

21 NCAC 61 .0103 is amended as published in 40:20 NCR 1622 – 1637 as follows:

### **21 NCAC 61 .0103        DEFINITIONS**

The definitions of terms contained in G.S. 90-648 shall apply to the rules in this Chapter. In addition, the following definitions shall apply to the rules in this Chapter:

- (1) "Assessment" means a clinical evaluation of an individual patient by a Respiratory Care Practitioner (RCP) or other licensed health care provider within their scope of practice to determine the ability and efficacy of a respiratory care procedure, protocol, or treatment, including an assessment of the suitability and efficacy of equipment for an individual patient if equipment is to be used in the procedure or treatment.
- (2) "Respiratory care" means the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness using scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system pursuant to G.S. 90-648(11) that is taught in accredited educational programs pursuant to G.S. 90-653(3) or in approved continuing education programs pursuant to the rules of this Chapter within the guidelines established by the American Association for Respiratory Care, incorporated by reference including subsequent amendments and editions, pursuant to G.S. 90-648(10)(f). Copies of the guidelines may be found at <https://www.aarc.org/resources/clinical-resources/clinical-practice-guidelines/> at no cost.
- (3) "The practice of respiratory care" means the performance of assessments and diagnostic tests, and implementation of treatment procedures and protocols related to the cardiopulmonary system pursuant to G.S. 90-648(10) and the activities defined by the American Association of Respiratory Care clinical guidelines, incorporated by reference including subsequent amendments and editions, pursuant to G.S. 90-648(10)(f). Copies of the guidelines may be found at <https://www.aarc.org/resources/clinical-resources/clinical-practice-guidelines/> at no cost.
- (4) "Medical gases" mean those inhaled gases used in the treatment of cardiopulmonary disease.
- (5) "Humidity" means adding heat or moisture to an inhaled medical gas.

- (6) "Aerosols" mean the suspension of particles dispersed in air or gas to deliver medication or humidity to the airways.
- (7) "Pharmacologic agent" means a medication or medical gas delivered during a respiratory care procedure for the treatment of cardiopulmonary disease.
- (8) "Hyperbaric oxygen therapy" means inhalation of high concentrations of oxygen at increased levels of atmospheric pressures within a total body chamber for the treatment of cardiopulmonary disorders or wounds.
- (9) "Mechanical or physiological ventilatory support" means the provision of an apparatus to support gas exchange associated with cardiopulmonary dysfunction.
- (10) "Hemodynamic monitoring" means a procedure required to monitor blood pressure invasively or noninvasively.
- (11) "Diagnostic testing" means a procedure for assessing the function of the cardiopulmonary system and diagnosing cardiopulmonary disease or sleep related disorders.
- (12) "Therapeutic application" means utilizing evidenced-based protocols, procedures, treatments, or modalities defined in this Chapter to maintain cardiopulmonary health or treat cardiopulmonary disease.
- (13) "Active status" means a license issued to an individual after meeting the requirements of G.S. 90-653.
- (14) "Inactive status" means an active license declared inactive by the licensee under G.S. 90-658.
- (15) "Provisional status" means an active twelve month non-renewable license issued to an individual after meeting the requirements of G.S. 90-656.
- (16) "Reciprocity status" means an active license issued to an individual after meeting the requirements of G.S. 90-655.
- ~~(14)~~(17) "Endorsement" means a license issued by the Board recognizing the person named on the certificate as having met the requirements to perform respiratory care procedures pursuant to the rules of this Chapter.

1       (18) “Entry-level examination” means a standardized outcomes assessment given by the National  
2       Board for Respiratory Care, Inc., used to evaluate the knowledge, skills, and abilities of  
3       individuals applying for a license.

4       (19) “Equipment Setup” means the process of preparing, configuring, verifying, connecting,  
5       calibrating, positioning, and initiating a respiratory care apparatus for use by a patient, including  
6       delivery of the apparatus, its placement, and safe operational readiness, and providing instruction  
7       to the patient or caregiver in its correct use or fitting. This term does not mean the independent  
8       performance of patient-specific therapeutic selection, evaluation of treatment efficacy, or the  
9       formulation of a care plan, which constitutes the practice of respiratory care under G.S. 90-648(10)  
10       and 21 NCAC 61 .0103(3).

11  
12   History Note:   Authority G.S. 90-652; 90-648(2),(10), and (11); 90-660;  
13                   *Temporary Adoption Eff. October 15, 2001;*  
14                   *Eff. August 1, 2002;*  
15                   *Amended Eff. September 1, 2010; January 1, 2007; March 1, 2006;*  
16                   *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
17                   *2015;*  
18                   *Amended Eff. July 1, ~~2018~~; 2018; August 1, 2026;*  
19

21 NCAC 61 .0201 is amended as published in 40:20 NCR 1622 – 1637 as follows:

### **21 NCAC 61 .0201 APPLICATION PROCESS**

(a) Each applicant for a respiratory care practitioner license shall complete an electronic application form provided by the Board. This form shall be submitted to the Board using the website licensee portal at [www.ncrcb.org](http://www.ncrcb.org) and shall be accompanied by:

- (1) ~~one head-and-shoulders passport type photograph~~ a photo or scanned digital copy of the applicant applicants state ID, Drivers license or passport of acceptable quality for identification, two inches by two inches in size; identification;
- (2) ~~the fee~~ fees established in Rule .0204 of this Chapter;
- (3) evidence, verified by oath, that the applicant ~~has successfully~~ completed the minimum requirements of ~~a an accredited~~ an accredited respiratory care education program ~~approved by the Commission for Accreditation of Allied Health Educational Programs or the Canadian Council on Accreditation for Respiratory Therapy Education;~~ in accordance with § 90-653 (3);
- (4) evidence, verified by oath, that the applicant ~~has successfully~~ completed the requirements for certification in Basic Life Support ~~which includes Adult, Child and Infant Cardiopulmonary Resuscitation (CPR), the Heimlich Maneuver, and Automatic External Defibrillator (AED) use by the American Heart Association, the American Red Cross or the American Safety and Health Institute; and~~ in accordance with § 90-653 (4);
- (5) evidence from the National Board for Respiratory Care (NBRC) ~~of successful completion of the Certified Respiratory Therapist (CRT)~~ that the applicant passed the entry-level examination administered by it; and
- (6) The electronic application for licensure shall contain the following information about the applicant:
  - a. Full Name including middle name if applicable;
  - b. Maiden names, and aliases if applicable;
  - c. Race;
  - d. Gender;
  - e. Birth date;
  - f. City, state, and country of birth;
  - g. Social security number or taxpayer identification number;
  - h. Primary address of residence;
  - i. Telephone number;
  - j. Email address;
  - k. Educational degree earned with the program name, location and completion date;
  - l. Work history for the last ten years if applicable;

1           m. Professional or occupational licenses held by the applicant with the licensure number and  
2           jurisdiction in which the license was issued, if applicable;

3           n. NBRC credentials earned, and dates passed;

4           o. Disclosure regarding their personal background to include adverse actions taken by any  
5           court, other professional boards, or health care organizations in accordance with 21  
6           NCAC 61 .0205 (1) (2) and (3);

7           p. Disclosure regarding any complaint or investigation related to their conduct or  
8           professional competence in accordance with 21 NCAC 61 .0205 (4) and (5); and

9           q. Declaration affirming the accuracy of information submitted on the application including  
10          the acknowledgement of the requirements in Article 38 and rules of this Chapter.

11 (b) Applicants for initial licensure in North Carolina, who have been inactive and who have not practiced  
12 respiratory care for a period of time greater than one year, must complete the following requirements in addition to  
13 the requirements in Paragraph (a) of this Rule:

14           (1) for applicants who have not practiced respiratory care for a period of time greater than  
15           one year, but less than five years, the applicant must provide evidence of twelve hours of  
16           continuing education, that meet the requirements of 21 NCAC 61 .0401, for each full  
17           year of inactivity; and

18           (2) for applicants who have not practiced respiratory care for a period of time greater than  
19           five years, the applicant must provide evidence of either:

20           (A) sixty hours of continuing education that meet the requirements of 21 NCAC 61  
21           .0401 and evidence from the National Board for Respiratory Care (NBRC) of  
22           successful completion of the ~~Certified Respiratory Therapist (CRT)~~ entry-level  
23           examination taken as an assessment examination ~~within the 90-day period~~  
24           before issuance of a license, or

25           (B) completion of a Respiratory Care refresher course ~~offered through a Respiratory~~  
26           ~~Care Education program accredited by the Commission for the Accreditation of~~  
27           ~~Allied Health Educational Programs.~~ approved by the Board.

28 (c) Upon receipt of a request for licensure pursuant to G.S. 93B-15.1 from a military-trained applicant, the Board  
29 shall issue a license to the applicant who satisfies the following conditions:

30           (1) applies for License to practice respiratory care, as set forth in Rule .0201 of this Section;

31           (2) submits a license fee in accordance with Rule .0204 of this Section and in accordance with G.S.  
32           93B-15.1;

33           (3) provides documentation to satisfy conditions set out in G.S. 93B-15.1(a)(1) and (2); and

34           (4) provides documentation that the applicant has not committed any act in any jurisdiction that would  
35           constitute grounds for refusal, suspension, or revocation of a license in North Carolina at the time  
36           the act was committed.

1           (5) is in good standing and has not been disciplined by the agency that had jurisdiction to issue the  
2           license, certification, or permit.

3 (d) Upon receipt of a request for licensure pursuant to G.S. 93B-15.1 from a military spouse, the Board shall issue a  
4 license to the applicant who satisfies the following conditions:

5           (1) applies to practice respiratory care, as set forth in Rule .0201 of this Section;

6           (2) submits a license fee in accordance with Rule .0201 of this Section and in accordance with G.S.  
7           93B-15.1;

8           (3) submits written documentation demonstrating that the applicant is married to an active member of  
9           the U.S. military;

10          (4) provides documentation to satisfy conditions set out in G.S. 93B-15.1(b)(1) and (2);

11          (5) provides documentation that the applicant has not committed any act in any jurisdiction that would  
12          constitute grounds for refusal, suspension, or revocation of a license in North Carolina at the time  
13          the act was committed; and

14          (6) is in good standing and has not been disciplined by the agency that had jurisdiction to issue the  
15          license, certification, or permit.

16  
17 *History Note: Authority G.S. 90-652 (1),(2) and (13); 90-653(a); G.S. 93B-15.1;*

18 *Temporary Adoption Eff. October 15, 2001;*

19 *Eff. August 1, 2002;*

20 *Amended Eff. April 1, 2008; November 1, 2004; March 1, 2004;*

21 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
22 *2015-2015;*

23 *Amended Eff. August 1, 2026.*  
24

21 NCAC 61 .0204 is amended as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0204 FEES**

(a) Fees are as follows:

- (1) For an initial application, a fee of fifty dollars (\$50.00);
- (2) For issuance of an active license, a fee of ~~one hundred twenty five dollars (\$125.00);~~ one hundred fifty dollars (\$150.00);
- (3) For the renewal of an active license, a fee of seventy-five dollars (\$75.00);
- (4) For the late renewal of any license, an additional late fee of seventy-five dollars (\$75.00);
- (5) For a license with a provisional or temporary endorsement, a fee of fifty dollars (\$50.00); ~~and~~
- (6) For official verification of license status, a fee of ~~twenty dollars (\$20.00);~~ twenty dollars (\$20.00);  
and
- (7) For approval of continuing education credit, twenty dollars (\$20.00) per hour with a maximum of one hundred and fifty dollars (\$150.00) per application for providers of continuing education programs applying for Board approval.

(b) Fees shall be nonrefundable and shall be paid in the form of a credit card or debit card, cashier's check, certified check, or money order made payable to the North Carolina Respiratory Care Board. The Board shall also accept personal checks and debit or credit cards for payment of the fees set forth in Subparagraphs (a)(3), (a)(4), and (a)(6) of this Rule.

(c) In the event the Board's authority to expend funds is suspended pursuant to G.S. 93B-2(d), the Board shall continue to issue and renew licenses and all fees tendered shall be placed in an escrow account maintained by the Board for this purpose. Once the Board's authority is restored, the funds shall be moved from the escrow account into the general operating account.

*History Note: Authority G.S. 90-652(2); 90-652(9); 90-660; 93B-2(d);  
Temporary Adoption Eff. October 15, 2001;  
Eff. August 1, 2002;  
Amended Eff. December 1, 2010; March 1, 2008; March 1, 2004;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22, 2015;  
Amended Eff. June 1, ~~2019~~2019; August 1, 2026;*

21 NCAC 61 .0205 is amended as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0205 BACKGROUND INVESTIGATION**

(a) Every applicant for licensure shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) as required to perform a criminal history check by the North Carolina Department of Justice at the time of the application. Justice. In all instances the applicant must make full and accurate disclosure of ~~any felony convictions, any misdemeanor convictions (except for traffic violations), convictions of any crime directly related to the practice of respiratory care or any disciplinary action pending or ever been taken against any health care provider license / certificate the applicant has or has had~~ all of the following events:

- (1) Any guilty plea or conviction of the applicant, in this State or any other jurisdiction, on any felony or misdemeanor (except for misdemeanor traffic violations);
- (2) Any entry of a plea of Nolo Contendere (No Contest), or entry of a Prayer for Judgment continued or similar arrangement, in this State or any other jurisdiction, on a felony or misdemeanor charge against the applicant (except for misdemeanor traffic violations);
- (3) Any other arrangement in which a verdict or judgment has been deferred or withheld, in this State or any other jurisdiction, on a felony or misdemeanor charge against the applicant, (except for misdemeanor traffic violations);
- (4) Any disciplinary action pending or ever taken against any health care provider license or certificate held by the applicant currently, or in the past, in this State or any other jurisdiction; and
- (5) The existence of any civil suit, in this State or any other jurisdiction, which arises out of or is related to the applicant's practice of respiratory care, or any other health care profession.

(b) The applicant shall provide any additional information regarding ~~any conviction~~ any event reported as requested by the Board.

(c) Failure to make full and accurate disclosure shall be grounds for immediate application denial, or other disciplinary action ~~applicable to licensure~~ pursuant to G.S. 90-659.

(d) The Board shall determine if ~~any conviction~~ any event reported by an applicant is related to the duties and responsibilities of a respiratory care practitioner. The Board shall consider the following factors:

- (1) The nature and seriousness of the crime;
- (2) The extent to which a license might offer an opportunity to engage in further criminal activity of the same type; and
- (3) The relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of a respiratory care practitioner.

(e) If the person's criminal activity is related to a history of chemical dependency, the Board shall also consider the person's efforts and success in achieving and maintaining recovery. Applicants with a history of chemical dependency shall demonstrate evidence of treatment or rehabilitation and at least two years of continuous recovery.

(f) An individual whose application is denied or whose license is suspended or revoked may request a hearing under the procedure established in G.S. 150B, Article 3A.

1     *History Note:*     *Authority G.S. 90-652(1);*  
2                         *Eff. April 1, 2004;*  
3                         *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
4                         ~~*2015-2015;*~~  
5                         *Amended Eff. August 1, 2026.*  
6

21 NCAC 61 .0301 is amended as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0301        LICENSE NUMBER: DISPLAY OF LICENSE**

(a) Each license issued by the Board shall be valid for a period of one year, except as otherwise provided in G.S. 90-654 and G.S. 93B-15.1.

(b) Each individual who is issued a license shall be issued a license number that shall be displayed on the Board's website. Should that number be retired for any reason, such as death, failure to renew the license, or any other reason, that number shall not be reissued. A web-based license verification displaying the status, credentials, degree level, dates for registration, renewal, and expiration shall be accessible by the licensee in their principal place of business so as to be available for inspection in a printed or electronic format.

(c) In accordance with the provisions of G.S. 90-640, whenever a licensee is providing respiratory care to a patient, the licensee shall wear identification that displays, in readily visible type, the licensee's name and the designation "RCP". Provisional license holders shall wear identification that displays, in readily visible type, the licensee's name and the designation "RCP-Provisional." A licensee shall ensure any person working under his or her supervision who is exempted by G.S. 90-664(2) and (4) is properly identified by wearing identification that designates the person's affiliation and position in readily visible type.

(d) Exceptions to paragraph (c) include:

(1) The respiratory care practitioner or respiratory care student is not required to wear a readily visible badge or other form of identification in the following direct patient care situations:

(A) procedures requiring full sterile dress; or

(B) procedures requiring other protective clothing or covering.

(2) Identification of the respiratory care practitioner or respiratory care student may be limited to first name only and level of licensure or listing status when the full name identification may:

(A) place the personal safety of the respiratory care practitioner or respiratory care student in jeopardy; or

(B) interfere with the therapeutic relationship between the respiratory care practitioner or respiratory care student and patient(s).

(3) In all other situations involving the direct provision of health care to clients, the respiratory care practitioner or respiratory care student shall wear or display a readily visible form of identification to include:

(A) the individual's first and last name; and

(B) the license, approval to practice title or listing title as required by law, or standard abbreviations for such title.

*History Note: Authority G.S. 90-652(2),(4); 90-658(b); ~~90-640~~; 90-640(d);  
Temporary Adoption Eff. October 15, 2001;  
Eff. August 1, 2002;*

1                    *Amended Eff. April 1, 2004;*  
2                    *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
3                    *2015;*  
4                    *Amended Eff. July 1, ~~2018-2018~~;*  
5                    *Amended Eff. August 1, 2026.*

21 NCAC 61 .0306 is amended as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0306            LICENSE BY RECIPROCITY**

When the Board determines that a license, certificate or registration issued by another state, political territory, or jurisdiction to a respiratory care practitioner was issued upon satisfaction of substantially the same requirements for licensure required by the North Carolina Respiratory Care Practice Act, the Board may issue a license to that respiratory care practitioner upon receipt of the ~~initial application fee and license issuing fee.~~ online application in accordance with 21 NCAC 61 .0201 and the fees in accordance with 21 NCAC 61 .0204 if that issued license has been active for at least one year. A license issued under this rule is exempt from the requirements of 21 NCAC 61 .0401 provided the individual remains licensed in their home state of record.

*History Note:     Authority G.S. 90-652(1),(2),(4); 90-655;*

*Temporary Adoption Eff. October 15, 2001;*

*Eff. August 1, 2002;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22, 2015. 2015;*

*Amended Eff. August 1, 2026.*

21 NCAC 61 .0308 is amended as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0308 CONTINUING DUTY TO REPORT**

(a) All licensed respiratory care practitioners and provisional licensees are under a continuing duty to ~~report to the Board any and all:~~ make a full and accurate disclosure of all of the following events to the Board:

~~(1) — convictions of, or pleas of guilty or nolo contendere to:~~

~~(A) — any felony;~~

~~(B) — any misdemeanor or other offense, such as fraud, when an element of the crime involves conduct by the licensee which indicates a lack of honesty, integrity, or competence directly relating to the licensee's delivery of respiratory care, including crimes whose elements include violations of Rule .0307(2), (5), (7), (10), (19), (21), (22), (23), (24) and (25) of this Chapter; and~~

~~(2) — the existence of any civil suit which arises out of or is related to the licensee's practice of respiratory care.~~

(1) Any guilty plea or conviction of the applicant in this State or in any other jurisdiction, on any felony or misdemeanor (except for misdemeanor traffic violations);

(2) Any entry of a plea of Nolo Contendre (No Contest), or entry of a Prayer for Judgment continued, or similar arrangement, in this State or in any other jurisdiction, on a felony or misdemeanor charge against the applicant, (except for misdemeanor traffic violations);

(3) Any other arrangement in which a verdict or judgment has been deferred or withheld, in this State or in any other jurisdiction, on a felony or misdemeanor charge against the applicant (except for misdemeanor traffic violations);

(4) Any disciplinary action pending or ever taken against any health care provider license or certificate held by the applicant currently, or in the past, in this State or in any other jurisdiction; and

(5) The existence of any civil suit, in this State or in any other jurisdiction, which arises out of or is related to the applicant's practice of respiratory care, or any other health care profession.

(b) All supervising respiratory care practitioners are under a continuing duty to report to the Board any and all:

(1) terminations of any respiratory care practitioner for violations of the practice act or Board rules; and

(2) violations of the practice act or Board rules by any respiratory care practitioner under his or her supervision.

(c) The reports required by this Rule must be made within 15 calendar days of the occurrence of an event triggering the duty to disclose, but a failure to make a report within 15 calendar days does not bar the Board from investigating or taking action on the matter when it is reported.

*History Note: Authority G.S. 90-652(2); 90-652(5); G.S. 90-659 (a) (2); and G.S. 90-647;*

1                   *Temporary Adoption Eff. October 15, 2001;*  
2                   *Eff. August 1, 2002;*  
3                   *Amended Eff. September 1, 2010; July 1, 2005;*  
4                   *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
5                   *2015.*  
6                   *Amended Eff. August 1, 2026*

21 NCAC 61 .0401 is amended as published in 40:20 NCR 1622 – 1637 as follows:

## **21 NCAC 61 .0401 CONTINUING EDUCATION REQUIREMENTS**

(a) Upon application for license renewal, a licensee shall attest to having completed one or more of the following learning activity options during the preceding renewal cycle and be prepared to submit evidence of completion if requested by the ~~Board~~ Board in accordance with Rule 21 NCAC 61 .0402:

- (1) ~~Completion of a minimum of 12 hours of Category I Continuing Education (CE) activities related to the licensee's practice of respiratory care and approved by the Board, the American Association for Respiratory Care (AARC) or the Accreditation Council for Continuing Medical Education (ACCME). All courses and programs shall: contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of respiratory care; provide experiences that contain scientific integrity, relevant subject matter and course materials; and be developed and presented by persons with education and experience in the subject matter, of the program. Six contact hours shall be obtained each reporting year from workshops, panel, seminars, lectures, or symposiums that provide for direct interaction between the speakers and the participants. "Category I" Continuing Education may include any one of the following:~~
  - ~~(A) — Lecture — a discourse given for instruction before an audience or through teleconference;~~
  - ~~(B) — Panel — a presentation of a number of views by several professionals on a given subject with none of the views considered a final solution;~~
  - ~~(C) — Workshop — a series of meetings for intensive, hands on study, or discussion in a specific area of interest;~~
  - ~~(D) — Seminar — a directed advanced study or discussion in a specific field of interest;~~
  - ~~(E) — Symposium — a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various presenters;~~
  - ~~(F) — Distance Education — a program provided by any print medium or presented through the internet or other electronic medium that includes an independently scored test as part of the learning package. The licensee shall submit proof of successful completion of a test administered as part of the educational program. A maximum of six contact hours each reporting year may be obtained from distance education programs;~~
  - ~~(G) — Clinical precepting — is the instruction and evaluation of a respiratory therapy student in the clinical setting. Three contact hours may be given for clinical precepting.~~
- (1) The licensee shall complete twelve credit hours to include a minimum of six hours of traditional and a maximum of six non-traditional Category I Continuing Education (CE) activities related to the licensee's practice of respiratory care or complete the requirements in 21 NCAC 61 .0401 (b) of this rule during any renewal cycle:
  - (A) Traditional Continuing Education – an organized learning experience presented before an audience either in person or through synchronous virtual workshops, panels, seminars,

1 lectures, or symposiums that provide for direct interaction between the speakers and the  
2 participants; and

3 (B) Non-Traditional Continuing Education - an organized learning experience provided by  
4 any print medium or presented through the internet or other electronic asynchronous  
5 formats.

6 2) ~~Retake the Therapist Multiple Choice Exam, administered by the National Board for Respiratory~~  
7 ~~Care (NBRC), and achieve a passing score as determined by the NBRC for the CRT credential or~~  
8 ~~take any of the following examinations and achieve a passing score as determined by the sponsor~~  
9 ~~of the examination: the Therapist Multiple Choice Exam for Advanced Respiratory Therapists~~  
10 ~~(RRT), administered by the NBRC; the Neonatal/Pediatric Respiratory Care Specialty~~  
11 ~~Examination (NPS), administered by the NBRC; the Certification Examination for Entry Level~~  
12 ~~Pulmonary Function Technologists (CPFT), administered by the NBRC; the Registry Examination~~  
13 ~~for Advanced Pulmonary Function Technologist (RPFT), administered by the NBRC; the Sleep~~  
14 ~~Disorders Specialty (SDS) exam, administered by the NBRC; Adult Critical Care Specialty~~  
15 ~~(ACCS) exam, administered by the NBRC; the Registry Examination for Polysomnographic~~  
16 ~~Technologist (RPSGT), administered by the Board of Registered Polysomnographic Technologists~~  
17 ~~(BRPT); or the Asthma Educators Certification Examination (AE-C), administered by the~~  
18 ~~National Asthma Educator Certification Board (NAECB);~~

19 (2) All continuing education courses shall:

20 (A) Be approved by the Board, the American Association for Respiratory Care (AARC), the  
21 Accreditation Council for Continuing Medical Education (ACCME), or organizations  
22 accredited by the ACCME;

23 (B) Include relevant subject matter and course materials that are scientifically accurate,  
24 relevant, and professionally appropriate;

25 (C) Contribute to the advancement, extension, and enhancement of professional clinical  
26 skills, scientific knowledge in the practice of respiratory care, and provide experiences;

27 (D) Advance, extend, or enhance clinical skills and scientific knowledge related to the  
28 practice of respiratory care; and

29 (E) Be developed and presented by persons with education and experience in the subject  
30 matter of the program.

31 (b) The completion of any of the following activities satisfies all twelve continuing education credits established in  
32 Paragraph (a) of this rule provided the licensee provides evidence of successful completion when requested by the  
33 Board in accordance with Rule 21 NCAC 61 .0402:

34 (1) Achieving a passing score on any examination administered by the National Board for Respiratory  
35 Care (NBRC), including passing the:

36 (A) Therapist Multiple-Choice Examination at the high cut score;

37 (B) Neonatal/Pediatric Respiratory Care Specialty Examination (NPS);

1 (C) Certification Examination for Entry Level Pulmonary Function Technologists (CPFT);

2 (D) Registry Examination for Advanced Pulmonary Function Technologist (RPFT) exam;

3 (E) Sleep Disorders Specialty (SDS) Examination;

4 (F) Adult Critical Care Specialty (ACCS) Examination;

5 (G) Asthma Educators Certification Examination (AE-C); and

6 (H) Advanced Practice Respiratory Therapist Outcome Assessment Examination.

7 (2) Achieving a passing score on the Registry Examination for Polysomnographic Technologist  
8 (RPSGT), administered by the Board of Registered Polysomnographic Technologists (BRPT);

9 (3) Completion of Completing a Respiratory Care refresher course offered through a Respiratory Care  
10 Education program accredited by the Commission for the Accreditation of Allied Health  
11 Educational Programs; approved by the Board.

12 (4) Completion of Completing a three semester hours hour course of from an accredited post-licensure  
13 respiratory care academic education program leading to a baccalaureate or baccalaureate, masters  
14 or doctorate degree in Respiratory Care; Care, Cardiopulmonary Science, or Advance Practice  
15 Respiratory Therapy;

16 (5) Presentation of Presenting a Respiratory Care Research study at a continuing education  
17 conference; or

18 (6) Authoring a published Respiratory Care book or Respiratory Care article published in a medical  
19 peer review journal.

20 ~~(e) The completion of certification or recertification in any of the following: Advanced Cardiac Life Support~~  
21 ~~(ACLS) by the American Heart Association, Pediatric Advanced Life Support (PALS) by the American Heart~~  
22 ~~Association, and Neonatal Resuscitation Program (NRP) by the American Academy of Pediatrics, shall count for a~~  
23 ~~total of five hours of continuing education for each renewal period; but no more than five hours of total credit shall~~  
24 ~~be recognized for each renewal period for the completion of any such certification or recertification.~~

25 ~~(d) A licensee shall retain supporting documentation to provide proof of completion of the option chosen in~~  
26 ~~Paragraph (a) of this Rule for a period of no less than three years.~~

27 (c) The following activities may be used to satisfy the continuing education requirements in Paragraph (a) of this  
28 Rule, provided the licensee submits documentation of completion upon request by the Board, in accordance with  
29 Rule 21 NCAC 61 .0402:

30 (1) Professional Certifications-completion or renewal of the following certifications shall be awarded  
31 five of the six direct continuing education hours when provided in accordance with Paragraph (a)  
32 of this rule per renewal period. No more than five total hours may be credited per renewal period  
33 under this Subparagraph:

34 (A) Advanced Cardiac Life Support (ACLS) by the American Heart Association;

35 (B) Pediatric Advanced Life Support (PALS) by the American Heart Association; and

36 (C) Neonatal Resuscitation Program (NRP) by the American Academy of Pediatrics.

- 1           (2)     Clinical Precepting-a licensee who serves as a clinical preceptor for respiratory therapy students in  
2                   a clinical setting may receive up to three direct interaction credit hours per renewal period.
- 3           (3)     NBRC Credential Assessments- quarterly assessments through the NBRC credential maintenance  
4                   program that earn a maximum of six non-traditional credit hours for each renewal cycle for any  
5                   credential held by a licensee.
- 6     ~~(e) A licensee shall maintain a file at his or her practice facility that contains a copy of the RCP license, a copy of a~~  
7     ~~current Basic Cardiac Life Support (BCLS) certification, a copy of advanced life support certifications, and a copy~~  
8     ~~of all credentials issued by the National Board for Respiratory Care.~~
- 9     ~~(f) A licensee is subject to random audit for proof of compliance with the Board's requirements for continuing~~  
10    ~~education.~~
- 11    ~~(g) The Board shall inform licensees of their selection for audit upon notice of license renewal or request for~~  
12    ~~reinstatement. Evidence of completion of the requirements of Paragraph (a) of this Rule shall be submitted to the~~  
13    ~~Board no later than 30 days of receipt of the audit notice.~~
- 14    ~~(h) Failure of a licensee to meet the requirements of this Rule shall result in disciplinary action pursuant to G.S. 90-~~  
15    ~~666.~~
- 16    ~~(i) The Board shall charge twenty dollars (\$20.00) per approved hour of CE with a maximum of one hundred and~~  
17    ~~fifty dollars (\$150.00) per application for providers of continuing education who apply for approval of continuing~~  
18    ~~education programs.~~
- 19    ~~(j) The Board may grant extensions of the continuing education requirements due to personal circumstances. The~~  
20    ~~Board shall require documentation of the following circumstances surrounding the licensee's request for extension:~~
- 21           ~~(1) — Having served in the regular armed services of the United States at least six months of the 12~~  
22               ~~months immediately preceding the license renewal date; or~~
- 23           ~~(2) — Having suffered a serious or disabling illness or physical disability that prevented completion of~~  
24               ~~the required number of continuing education hours during the 12 months preceding the licensee~~  
25               ~~renewal date.~~
- 26    ~~(d) A license issued under 21 NCAC 61 .0306 is exempt from this rule provided they maintain an active license in~~  
27    ~~their home state of record.~~

28

29    *History Note:     Authority G.S. 90-652(2)(13); 90-658; 90-660(b)(9); 90-655;*

30                   *Temporary Adoption Eff. October 15, 2001;*

31                   *Eff. August 1, 2002;*

32                   *Amended Eff. January 1, 2015; September 1, 2010; July 1, 2007; April 1, 2004;*

33                   *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
34                   *2015-2015;*

35                   *Amended Eff. August 1, 2026.*

36

21 NCAC 61 .0402 is adopted as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0402            DOCUMENTATION AND AUDIT REQUIREMENTS**

(a) A licensee shall retain supporting documentation to provide proof of completion of the option chosen in 21 NCAC 61 .0401 for a period of no less than three years.

(1) A licensee shall maintain a file at his or her practice facility that contains a copy of the RCP license, a copy of a current Basic Cardiac Life Support (BCLS) certification, a copy of advanced life support certifications, if applicable, and a copy of all credentials issued by the National Board for Respiratory Care;

(2) A licensee is subject to random audit for proof of compliance with the Board's requirements for continuing education;

(3) The Board shall inform licensees of their selection for audit upon notice of license renewal or request for reinstatement;

(4) Evidence of completion of the requirements of 21 NCAC 61 .0401 shall be submitted to the Board no later than 30 days after receipt of the audit notice; and

(5) Failure of a licensee to meet the requirements of this Rule shall result in disciplinary action pursuant to G.S. 90-666, including an additional audit prior to renewal.

(b) The Board authorizes the Executive Director to grant extensions of the continuing education requirement due to personal circumstances. The Board shall require documentation of the following circumstances surrounding the licensee's request for extension:

(1) Having served in the regular armed services of the United States for at least six months of the 12 months immediately preceding the license renewal date; or

(2) Having suffered a serious or disabling illness or physical disability that prevented completion of the required number of continuing education hours during the 12 months preceding the license renewal date.

History Note: Authority G.S. 90-652(2)(13); 90-658; 90-660(b)(9);

Adopted eff. August 1, 2026;

21 NCAC 61 .0501 is amended as published in 40:20 NCR 1622 – 1637 as follows:

**21 NCAC 61 .0501 CHANGE OF ADDRESS OR BUSINESS NAME**

~~All licensees shall notify the Board in writing of each change of name, including any change in the name under which the licensee is providing respiratory care, or any change in the licensee's residence or business address, including mailing address, within 30 days of such change.~~

(a) In the event of a change in a licensee's home or work address, email address, or telephone number, the licensee shall submit the change online using the Board's website located at [www.ncrcb.org](http://www.ncrcb.org) within 30 calendar days of the change and submit the evidence outlined 21 NCAC 61 .0501(d) of this rule;

(b) In the event of a name change, the licensee shall submit a request using their online licensee account located at [www.ncrcb.org](http://www.ncrcb.org) and provide two forms of documentation for the name change outlined in 21 NCAC 61 .0501(c) and 21 NCAC 61 .0501(d) of this rule.

(c) A licensee shall provide one of the following documents:

(1) marriage certificate;

(2) social security card;

(3) divorce decree;

(4) a court-issued name change document; or

(5) immigration document;

(d) A licensee shall provide one of the following documents that reflects the legal name change:

(1) passport;

(2) visa;

(3) state-issued identification; or

(4) driver's license.

(e) In the event of a name change, the licensee shall update their name on their NBRC credential within 30 days to reflect the name change established under this rule.

*History Note: Authority G.S. 90-652(2); G.S. 150B-3; and G.S. 150B-38;*

*Temporary Adoption Eff. October 15, 2001;*

*Eff. August 1, 2002;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22, 2015-2015;*

*Amended Eff. August 1, 2026*

1 21 NCAC 61 .0701 is amended as published in 40:20 NCR 1622 – 1637 as follows:

2  
3 **21 NCAC 61 .0701 APPLICABLE HEARING RULES**

4 When the Board elects to have the Office of Administrative Hearings hear a contested case, ~~the Board's rules~~  
5 ~~pertaining to contested case hearings, instead of~~ the rules of the Office of Administrative Hearings, shall apply.

6  
7 *History Note: Authority G.S. 90-652(2),(5),(8);*

8 *Temporary Adoption Eff. October 15, 2001;*

9 *Eff. August 1, 2002;*

10 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*  
11 *2015-2015:*

12 *Amended Eff. August 1, 2026.*

13  
14

1 21 NCAC 61 .0706 is amended as published in 40:20 NCR 1622 – 1637 as follows:

2  
3 **21 NCAC 61 .0706            CONTESTED CASES**

4 (a) All administrative hearings shall be conducted by the Board, a panel consisting of a majority of the members of  
5 the Board then serving, or an administrative law judge designated to hear the case pursuant to G.S. 150B-40(e).

6 (b) The hearing of a contested case shall commence no later than ~~90~~ 120 days from the date the Board grants a  
7 request for a hearing, unless the licensee and the Board together shall jointly agree to extend this deadline.

8  
9 *History Note:     Authority G.S. 90-652(2),(5),(8);*

10 *Temporary Adoption Eff. October 15, 2001;*

11 *Eff. August 1, 2002;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22,*

13 *2015-2015;*

14 *Amended Eff. August 1, 2026.*