Burgos, Alexander N

Subject: FW: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

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From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Monday, August 3, 2026 11:52 AM
To: Bill Croft <BCroft@ncrcb.org>; Rules, Oah <oah.rules@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: Re: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

I'm satisfied with the changes made. Please send the final revised rules to oah.rules@oah.nc.gov and cc Mr. Burgos and I (or just reply all).

These rules are final for review and can be placed on August's agenda. Please let us know if anyone from your agency (other than you) will be present for the meeting, in-person or on WebEx.

Thanks,

Travis C. Wiggs
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Office of Administrative Hearings
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21 NCAC 61 .0103 is amended with changes 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~~ system, pursuant to ~~G.S. 90-648(11)~~ 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, which are 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/~~https://www.aarc.org/resource/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)~~ 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.~~ G.S. 90-658 (g).

(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.

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

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

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

21 NCAC 61 .0201 is amended with changes 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 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~~ 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 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);~~ § 90-653 (a) (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);~~ § 90-653 (a) (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.~~ 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;

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

n. NBRC credentials earned, and dates passed;

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

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

q. Declaration affirming the accuracy of information submitted on the application including the acknowledgement of the requirements in Article 38 and rules of ~~this Chapter.~~ Chapter 90.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

History Note: *Authority G.S. 90-652 (1),(2) and (13); 90-653(a); G.S. 93B-15.1;*
Temporary Adoption Eff. October 15, 2001;
Eff. August 1, 2002;
Amended Eff. April 1, 2008; November 1, 2004; March 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22, ~~2015.~~ 2015;
~~Amended Eff. August 1, 2026.~~ Amended Eff. September 1, 2026.

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.~~ Amended Eff. September 1, 2026.

21 NCAC 61 .0205 is amended with changes 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)~~ an applicant information form as required by Rule 21 NCAC 61 .0205(g) of this Chapter to perform a criminal history check by the North Carolina State Bureau of Investigation and ~~Department of Justice at the time of the application.~~ ~~Justice.~~ and the Federal Bureau of Investigation as authorized by G.S. 90-652(1). 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 Contendre (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.~~ Article 3A of Chapter 150B of the North Carolina General Statutes.

(g) All applicants pursuant to G.S. 90-652 shall sign a release form consenting to the criminal history record check and to the use of the applicant's fingerprints and other identifying information required by the North Carolina State Bureau of Investigation and the Federal Bureau of Investigation and shall provide the following information:

(1) the applicant's full legal name and any other names previously used;

(2) the applicant's sex and race;

(3) the applicant's date of birth, place of birth, and citizenship;

(4) the applicant's height and weight;

(5) the applicant's hair color and eye color;

(6) the applicant's current residential address;

(7) the applicant's Social Security number, if required to conduct the criminal history record check;

(8) a complete set of fingerprints submitted in a format approved by the North Carolina State Bureau of Investigation; and

(9) payment of the required criminal history record check fees.

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

21 NCAC 61 .0301 is amended with changes 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.~~ website located at https://ncrcb.org/licensee-look-up/. Should ~~that~~ a license 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 Respiratory Care Practitioner by using the acronym, "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;

Amended Eff. April 1, 2004;

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

Amended Eff. July 1, ~~2018.~~ 2018;

~~Amended Eff. August 1, 2026.~~ Amended Eff. September 1, 2026.

21 NCAC 61 .0306 is amended with changes 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~~ 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.~~ Amended Eff. September 1, 2026.

21 NCAC 61 .0308 is amended with changes 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~~ North Carolina Respiratory Care 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;*

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

21 NCAC 61 .0401 is amended with changes as published in 40:20 NCR 1584 – 1652 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~~ 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,

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

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

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

(2) All continuing education courses shall:

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

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

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

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

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

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

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

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

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

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

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

(E) Sleep Disorders Specialty (SDS) Examination;

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

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

(H) Advanced Practice Respiratory Therapist Outcome Assessment Examination.

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

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

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

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

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

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

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

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

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

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

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

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

(2) Clinical Precepting-a licensee who serves as a clinical preceptor for respiratory therapy students in a clinical setting may receive up to three direct interaction credit hours per renewal period.

(3) NBRC Credential Assessments- quarterly assessments through the NBRC credential maintenance program that earn a maximum of six non-traditional credit hours for each renewal cycle for any credential held by a licensee.

~~(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 current Basic Cardiac Life Support (BCLS) certification, a copy of advanced life support certifications, and a copy of all credentials issued by the National Board for Respiratory Care.~~

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

~~(g) The Board shall inform licensees of their selection for audit upon notice of license renewal or request for reinstatement. Evidence of completion of the requirements of Paragraph (a) of this Rule shall be submitted to the Board no later than 30 days of receipt of the audit notice.~~

~~(h) Failure of a licensee to meet the requirements of this Rule shall result in disciplinary action pursuant to G.S. 90-666.~~

~~(i) The Board shall charge twenty dollars ($20.00) per approved hour of CE with a maximum of one hundred and fifty dollars ($150.00) per application for providers of continuing education who apply for approval of continuing education programs.~~

~~(j) The Board may grant extensions of the continuing education requirements 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 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 licensee renewal date.~~

(d) A license issued under 21 NCAC 61 .0306 is exempt from this ~~rule~~ Rule provided they maintain an active license in their home state of record.

History Note: *Authority G.S. 90-652(2)(13); 90-658; 90-660(b)(9); 90-655;*
Temporary Adoption Eff. October 15, 2001;
Eff. August 1, 2002;
Amended Eff. January 1, 2015; September 1, 2010; July 1, 2007; April 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22, ~~2015.~~2015;
~~Amended Eff. August 1, 2026.~~ Amended Eff. September 1, 2026.

21 NCAC 61 .0402 is adopted with changes 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~~ Respiratory Care Practitioner 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 calendar 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.*~~ *Adopted September 1, 2026.*

21 NCAC 61 .0501 is amended with changes 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 within 30 calendar days of the change and submit the evidence outlined 21 NCAC 61 .0501(d) of this ~~rule;~~ 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 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.~~ 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~~ National Board for Respiratory Care ~~credential~~ credentials within 30 calendar days to reflect the name change established under this ~~rule.~~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.~~ Amended Eff. September 1, 2026.

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

21 NCAC 61 .0701 APPLICABLE HEARING RULES

When the Board elects to have the Office of Administrative Hearings hear a contested case, ~~the Board's rules pertaining to contested case hearings, instead of~~ the rules of the Office of Administrative ~~Hearings, shall apply.~~ Hearings governing contested cases, as set forth in 26 NCAC 03, shall apply.

History Note: *Authority G.S. 90-652(2),(5),(8);*
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.~~ Amended Eff. September 1, 2026.

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

21 NCAC 61 .0706 CONTESTED CASES

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

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

History Note: *Authority G.S. 90-652(2),(5),(8);*
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.~~ Amended Eff. September 1, 2026.

Burgos, Alexander N

Subject: FW: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

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From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Monday, August 3, 2026 10:07 AM
To: Bill Croft <BCroft@ncrcb.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: Re: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

Good morning again,

For all the attached rules, please change the Eff. Date to "September 1, 2026."

Except for the form requirements in Rule .0205, I'm otherwise satisfied with these rules. Please make the requested changes and send the rules back to me for final review.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

Burgos, Alexander N

Subject: FW: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

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From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Monday, August 3, 2026 9:51 AM
To: Bill Croft <BCroft@ncrcb.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: Re: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

To clarify, only the required fields for the "signed release form, completed Fingerprint Record Card, and such other form(s) as required..." must be itemized. The application fields are already itemized in Rule .0201.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

Burgos, Alexander N

Subject: FW: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

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From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Monday, August 3, 2026 9:34 AM
To: Bill Croft <BCroft@ncrcb.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: Re: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

Good morning,

Thank you for the proposed revision. If you haven't already, please take a look at this guidance from the RRC https://www.oah.nc.gov/rrc-final-guidance-forms/open. The Memo articulates the RRC's position that "anytime a form is required by rule, the submitting agency must be able to identify a rule or statute which itemizes the required fields for that form." G.S. 90-652 doesn't identify any required fields on the application and forms. Rule .205 only mentions disclosure of criminal convictions and/or disciplinary action.

Please add all the required fields for each required "form" or cite a different rule itemizing those fields.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

Burgos, Alexander N

Subject: FW: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

Attachments: 21 NCAC 61 .0103.doc; 21 NCAC 61 .0201.doc; 21 NCAC 61 .0204.doc; 21 NCAC 61 .0205.doc; 21 NCAC 61 .0301.doc; 21 NCAC 61 .0306.doc; 21 NCAC 61 .0308.doc; 21 NCAC 61 .0401.doc; 21 NCAC 61 .0402.doc; 21 NCAC 61 .0501.doc; 21 NCAC 61 .0701.doc; 21 NCAC 61 .0706.doc

From: Bill Croft <BCroft@ncrcb.org>
Sent: Friday, July 31, 2026 8:36 AM
To: Wiggs, Travis C <travis.wiggs@oah.nc.gov>; Rules, Oah <oah.rules@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

Travis,

I have attached the rules with the requested changes.

Thank you,

Bill

Dr. William L. Croft, Ed.D., Ph.D., RRT, RCP, FAARC
Executive Director
North Carolina Respiratory Care Board
125 Edinburgh South Drive, Suite 100
Cary, NC 27511
Phone: (919) 878-5595
Fax: (919) 878-5565
E-mail: bcroft@ncrcb.org

21 NCAC 61 .0103 is amended with changes 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~~ system, pursuant to ~~G.S. 90-648(11)~~ 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, which are 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/~~https://www.aarc.org/resource/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)~~ 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.~~ G.S. 90-658 (g).

(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.

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

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

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

21 NCAC 61 .0201 is amended with changes 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 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~~ 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 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);~~ § 90-653 (a) (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);~~ § 90-653 (a) (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.~~ 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;

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

n. NBRC credentials earned, and dates passed;

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

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

q. Declaration affirming the accuracy of information submitted on the application including the acknowledgement of the requirements in Article 38 and rules of ~~this Chapter.~~ Chapter 90.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

History Note: *Authority G.S. 90-652 (1),(2) and (13); 90-653(a); G.S. 93B-15.1;*
Temporary Adoption Eff. October 15, 2001;
Eff. August 1, 2002;
Amended Eff. April 1, 2008; November 1, 2004; March 1, 2004;
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 .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 with changes 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~~ any additional form(s) as required to perform a criminal history check by the North Carolina State Bureau of Investigation ~~Department of~~ ~~Justice at the time of the application.~~ ~~Justice.~~ authorized by G.S. 90-652 (1). 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 Contendre (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.~~ Article 3A of Chapter 150B of the North Carolina General Statutes.

History Note: *Authority G.S. 90-652(1);*
Eff. April 1, 2004;
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 .0301 is amended with changes 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.~~ website located at https://ncrcb.org/licensee-look-up/. Should ~~that~~ a license 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 Respiratory Care Practitioner by using the acronym, "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;
Amended Eff. April 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. August 22, 2015;
Amended Eff. July 1, ~~2018.~~ 2018;
Amended Eff. August 1, 2026.

21 NCAC 61 .0306 is amended with changes 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~~ 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 with changes 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~~ North Carolina Respiratory Care 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;*

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

21 NCAC 61 .0401 is amended with changes as published in 40:20 NCR 1584 – 1652 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~~ 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,

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

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

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

(2) All continuing education courses shall:

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

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

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

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

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

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

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

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

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

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

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

(E) Sleep Disorders Specialty (SDS) Examination;

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

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

(H) Advanced Practice Respiratory Therapist Outcome Assessment Examination.

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

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

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

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

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

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

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

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

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

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

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

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

(2) Clinical Precepting-a licensee who serves as a clinical preceptor for respiratory therapy students in a clinical setting may receive up to three direct interaction credit hours per renewal period.

(3) NBRC Credential Assessments- quarterly assessments through the NBRC credential maintenance program that earn a maximum of six non-traditional credit hours for each renewal cycle for any credential held by a licensee.

~~(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 current Basic Cardiac Life Support (BCLS) certification, a copy of advanced life support certifications, and a copy of all credentials issued by the National Board for Respiratory Care.~~

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

~~(g) The Board shall inform licensees of their selection for audit upon notice of license renewal or request for reinstatement. Evidence of completion of the requirements of Paragraph (a) of this Rule shall be submitted to the Board no later than 30 days of receipt of the audit notice.~~

~~(h) Failure of a licensee to meet the requirements of this Rule shall result in disciplinary action pursuant to G.S. 90-666.~~

~~(i) The Board shall charge twenty dollars ($20.00) per approved hour of CE with a maximum of one hundred and fifty dollars ($150.00) per application for providers of continuing education who apply for approval of continuing education programs.~~

~~(j) The Board may grant extensions of the continuing education requirements 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 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 licensee renewal date.~~

(d) A license issued under 21 NCAC 61 .0306 is exempt from this ~~rule~~ Rule provided they maintain an active license in their home state of record.

History Note: *Authority G.S. 90-652(2)(13); 90-658; 90-660(b)(9); 90-655;*
Temporary Adoption Eff. October 15, 2001;
Eff. August 1, 2002;
Amended Eff. January 1, 2015; September 1, 2010; July 1, 2007; April 1, 2004;
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 .0402 is adopted with changes 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~~ Respiratory Care Practitioner 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 calendar 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 with changes 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 within 30 calendar days of the change and submit the evidence outlined 21 NCAC 61 .0501(d) of this ~~rule;~~ 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 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.~~ 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~~ National Board for Respiratory Care ~~credential~~ credentials within 30 calendar days to reflect the name change established under this ~~rule.~~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

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

21 NCAC 61 .0701 APPLICABLE HEARING RULES

When the Board elects to have the Office of Administrative Hearings hear a contested case, ~~the Board's rules pertaining to contested case hearings, instead of~~ the rules of the Office of Administrative ~~Hearings, shall apply.~~ Hearings governing contested cases, as set forth in 26 NCAC 03, shall apply.

History Note: *Authority G.S. 90-652(2),(5),(8);*
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 .0706 is amended as published in 40:20 NCR 1622 – 1637 as follows:

21 NCAC 61 .0706 CONTESTED CASES

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

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

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

Burgos, Alexander N

From: Bill Croft <BCroft@ncrcb.org>
Sent: Thursday, July 30, 2026 10:20 AM
To: Wiggs, Travis C
Cc: Burgos, Alexander N
Subject: [External] RE: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

Travis,

I am working on **Rule 21 NCAC 61 .205: BACKGROUND INVESTIGATION**

To answer your question:

The release form and applicant information form implement G.S. 90-652(1). That statute expressly authorizes the Board to obtain (i) a signed consent form for the criminal history check, (ii) fingerprints, and (iii) any additional identifying information required by the Department of Justice and the State or national repositories to conduct the criminal history record check. The forms do not establish independent substantive eligibility requirements; they collect the information necessary to carry out the criminal history check authorized by G.S. 90-652(1). Likewise, the Fingerprint Record Card and any additional forms referenced in Rule .0205 are those required by the Department of Justice to complete the fingerprint-based criminal history record check.

I am proposing this version to respond to your request if this works:

a) Every applicant for licensure shall submit to the Board a signed release form, completed Fingerprint Record Card, and ~~such other~~ any additional form(s) as required to perform a criminal history check by the North Carolina Department of ~~Justice at the time of the application.~~ ~~Justice.~~ Justice to conduct the criminal history record check authorized by G.S. 90-652.

Bill

Dr. William L. Croft, Ed.D., Ph.D., RRT, RCP, FAARC
Executive Director
North Carolina Respiratory Care Board
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received this transmission in error, please delete it, destroy all copies, and notify me by telephone at (919) 878-5595. Thank you.

From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Friday, July 24, 2026 2:30 PM
To: Bill Croft <BCroft@ncrcb.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: Respiratory Care Board-August 2026 RRC Meeting-Request for Technical Changes

Good afternoon,

I'm the attorney who reviewed the rules submitted by the Respiratory Care Board for the August 2026 RRC meeting. The RRC will formally review these rules at its meeting on Thursday, August 27, 2026, at 10:00 a.m. The meeting will be a hybrid of in-person and WebEx attendance, and an evite should be sent to you as we get close to the meeting. If there are any other representatives from your agency who want to attend virtually, please let me know prior to the meeting, and we will get evites out to them as well.

Attached is the Request for Changes Pursuant to G.S. 150B-21.10. Please submit the revised rules to me via email, no later than 5 p.m. on August 7, 2026. Let me know if you have any questions.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov