by Plc 308.07 and Plc 1508.04;

(c) The information and attestation relative to meeting continuing competence requirements, as specified in Plc 1508.05; and

(d) The application processing and licensing fee specified in Plc 1002, provided that active duty military and military spouses shall not pay the renewal application fee.

13839, (eff 12-28-23)

APPENDIX A: STATE STATUTES IMPLEMENTED

Rule	State Statute(s) Implemented
Plc 1502.26	RSA 326-E:10, II; RSA 326-E:11
Plc 1504.01, 1504.03, 1504.05, 1504.08, 1504.10, 1504.13 [formerly 1505.02]	RSA 326-E:3
Plc 1506.01, 1506.02	RSA 326-E:6, I(a)
Plc 1507.01, 1507.02, 1507.04, 1507.05, 1507.07, 1507.08, 1507.09, 1507.12, 1507.18	RSA 326-E:10, II; RSA 326-E:11
Plc 1508.01 - 1508.03	RSA 326-E:10

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
 7 Eagle Square - Concord, N.H. 03301-4980
 Telephone 603-271-2152

UNIVERSAL APPLICATION FOR LICENSE RENEWAL
as tailored for Respiratory Care Licenses

Profession for which application is being filed: _____

License Number: _____ Expiration Date (MM/DD/YYYY): _____

Applicant Information

Full Legal Name: _____
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Social Security Number*: _____
*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Designated email address*: _____
* Email address to which notices, license will be sent

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: () - _____

Office/Place of business name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () - _____

Other locations where licensee routinely practices name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () - _____

Applicant is: employee subtenant independent contractor owner

Applicant is (check if applicable): Applying for facilitated licensure
 Currently on active military duty*
 Legally married to an individual who is currently on active military duty*

* "On active military duty" means on active duty in the U.S. armed forces.

Information on Current Licensure* in Other Jurisdictions:

Jurisdiction	License Number	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice

Background/Character Questions ("you" means the applicant; "not previously reported" does not include anything not required to be reported for initial licensure):

**Office of Professional Licensing and Certification
7 Eagle Square - Concord, New Hampshire 03301-4980
(603) 271-2152**

Questions:	Yes	No
During the last 27 months or not previously reported, have you been found guilty of or entered a plea of no contest to any felony or misdemeanor?		
During the last 27 months or not previously reported, have you been the subject of any disciplinary action by any professional licensing authority?		
During the last 27 months or not previously reported, have you been denied a license or other authorization to practice in any jurisdiction?		
During the last 27 months or not previously reported, have you surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
During the last 27 months or not previously reported, has any malpractice claim been made against you?		
During the past 27 months or not previously reported, have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting?		
During the last 27 months or not previously reported, have you been denied the privilege of taking an examination required for any professional license?		
During the past 27 months or not previously reported, have you committed any act(s) that would violate the laws and/or rules that govern the profession in which you are licensed?		

Disclosure of Contact Information*:

Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

** OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

For applicants in any health care profession (information required by RSA 125:25-c):

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)? No Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

Continuing Competence:

Submission of this application constitutes an attestation that the applicant has met the requirements

Activity	Date(s)	Sponsor/Provider	#Clinical Hours	#Non-Clinical Hours	Total # Hours Claimed for Activity
Total # hours claimed for this renewal:					

Required Documentation

Each applicant must provide the following with this application:

- Documentation of current certification by the NBRC; and
- A clear explanation of the relevant circumstances of any “yes” answer provided to a background and character question.

Each applicant on active military duty must provide proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

Each applicant for facilitated licensure as a military spouse must provide:

- (1) Proof of the spouse’s service status as stated above, and
- (2) Proof of marriage in the form of either:
 - a. A copy of the front and back of the applicant’s current military spouse identification card; or
 - b. A copy of the applicant’s official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

Fee

Application Processing Fee - \$165.00, except no fee is required for facilitated licensure

If fee is paid by check or money order, the check or money order should be made payable to “Treasurer, State of New Hampshire.” If your application is denied, the Application Processing Fee will not be refunded.

Signature and Attestation

By signing below, I attest that:

- I am not under investigation by any professional licensing board and my credentials have not been suspended or revoked by any professional licensing board, or a written explanation of each such occurrence is being submitted;
- The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief;
- I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- I understand that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant’s Signature: _____

Date Signed: _____

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
7 Eagle Square - Concord, N.H. 03301-4980
Telephone 603-271-2152

UNIVERSAL APPLICATION FOR INITIAL LICENSE
as tailored for Respiratory Care Licenses

Profession for which application is being filed: _____

Applicant Information

Full Legal Name: _____
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Gender assigned at birth*: Female Male
* To be used solely for purpose of workforce data analysis by
New Hampshire Employment Security

Social Security Number*: _____
*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: () -

Designated email address*: _____
* Email address to which notices, license will be sent

If known, anticipated place of business name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () -

Applicant's primary language: English Other (specify): _____ Other Languages: _____

Applicant is (check if applicable): Applying for facilitated licensure
 Currently on active military duty*
 Legally married to an individual who is currently on active military duty*
* "On active military duty" means on active duty in the U.S. armed forces.

Does applicant intend to practice in New Hampshire more than 50% of the time, whether in-person or by telehealth?
 Yes No

Information on Relevant Education, Experience:

Name of Educational Institution: _____

Address of Educational Institution: _____

Institution Accredited By:

___ AMA Committee on Allied Health Education & Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education

___ Committee on Accreditation for Respiratory Care

___ Commission on Accreditation of Allied Health Education Programs

___ Successor organization to any of the above: _____

Degree Earned: _____ Year Degree Awarded: _____

Date of NBRC Exam: _____ Credential Earned: _____

**Office of Professional Licensing and Certification
7 Eagle Square - Concord, New Hampshire 03301-4980
(603) 271-2152**

Hours Active in the Profession in each of the prior 4 consecutive 12-month periods:

Start date (MM/DD/YYYY):	End date (MM/DD/YYYY):	# Hours:

Information on Current or Past Licensure* in Other Jurisdictions:

Jurisdiction	License Number	Date initially licensed	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice

If applying based on reciprocity, identify which of the above jurisdictions you believe has requirements for licensure that are equivalent to or greater than those in New Hampshire: _____

Background/Character Questions (“you” means the applicant):

Questions:	Yes	No
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
Has any malpractice claim been made against you within the past 10 years?		
Have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting within the past 10 years?		
Have you been denied the privilege of taking an examination required for any professional licensure within the past 10 years?		
Have you committed any act(s) within the past 10 years that would violate the laws or rules that govern the profession for which the application is being filed?		
Have you ever been found guilty or entered a plea of no contest to any felony that is related to professional practice?		
Have you been found guilty of or entered a plea of no contest to, within the past 10 years, any felony that is not related to professional practice, or any misdemeanor?		
Have you ever been the subject of any disciplinary action by any professional licensing authority within the past 10 years?		
Have you, within the past 10 years, been denied a license or other authorization to practice in any jurisdiction?		
Have you, within the past 10 years, surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		

For applicants in any health care profession (information required by RSA 125:25-c):

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)? No Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

Disclosure of Contact Information*:

Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		

**Office of Professional Licensing and Certification
7 Eagle Square - Concord, New Hampshire 03301-4980
(603) 271-2152**

Information	Yes, I consent to disclosure	No, do not disclose
Designated email address		
Home address		
Home mailing address (if different from home address)		

** OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

Required Documentation

Each applicant must provide the following with this application:

- Documentation of current certification by the NBRC; and
- A clear explanation of the relevant circumstances of:
 - (1) Any license sanctions, including fines or penalties, imposed administratively or via a court proceeding in a jurisdiction listed above; and
 - (2) Any “yes” answer provided to a background and character question that is not covered by (1)

Each applicant subject to conditional licensure based on RSA 326-E:3, IV, must provide:

- For each course, proof of attendance that shows the applicant’s name, the name or main topic of the course, the beginning and ending dates of the course, the duration of the course in hours, and the signature of a representative of the course sponsor or provider; and
- For the NBRC self-assessment examination, the applicant’s scores sent directly to the OPLC by the NBRC.

Each applicant on active military duty must provide proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

Each applicant for facilitated licensure as a military spouse must provide:

- (1) Proof of the spouse’s service status as stated above, and
- (2) Proof of marriage in the form of either:
 - a. A copy of the front and back of the applicant’s current military spouse identification card; or
 - b. A copy of the applicant’s official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

Fee

Application Processing Fee - \$165.00, except no fee is required for facilitated licensure

If fee is paid by check or money order, the check or money order should be made payable to “Treasurer, State of New Hampshire.” If your application is denied, the Application Processing Fee will not be refunded.

Signature and Attestation

By signing below, I attest that:

- I am not under investigation by any professional licensing board and my credentials have not been suspended or revoked by any professional licensing board, unless a written explanation of each such occurrence is being submitted with this application;
- The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief;
- I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- I understand that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant’s Signature: _____

Date Signed: _____