

**STATE OF WEST VIRGINIA
BOARD OF RESPIRATORY CARE**

106 Dee Drive, Suite 1
Charleston, WV 25311
304.558.1382, Fax: 304.558.1383, www.wvborc.com



2021 LICENSE RENEWAL APPLICATION / RESPIRATORY THERAPIST

(NO CEU'S ARE DUE TO BE REPORTED THIS YEAR - CEU's WILL BE REPORTED IN NOV/DEC OF 2022)

Name _____

Last 4 Digits SSN ____ _

Address _____

HM Telephone _____

WK Telephone _____

Required Employer Name/Address: _____

Required Email Address: _____

Have you been the subject of any discipline procedure by your employer or any governing agency in regard to your respiratory practice since your last renewal application? _____

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of respiratory care? _____

Have you ever, or are you currently abusing any type of illegal narcotics, prescription medication, or over-the-counter medication? _____

(WV Code §48-15-303); I do ___ or do not ___ have child support obligations in arrearage of six months or more. I am ___ or ___ am not the subject of a child support related subpoena or warrant.

I, the undersigned, attest that the information herein is true to the best of my knowledge:

Signature _____ Date _____

Privacy Statement - This board may share only your name and address with organizations which may wish to offer continuing education or employment opportunities. Note; This board is required by Federal Law to submit discipline actions (including ssn) regarding an applicant or licensee to the US Healthcare Integrity and Protection Data Bank.

License Renewal Fees: Money order, cashier's check, or personal check will be accepted. Do not send cash. If payment is returned by your financial institution, your license to practice respiratory care in the State of West Virginia is automatically invalid.

\$ 55.00 Payment envelope must be postmarked prior to December 1, 2020

\$ 65.00 Payment envelope must be postmarked prior to January 1, 2021

Name Change - Attach a copy of the legal document that changes your name.

Upgrading from Certified to Registered – Attach Notarized Copy of valid NBRC Certificate and include an additional \$10.00 to the renewal fee.

Notice - Licenses not renewed prior to December 31, 2020 will be subject to a new application fee of \$200.00. It is in direct violation of Chapter 30, Article 34 of the West Virginia State Code to practice respiratory care within the State of West Virginia without a valid license. Practitioners and permitting employers may be subject to fines up to \$1,000.00 per day.

Do not separate application from stub. Return entire form with payment to the address below.

STATE OF WEST VIRGINIA – BOARD OF RESPIRATORY CARE

Amount Enclosed _____ Check/Money Order Number _____

Payable to: WV Board of Respiratory Care
Online payments may be accessed at www.wvborc.com

Licensee Name _____

Licensee Number _____

Mail Entire Form/Payment to:
WV Board of Respiratory Care
P. O. Box 40329
Charleston, WV 25364