

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LENSURE IN ANOTHER JURSDICTION

☐ License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

☐ National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- | | |
|--|---|
| <ul style="list-style-type: none">• Applicant's license in another jurisdiction is <u>not in good standing</u>.• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.• Applicant's application for license in another jurisdiction has been denied.• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied. | <ul style="list-style-type: none">• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority. <p>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p> |
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A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS/INFORMATION FOR LICENSE- RESPIRATORY THERAPIST

Access this form via website at: cca.hawaii.gov/pvl/programs/respiratory

DEFINITIONS

No person shall practice as a respiratory therapist in this State unless the person is appropriately licensed.

"Licensed respiratory therapist" means a person who engages in the practice of respiratory care and uses the title of licensed respiratory therapist; who has been issued a license pursuant to Chapter 466D, Hawaii Revised Statutes; and whose license is in effect and not revoked, suspended, or encumbered. (Additional titles will be addressed in the Respiratory Therapist rules).

"Practice of respiratory care" means providing assessment, therapy, management, rehabilitation, support services for diagnostic evaluation, education, and care for patients with deficiencies and abnormalities that affect the pulmonary system, including:

- (1) Respiratory care services, including the administration of pharmacological, diagnostic, and therapeutic care related to respiratory care procedures necessary for treatment, disease prevention, rehabilitative, or diagnostic regimens prescribed by a physician;
- (2) Observation and monitoring of signs, symptoms, reactions and physical responses to respiratory care treatment and diagnostic testing;
- (3) Diagnostic or therapeutic use of:
 - (A) Medical gases, excluding general anesthesia;
 - (B) Aerosols, humidification, environmental control systems, or invasive and non-invasive modalities;
 - (C) Pharmacological care related to respiratory care procedures;
 - (D) Mechanical or physiological ventilatory support, including maintenance of natural airways and insertion and maintenance of artificial airways;
 - (E) Cardiopulmonary resuscitation; and
 - (F) Respiratory protocol and evaluation or diagnostic and testing techniques required for implementation of respiratory care protocols; and
(Additional clarification will be addressed in the Respiratory Therapist rules).
- (4) The transcription and implementation of the written, verbal, and telecommunicated orders of a physician pertaining to the practice of respiratory care.

APPLICATION FORM

Complete the on-line application form or print *legibly* in black ink. Sign and date the form. Submit with required documents and fees. Failure to provide all requested information will delay the processing of your application. Applicants are subject to meet all requirements in effect at the time of filing.

REQUIREMENTS

The following information must be provided on the application:

- **National Certification** - Each applicant is required to have passed the Certified Respiratory Therapist Examination (CRT) or Registered Respiratory Therapist Examination (RRT) of the National Board for Respiratory Care (NBRC). You may either attach the NBRC official verification letter to your application (this is preferable to us) or you may request the NBRC to mail us your verification.

To obtain your verification information, please visit the NBRC website at: www.nbrc.org and click on credentialed practitioners.

Phone No.: (913) 895-4900

Fax No.: (913) 895-4650

(OPTIONAL) ENDORSEMENT OF LICENSES IN ANOTHER STATE OR JURISDICTION

A license through endorsement may be granted to applicants who hold **CURRENT** licenses in another state or jurisdiction that are in good standing, **provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's.**

In addition to the application and fee, you must:

Request a "Verification of License - Respiratory Therapist form (Form RT- 05) be completed by the states where you are licensed and attach original with board's seal to your application form, or you may have them send it directly to Hawaii. Complete the "Applicant Section" and send the form to your out-of-state agency.

NOTE: Some states charge a fee for this service. Contact your out-of-state agency for fee information.

(CONTINUED ON PAGE 2)

**AGE OF MAJORITY
AND U.S. CITIZEN**

In addition to the education and examination requirements, an applicant shall be beyond the age of majority (18 years of age) a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a citizen or national of the United States or alien authorized to work in the United States your application may be denied. Reforms in the immigration laws of the United States have led to new requirements for aliens who seek to enter the United States for the purpose of performing labor as a health-care worker, including respiratory therapists. Federal law mandates that any such alien is inadmissible from the country unless the alien presents a certificate from an independent credentialing organization approved by the Attorney General (See U.S.C. 1182(a)(5)).

**SOCIAL
SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensure purposes and for compliance with the laws mentioned below. For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further. The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank, of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

APPLICATION

Complete the attached application and submit with copies of the aforementioned "Requirements" and fees to:

Mailing address:

Respiratory Therapists Program
DCCA-PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Walk-in address:

335 Merchant Street
Room 301
Honolulu, HI 96813
Phone No. (808) 586-3000

FEES

ATTACH the appropriate fees. Make check or money order payable to: Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)

If applying for licensure between July 1 and June 30 of the first year of the triennium, (2020, 2023, 2026),
pay \$340
(Appl fee - \$60* + License fee - \$50 + CRF - \$150 + 2/3 renewal - \$80)

If applying for licensure between July 1 and June 30 of the second year of the triennium, (2021, 2024, 2027),
pay \$250
(Appl fee - \$60* + License fee - \$50 + CRF - \$100 + 1/3 renewal - \$40)

If applying for licensure between July 1 and June 30 of the third year of the triennium, (2022, 2025, 2028),
pay \$160**
(Appl fee - \$60* + License fee - \$50 + CRF - \$50)

*Application fee is non-refundable.

**SUBJECT TO RENEWAL BY JUNE 30 EVERY THREE YEARS (2023, 2026, 2029), REGARDLESS OF ISSUE DATE.

(CONTINUED ON PAGE 3)

FEES (cont.)

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

**LICENSE
DENIAL**

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

**TRIENNIAL
RENEWAL**

All respiratory therapist licenses, regardless of issuance date, shall be renewed triennially (every three years) on or before June 30, with the first renewal occurring on July 1, 2014. Failure to renew a license shall result in the forfeiture of the license. A forfeited license may be restored within one year from the expiration date upon payment of the renewal and restoration fees, including any penalty or delinquent fees. Failure to restore a forfeited license within one year shall result in the automatic termination of the license. A person whose license has been terminated shall be required to reapply for a new license as a new applicant. A person whose license has been forfeited may not practice as a respiratory therapist until the license has been restored.

LAWS

It is the responsibility of the respiratory therapist to know and comply with the laws pertaining to the practice of respiratory therapy. To obtain a copy of the Respiratory Therapists law, Chapter 466D, Hawaii Revised Statutes, visit our website at cca.hawaii.gov/pvl/programs/respiratory, then click on "Statute/Rule" on the right. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act, should be read in conjunction with Chapter 466D.

**ABANDONED
APPLICATIONS**

Pursuant to HRS §436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts include, but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

APPLICATION FOR LICENSE - RESPIRATORY THERAPIST

Access this form via website at: cca.hawaii.gov/pvl/programs/respiratory

Read the Requirements/Information page before completing this form.

Type or print legibly in black ink.

☐ (Check box only if applying for:)

Temporary Military Spouse License

CHECK ONE: ☐ New License ☐ License by endorsement

Legal Name (First, Middle)

(Last)

Other Names Used (include maiden name):

Residence Address (Include Apt. No., City, State & Zip Code)

Social Security No.

Date of Birth

Mailing Address (**ONLY** if different from above)

Phone No. (days)

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FOR OFFICE USE ONLY

RT Checklist

☐ National Certification

OR

☐ Fees \$340/\$250/\$160

☐ Lic. Verification: _____

☐ Approved

Initials/Date: _____

Lic. No.

RT -

Eff. Date: _____

NATIONAL CREDENTIALS

I hold the following credential(s) issued by the National Board for Respiratory Care (NBRC):

Certified Respiratory Therapist (CRT) No./Issue Date:

Registered Respiratory Therapist (RRT) Registry No./Issue Date:

CRT No.: _____

RRT Registry No.: _____

Issue Date: _____

Issue Date: _____

Provide date you requested CRT: _____

Provide date you requested RRT: _____

STATE LICENSES

Name of State (Attach additional sheets if needed)

License Number

Date Issued

License current?

Please have verification of your respiratory therapist license from the licensing authority of each state in which you hold or held a license at any time sent directly to our department or attach the original verification to your application form.

Please check your answer to the following questions as it pertains to the individual applying for a respiratory therapist license:

1. Are you at least 18 years of age? ☐ Yes ☐ No

2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ Yes ☐ No

3. Have you taken and passed the CRT or RRT Examination? ☐ Yes ☐ No

If "YES", provide passage date: _____

4. Have you ever been denied a registration, certificate, or license to practice respiratory care? ☐ Yes ☐ No

5. Has any license, recognition, authority, registration or national credentials ever been revoked, suspended, encumbered or otherwise subject to disciplinary action? ☐ Yes ☐ No

6. Are you presently being investigated or is any disciplinary action pending against your license, recognition, authority or registration in this State or any other jurisdiction? ☐ Yes ☐ No

7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ Yes ☐ No

If you answered "yes" to questions 4, 5, 6, or 7, please provide a detailed signed statement and certified copies of documents pertaining to the prior or pending disciplinary action(s) or conviction(s).

(CONTINUED ON PAGE 2)

Appl..... 850..... \$60
Lic..... 851..... \$50

CRF..... 853..... \$150/\$100/\$50
Renewal..... 858..... \$80/\$40
Service Charge..... BCF..... \$25

Print Name of Applicant: _____

Date: _____

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 466D-11, Hawaii Revised Statutes.)

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapters 466D and 436B and the Hawaii Administrative Rules when they are promulgated.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date