

# Respiratory Care Practitioner Online Initial Application for Licensure Step-by-Step Instructions

To apply for your license online, go to [www.breeze.ca.gov](http://www.breeze.ca.gov), or follow the Application for Licensure links from the Respiratory Care Board (RCB) website, [www.rcb.ca.gov](http://www.rcb.ca.gov).

If you have **never** registered for a BreEZe account, click 'BreEZe Registration' on the bottom right of the screen.

If you have an existing BreEZe account, enter your User ID and Password and skip to page 8 to continue.

CA .GOV Department of Consumer Affairs BREZE

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### DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

#### FOR CONSUMERS

Check Licenses and file complaints.

Verify a LICENSE File a COMPLAINT

#### FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here. You will need to [register](#), or use your existing user name and password

##### Returning User

Fields marked with \* are required

\* User ID:

\* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

##### New Users

[BreEZe Registration](#) ←

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Complete the required fields for the User Registration (marked with **\***) and click **'Next'**. Be sure to remember your User ID, as you will need it each time you log into your account.

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### User Registration

Please complete the information required below to become a registered BreEZe User. You will receive a confirmation email as part of the registration process.

Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

---

#### Account Owner Contact Information

\* First Name:

Middle Name:

\* Last Name:

---

#### Account Login

\* Email:  (e.g. name@domain.com)

\* Confirm Email:   
Note: Please enter a valid email address; this email address will not be sold to solicitors.

\* User ID:

---

#### Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

\* Secret Question:

\* Secret Answer:

---

#### Communication

Email Communication:  Yes  No

---

#### Security Measures (This helps to prevent automated registrations.)



\* Type the characters from the picture below (without spaces):

n s h v g

---

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Review the information you entered, and click **'Save'**.

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### Preview Registration



Press "Save" to save the registration.  
Press "Edit" to modify your registration details.  
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mickeymouse@mailinator.com
Userid:	mickeymouse
Secret Question:	Where were you born?
Secret Answer:	ca
Email Communication:	Yes

[Save](#) [Edit](#) [Cancel](#)

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A notification will show that a temporary password has been sent to your e-mail address. Check your e-mail for this password sent from no-reply-breeze-online@dca.ca.gov. (You may need to check spam or junk mail folders.)

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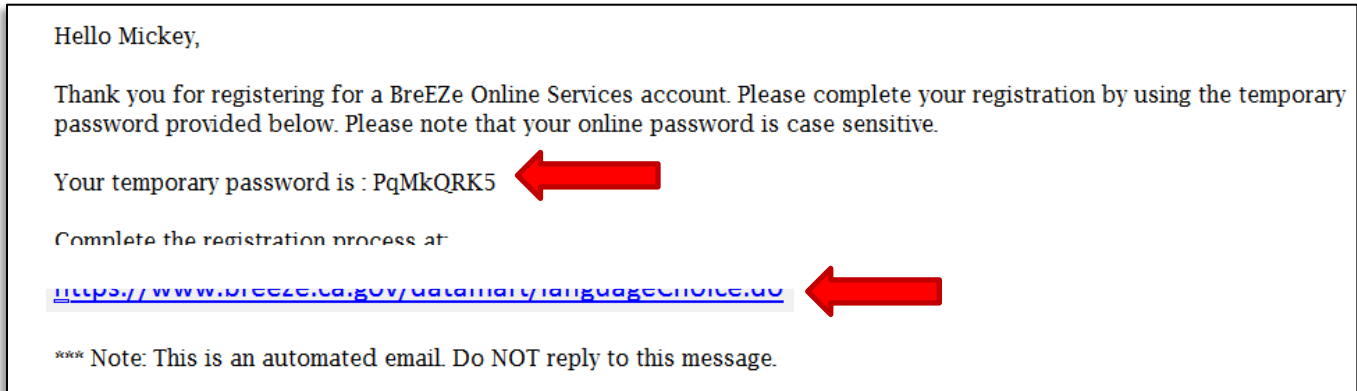
### User Registration - Temporary Password Issued

A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

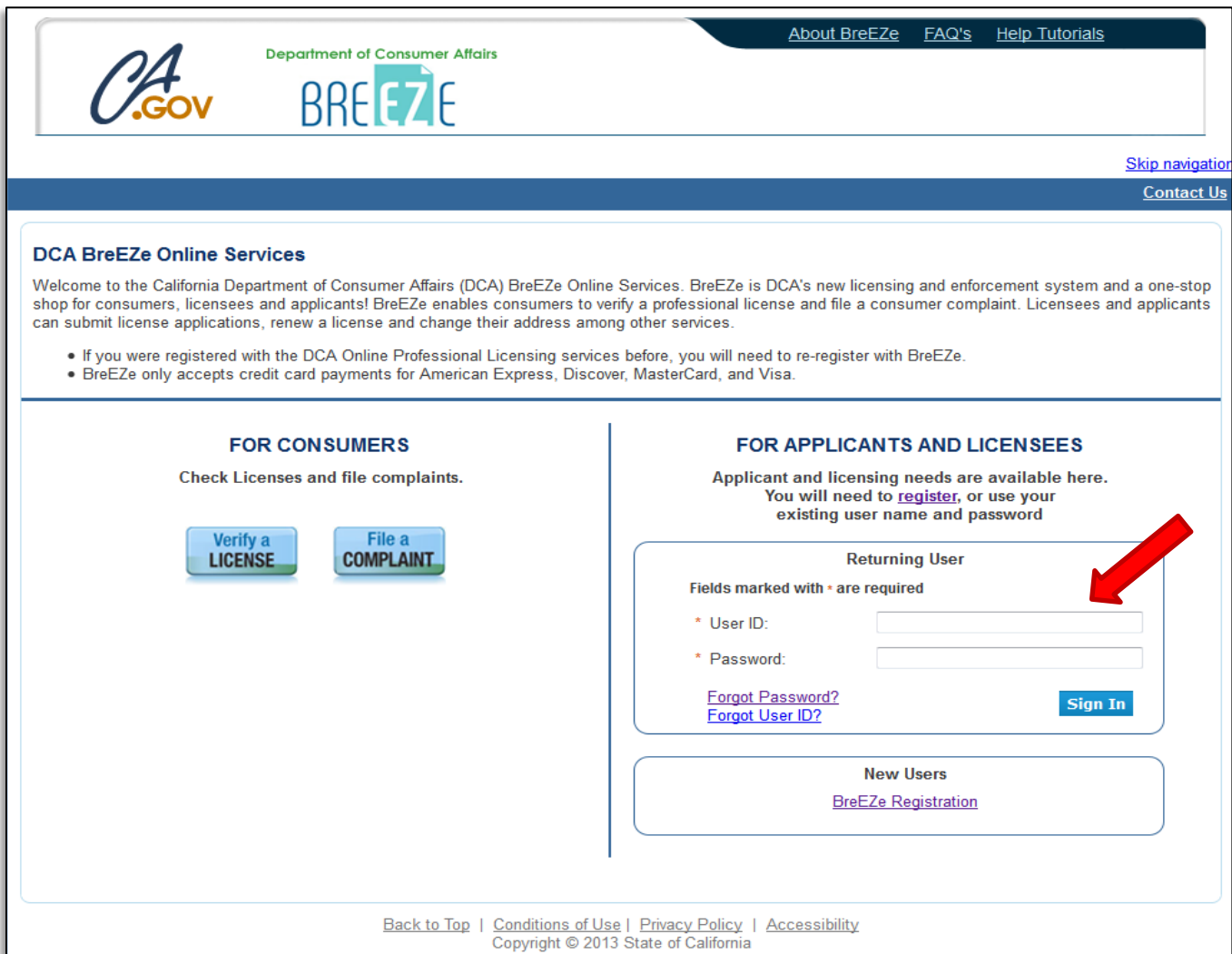
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Open your e-mail message to view the temporary password. Print, write, or copy the temporary password, then click the <https://www.breeze.ca.gov/datamart/languageChoice.do> link to complete the registration process.



Enter the User ID you created during User Registration, and enter the temporary password.



Enter the temporary password again, then create your new password. **Your new password must include:** a minimum of 8 characters, must not be the same as your user id, must not be a variation of your user id, must contain at least 1 uppercase alphabetic character, must contain at least 1 lowercase alphabetic character, must contain at least 1 numeric character, must contain at least 1 special character. (A special character is a symbol such as: !, @, #, %, etc.) Confirm your new password by re-entering it in the Confirm Password box, and click **'Save'**. Be sure to remember your password as you will need it each time you log into your account.

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### Update Default Registration Information

Enter your new password and press "Save".

Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) uppercase alphabetic character
- must contain at least (1) lowercase alphabetic character
- must contain at least (1) numeric character
- must contain at least (1) special character

\* Temporary Password:

\* New Password:

\* Confirm Password:

**Save**

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From the Add Licenses to Registration screen, click **'No'**, then **'Next'** to continue.

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### Add Licenses To Registration

Welcome to DCA Online QuickStart

By answering a few, simple questions, we will help you to get started.

Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?

Yes [How do I know?](#)

No

**Next**

Enter the personal information requested to validate your license information. [If you have a suffix in your name (Jr., III, etc.) please include this in the 'Last Name' field. (Example: Mouse Jr.)] Enter the security characters\*, and click 'Next'.

\*(If you have troubles reading the security characters, you can click 'Refresh' until they become easier to read.)

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Step1: Ever held a license before with DCA?  
Step2: Provide Identifying Information  
Step3: Confirm Information

### Add Licenses To Registration - Validation

Help us find your records.

Please note that you must have an SSN/ITIN on file with your licensing Board/Bureau/Committee in order to on-board your license. If you do not have an SSN/ITIN on file, you will not be able to onboard your license. Please contact your Board/Bureau/Committee for instruction on how to provide your SSN/ITIN.

Please provide your information in order for the Department of Consumer Affairs to confirm that you do not have a previous record in the BreEze system. A previous record may include: licensee, complainant, witness, etc

- Required Information


\* Last Name:

\* SSN/ITIN:  Last 4 Digits of SSN/ITIN

\* Date Of Birth:  (mm/dd/yyyy)

**Security Measures (This helps to prevent automated registrations.)**

\* Type the characters from the picture below (without spaces):

 Refresh

Next Cancel

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Verify that this is your name and license number, then click 'I confirm this is my license/registration information', and click 'Next'.

**If you have any questions, please call the Board at (916) 999-2190, or toll free at (866) 375-0386 M-F 8am-5pm.**

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Step1: Ever held a license before with DCA?  
Step2: Provide Identifying Information  
Step3: Confirm Information

### Add Licenses To Registration - Preview

Good News! We have located your information

Please confirm your license/registration/certificate credentials below. If you are a current applicant, you will see the type of license you are currently pursuing listed below.

Indiv / Org Number:	456979
Name:	MOUSE, MICKEY
license/registration Type	license/registration Number
Respiratory Care Practitioner	29228

\* Select One:

I confirm this is my license/registration information (read [www.dca.ca.gov/webapps/breeze/dec\\_descript.php](http://www.dca.ca.gov/webapps/breeze/dec_descript.php))

No this is not my license/registration information

Next Cancel

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After successfully linking your license, you will receive the following message asking if you would like to link more licenses to your profile, click 'No' to continue.

The screenshot shows the BreEze website interface. At the top, there is a header with the CA.GOV logo, Department of Consumer Affairs, and BREZE logo. Navigation links include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A user is logged in as 'Mouse, Mickey'. The main content area is divided into sections: 'Quick Start Menu', 'License Activities', 'Applications', and 'Additional Activities'. A 'License/Registration Information' box shows details for a Respiratory Care Practitioner with license number 29228. A central dialog box with a white background and black border contains the text: 'You have successfully linked your online registration to a license(s). Would you like to link your online registration to more license(s)?'. Below the text are two buttons: 'Yes' and 'No'. A red arrow points to the 'No' button. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

This will bring you to the **Quick Start Menu**.

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**Quick Start Menu**

To start, choose an option, and you will return to this Quick Start menu after you have finished.

**License Activities**

- It is time to Renew!  
Respiratory Care Practitioner **Select**
- Manage your license information  
Respiratory Care Practitioner  
<Choose Application> **Select**

**Applications**

- Start a New Application or Take an Exam  
<Choose Board>  
<Choose Application> **Select**
- View Application Status  
Respiratory Care Board - Respiratory Care Practitioner Renewal Application Status: Pending **Details**

**Additional Activities**

- Make Payments/Cart **Select**
- Add Authorized Representative **Select**
- License Notification Subscriptions **Select**

**License/Registration Information** Show Details

License/Registration Number: -----  
License/Registration Type: Respiratory Care Practitioner

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To apply for your California RCP license, under **Applications** choose “Respiratory Care Board” from the <Choose Board> dropdown, and “Initial License” from the <Choose Application> dropdown. Then click the **‘Select’** button.

At the Respiratory Care Practitioner Initial Application – Introduction screen, please read the information carefully, and click **‘Next’** to continue.



## Initial Respiratory Care Practitioner (RCP) License Application - Introduction

Press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

**Welcome! Please read all instructions fully to avoid errors in processing. The following information is required for completion of your Respiratory Care Practitioner (RCP) Application for Licensure:**

Please review the following items to ensure your readiness for filing your application.

**1. Application Fee:**

- California Residents: \$300.00
- Out-of-State Residents: \$349.00 (includes fingerprint card processing fee)

**2. Fingerprinting:**

- California residents are required to have fingerprints processed at a Live Scan service. You can find a list of available services here: <https://oag.ca.gov/fingerprints/locations>. You may attach a copy of the completed Live Scan form to this application, or mail it to the Board. To print this form from our website, view pages 12-15 of our application packet: <https://rcb.ca.gov/applicants/apply.shtml>
- Out-of-State residents are required to mail in two completed fingerprint cards to the Board. Fingerprint cards are able to be mailed to you upon request by email to [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov), or obtained from your current state.

**3. Education:**

- Completion of an Associate's Degree AND an approved respiratory care program. A list of approved California Programs can be found here: [https://rcb.ca.gov/applicants/edu\\_programs.shtml](https://rcb.ca.gov/applicants/edu_programs.shtml).
- Applicants may apply for an RCP license up to 90 days prior to meeting the education requirements. New graduates are encouraged to submit an application as soon as possible to allow ample time to process the application. Applicants have one year from the time they file their application to complete the process.
  - If you are filing your application prior to your graduation, please attach a certification/letter from your Program Director attesting to your graduation date at the end of this application. You may also attach this document at a later time using the Attachments application available on your BreZE online profile (after submitting this initial application).
- An official copy of your transcripts (from each institution, if applicable) reflecting completion of your respiratory care program and minimum of an Associate's Degree must be sent from the institution directly to the Board.
- Please click the following link to see if you qualify for an education waiver: [https://rcb.ca.gov/applicants/app\\_requirements.shtml](https://rcb.ca.gov/applicants/app_requirements.shtml).

**4. Photograph:**

- A 2x2 inch passport style photo taken within the last 60 days prior to filing the application is required. You may attach the photo to this online application, or mail it to the Board. Group or cropped photos will not be accepted.

**5. Registered Respiratory Therapist (RRT) Credential Verification:**

- All applicants must take and pass all parts of the RRT exam with the NBRC to qualify for licensure in the State of California unless a Certified Respiratory Therapist (CRT) credential was earned prior to January 1, 2015.
- If you hold a CRT or RRT credential, you must contact the NBRC and request a credential verification be sent directly to the Board.
- **Please note: Possessing a CRT and/or RRT credential does NOT authorize you to practice respiratory care in California. You must possess a valid license issued by the Respiratory Care Board to practice respiratory care in the State of California.**

**6. License Verification(s):**

- If you have ever held a registration, certification, or license related to the healing arts in California and/or any other state, you must request a license verification from each agency to be sent directly to the Board.

**7. Law & Professional Ethics Course:**

- All applicants are required to complete a Board-approved Law and Professional Ethics course prior to licensure. This course can be completed online through either the American Association for Respiratory Care (AARC) at [www.aarc.org](http://www.aarc.org), or through the California Society for Respiratory Care (CSRC) at [www.csrc.org](http://www.csrc.org).
- Once you complete this course, you may attach a copy of the Certificate of Completion to this application, or send a copy to the Board.

Be advised, your application will not be reviewed until the application fee has been received. For additional information regarding our application process, click here: <https://rcb.ca.gov/applicants/apply.shtml>.

If you have any questions regarding application requirements, please contact us at (916) 999-2190, or by email at [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov).

Do not click the "Back" button on your browser while going through this application, as all of your entered information may be lost.

**Next** **Cancel**

On the Information Privacy Act screen, please read the information carefully and click **'Agree'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Information Privacy Act**

**NOTICE ON COLLECTION OF PERSONAL INFORMATION**

**Collection and Use of Personal Information:**

The Respiratory Care Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30 and 3730. The Respiratory Care Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and to enforce licensing standards set by law and regulation. **Mandatory Submission.** Submission of the requested information is mandatory. The Respiratory Care Board cannot consider your application for licensure or renewal unless you provide all of the requested information. **Access to Personal Information.** You may review the records maintained by the Respiratory Care Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information. **Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information:**

For questions about this notice or access to your records, you may contact:

**Respiratory Care Board**  
3750 Rosin Court Suite 100  
Sacramento, CA 95834  
Phone: (866) 375-0386  
Email: [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov)

For questions about the Department of Consumer Affairs's privacy policy or the Information Practices Act, you may contact:

**Office of Information Security and Privacy Protection**  
1625 North Market Blvd.  
Sacramento, CA 95834  
Phone: (866) 785-9663  
Email: [privacy@oispp.ca.gov](mailto:privacy@oispp.ca.gov)

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.

**Agree**

**Cancel**

On the Application Questions screen, answer each question by selecting 'Yes' or 'No' from each dropdown box, and click '**Next**' to continue. (If you answer 'Yes' to "Have you ever been known by any other name?", you will be asked to enter this information later on.)

**Initial Respiratory Care Practitioner (RCP) License Application - Application Questions**

Answer the questions and press "Next" to continue.  
Press "Previous" to return to the previous section.  
To save and exit this application, click on the "Cancel" button.

Are you applying from another state?	<input type="button" value="v"/>
If you are an out-of-state applicant, will you be submitting fingerprint cards to the Board?	<input type="button" value="v"/>
Have you ever been known by any other name?	<input type="button" value="v"/>
Have you ever served or are you currently serving in the United States Military?	<input type="button" value="v"/>
Are you the spouse or domestic partner of an active duty member in the armed forces or the California National Guard?	<input type="button" value="v"/>
Are you requesting expediting of this application for honorable discharged member of the U.S. Armed Forces? (DD214 or other supporting documentation is required if "Yes".)	<input type="button" value="v"/>
Do any of the AB 2113 statements apply to you?	<input type="button" value="v"/>

The Board expedites the licensure process for an applicant currently serving as an active duty member of the Armed Forces of the United States, or has been honorably discharged, and for spouses and domestic partners of those on active duty in the Armed Forces.

**Military Personnel Requirements**  
For an applicant's license to be expedited, the applicant must provide evidence that they are an active duty member of the Armed Forces of the United States or were an active duty member and was honorably discharged.

**Military Spouse/Domestic Partner Requirements**  
For an applicant's license to be expedited, the applicant must provide evidence that they are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official orders. They must also hold a current RCP license in another state, district or territory of the United States.

Please note, pursuant to Business and Professions Code section 115.4, this does not mean a license must be issued, but simply requires the process to be accelerated.

For more information regarding the Expedited Application Process for Military Personnel, Spouses and Domestic Partners, please visit <http://rcb.ca.gov/licenses/military.shtml>

Regarding AB 2113: Business and Professions Code section 135.4 provides that the Respiratory Care Board must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

On the Name and Personal Details screen, enter all applicable information, and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Name and Personal Details**

Items with an asterisk (\*) are required to be completed for the online application.

Press "Previous" to return to the previous screen.  
Enter your personal details and Press "Next" to continue.  
To save and exit this application, click on the "Cancel" button.

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* SSN/ITIN:

\* Birthdate:  (mm/dd/yyyy)

\* Gender:

[Previous](#) [Next](#) [Cancel](#)

On the Address Detail Summary screen, click **'Add'** to add your contact information (address, phone number, and email address).

**Initial Respiratory Care Practitioner (RCP) License Application - Address Detail Summary**

The following address types are mandatory. Please add these in order to continue.

- Address of Record

Press "Add" to add an optional or mandatory address.  
Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
To save and exit this application, click on the "Cancel" button.

Please note, the 'Address of Record' will be disclosed to the public.

[Previous](#) [Next](#) [Add](#) [Cancel](#)

Select **'Address of Record'** from the Address Type dropdown box, and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Add Address Details - Select Address Type**

Select an address type from the drop-down list and press "Next".  
Press "Back" to return to the Address Detail Summary Screen.

\* Address Type:

[Next](#) [Back](#)

Enter all applicable information and click 'Continue'.

### Initial Respiratory Care Practitioner (RCP) License Application - Add Address Details

Items with an asterisk (\*) are required to be completed for the online application.  
Enter/Update your address, phone number and email address and press "Continue" when done.  
Press "Back" to return the previous screen.

Address of Record

* Address Line 1:	<input type="text" value="3750 Rosin Ct"/>
Address Line 2:	<input type="text" value="Ste 100"/>
Address Line 3:	<input type="text"/>
* City:	<input type="text" value="Sacramento"/>
* State:	<input type="text" value="California"/>
* Zip Code:	<input type="text" value="95834"/>
County:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
* Phone Number:	<input type="text" value="9169992207"/>
Extension:	<input type="text"/>
* E-mail:	<input type="text" value="rcbinfo@dca.ca.gov"/>
Alternate Phone	<input type="text"/>

When entering a non-U.S. address, please select "Out of Country State" from the "State" pull-down menu. Then, enter your postal code in the format as required by your country's postal agency.

Changes of address must be submitted online or in writing to the Board within 14 days. Failure to update your contact information may result in a delay in processing of any application, and you may be subject to a citation and fine if your address is not current with the Board's records.

[Continue](#) [Back](#)

Review the information entered. If you need to edit any information entered on the Address Details screen, click the blue '[Address of Record](#)' link on the left side. If all information is correct, click 'Next' to continue.

### Initial Respiratory Care Practitioner (RCP) License Application - Address Detail Summary

Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
To save and exit this application, click on the "Cancel" button.

#### License Specific Addresses

<a href="#">Address of Record</a> 	Address:	3750 Rosin Ct Ste 100 Sacramento , CA 95834 US
	Phone Number:	9169992207
	E-mail:	rcbinfo@dca.ca.gov
	Alternate Phone	

Please note, the 'Address of Record' will be disclosed to the public.

[Previous](#) [Next](#) [Cancel](#)

On the Education History screen, read the instructions and click '**Add**' to add required education information.

### Initial Respiratory Care Practitioner (RCP) License Application - Education History Summary

Please enter information for each institution from which you have completed a degree.

If you are filing your application prior to your graduation, please attach a certification/letter from your Program Director attesting to your graduation date at the end of this application. You may also attach this document at a later time using the Attachments application available on your BreEZe online profile (after submitting this initial application).

Press "Add" to add Education History.

Press "Previous" to return to the previous section.

Press "Next" when finished adding/changing Education History.

To save and exit this application, click on the "Cancel" button.

Education Provider	Start Date	End Date	Date of Graduation	Degree	Notes
An official copy of your transcript(s) (from each institution if applicable) reflecting completion of your respiratory care program and the awarding of a minimum of an Associate's Degree must be sent from the institution directly to the Board.					
<a href="#">Previous</a> <a href="#">Next</a> <a href="#">Add</a> <a href="#">Cancel</a>					

Read the instructions, enter all applicable information and click '**Continue**'.

### Initial Respiratory Care Practitioner (RCP) License Application - Add Education History

If you attended a school outside of the State of California, please select "Out of State" from the Education Provider dropdown. If you attended a school in California that is not listed in the Education Provider dropdown, please select "Other". Please enter the name of the "Out of State" or "Other" school in the "Notes" section below.

Press "Continue" when you have finished entering data.

Press "Cancel" to return to the previous screen.

* Education Provider	<input type="text"/>
Start Date	<input type="text"/> (mm/dd/yyyy)
End Date	<input type="text"/> (mm/dd/yyyy)
Date of Graduation	<input type="text"/> (mm/dd/yyyy)
Degree	<input type="text"/>
Notes	<input type="text"/>
An official copy of your transcript(s) (from each institution if applicable) reflecting completion of your respiratory care program and the awarding of a minimum of an Associate's Degree must be sent from the institution directly to the Board.	
<a href="#">Continue</a> <a href="#">Cancel</a>	

If you have additional Education Providers to list, click **'Add'**. Then review the information entered and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Education History Summary**

Please enter information for each institution from which you have completed a degree.

If you are filing your application prior to your graduation, please attach a certification/letter from your Program Director attesting to your graduation date at the end of this application. You may also attach this document at a later time using the Attachments application available on your BreEZe online profile (after submitting this initial application).

Press "Add" to add Education History.  
 Press "Previous" to return to the previous section.  
 Press "Next" when finished adding/changing Education History.

To save and exit this application, click on the "Cancel" button.

Education Provider	Start Date	End Date	Date of Graduation	Degree	Notes
OTHER					<a href="#">Edit</a>   <a href="#">Delete</a>

An official copy of your transcript(s) (from each institution if applicable) reflecting completion of your respiratory care program and the awarding of a minimum of an Associate's Degree must be sent from the institution directly to the Board.

On the Driver License screen, you will need to list any driver license you have been licensed to drive in any state in the last ten years, including California if applicable. Click **'Add'**

**Initial Respiratory Care Practitioner (RCP) License Application - Driver License - Information**

If you have been licensed to drive in any state in the last ten years, including California, please list the information below.

Press the "Edit" link to edit the record.  
 Press the "Remove" link to remove the record.  
 Press "Add" to add a new record.  
 Press "Previous" to return to the previous section.  
 Enter appropriate details and press "Next" to continue.  
 To save and exit this application, click on the "Cancel" button.

Driver License Number	Issuing State	Expiration Date (mm/dd/yyyy)
<input type="button" value="Add"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>		

Enter all information and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Driver License - Add**

If you have been licensed to drive in any state in the last ten years, including California, please list the information below.

Press "Next" to save this record and continue.  
 Press "Cancel" if you do not want to save your changes.

\* Driver License Number:

\* Issuing State:

Expiration Date:  (mm/dd/yyyy)

Review all information entered and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Driver License - Information**

If you have been licensed to drive in any state in the last ten years, including California, please list the information below.

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To save and exit this application, click on the "Cancel" button.

Driver License Number	Issuing State	Expiration Date <small>(mm/dd/yyyy)</small>		
Driver License #	California		<a href="#">Edit</a>	<a href="#">Remove</a>

**Add Previous Next Cancel**

On the License History screen, answer all questions and click **'Next'** to continue. If you answer 'Yes' to any of the four license history questions, please fill out the information on the following screen.

**Initial Respiratory Care Practitioner (RCP) License Application - License History - Information**

Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To save and exit this application, click on the "Cancel" button.

- \* Have you previously applied for or been issued a certificate or license with the Respiratory Care Board of California?  Yes  No
- \* Have you ever applied for or been issued a registration, certificate or license to practice respiratory care in any other state?  Yes  No
- \* Have you ever applied for or been issued a registration, certificate or license to practice any other healing art in California or any other state?  Yes  No
- \* Have you previously taken the CRT/TMC or RRT credentialing exam or any other licensing exam?  Yes  No

**Previous Next Cancel**



On the License History Details screen, if you answered ‘Yes’ to any of the License History screen questions, click ‘**Add**’. (If you answered ‘No’ to the license history questions, click ‘**Next**’ to continue.)

**Initial Respiratory Care Practitioner (RCP) License Application - License History Details - Information**

If you answered Yes to any of the License History questions, please enter the information below.

If you have ever held a registration, certificate or license in another state, you must contact the issuing agency and request a license verification be sent directly to the Board from the issuing agency. If you hold a CRT or RRT credential, you must contact the NBRC ([www.nbrc.org](http://www.nbrc.org)) and request a credential verification be sent directly to the Board.

Press the "Edit" link to edit the record.  
 Press the "Remove" link to remove the record.  
 Press "Add" to add a new record.  
 Press "Previous" to return to the previous section.  
 Enter appropriate details and press "Next" to continue.  
 To save and exit this application, click on the "Cancel" button.

Registration/Certification/License Type	Approximate Date of Application <small>(mm/dd/yyyy)</small>	Approximate Date of Registration/Certification/License Issuance <small>(mm/dd/yyyy)</small>	State or Country where Registration/Certification/License Issued	E N

If adding license history information, read the instructions and enter all applicable information. Click ‘**Next**’ to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - License History Details - Add**

If you answered Yes to any of the License History questions, please enter the information below.

If you have ever held a registration, certificate or license in another state, you must contact the issuing agency and request a license verification be sent directly to the Board from the issuing agency. If you hold a CRT or RRT credential, you must contact the NBRC ([www.nbrc.org](http://www.nbrc.org)) and request a credential verification be sent directly to the Board.

Press "Next" to save this record and continue.  
 Press "Cancel" if you do not want to save your changes.

**License History Details**

Registration/Certification/License Type:

Approximate Date of Application:  (mm/dd/yyyy)

Approximate Date of Registration/Certification/License Issuance:  (mm/dd/yyyy)

State or Country where Registration/Certification/License Issued:

**Exam History Details**

Exam Name/Type:

Passed or Failed Exam (Yes for Passed, No for Failed):  Yes  No

Approximate Exam Date:  (mm/dd/yyyy)

State or Country where Exam was Taken:

On the Ethics screen, read the instructions, enter the Course Provider (CSRC or AARC) and the Course Date, then click **‘Next’** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Ethics - Information**

You are required to complete the Law and Professional Ethics course as part of your application for licensure with the Respiratory Care Board of California. You may take this course online through the AARC ([www.aarc.org](http://www.aarc.org)) or CSRC ([www.csrc.org](http://www.csrc.org)). Please complete this course and attach your certificate of completion to the end of this application, or you may send a copy to the Board directly via fax, email or mail.

If you have not yet completed this course and would like to continue with your application, do not enter the information below, and press "Next" to continue. Please note that your application will not be approved until the Board receives your certificate of completion of the Law and Professional Ethics course.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Course Provider:

Course Date:  (mm/dd/yyyy)

**Previous** **Next** **Cancel**

On the Background Information screen, answer each question. If you answer ‘Yes’ to one of these background information questions, you will be required to enter all necessary details on the screen when prompted. *(You are allowed to enter up to two instances for each question. If you need to submit information for more than two instances, please either attach a document to the end of this application, or email the Board at [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov).)* When completed, click **‘Next’** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Background Information - Information**

If you answer Yes to any of the following questions, please provide the required information.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Do you have a medical condition or does your current use of chemical substances in any way impair or limit your ability to conduct with safety to the public the practice of respiratory care?  Yes  No

Has any disciplinary action ever been taken by any federal, state, or other governmental agency or other country against any professional or vocational registration, certificate or license you now hold or have held in the past?  Yes  No

Have you ever been terminated by or resigned from a medical facility or registry in lieu of disciplinary action?  Yes  No

Have you ever been denied registration, a certificate or a license to practice a business or profession by any federal, state, or other governmental agency or other country?  Yes  No

Have you ever been denied permission to practice respiratory therapy or any other healing arts profession by any federal, state, or governmental agency or other country?  Yes  No

Have you ever been denied permission to take a registration, certification, or licensing examination by any federal, state, or other governmental agency or other country?  Yes  No

Have you ever voluntarily surrendered a license to practice in the healing arts in this state or any other state?  Yes  No

Are you required to register as a sex offender in California, or in another state, territory, or under federal law?  Yes  No

If you have additional incidents to report, please attach a document to the end of this application with the necessary information.

**Previous** **Next** **Cancel**

On the Statement of Understanding screen, carefully read the instructions and statements. Enter your initials in the box under each statement, and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Statement of Understanding - Information**

Please initial the following paragraphs in the space provided.

By initialing these paragraphs, you certify under penalty of perjury that you have read and understand this statement of understanding. You have also received a copy of the current statutes and regulation governing the practice of respiratory care (also available on the Board's website). Further, you understand that violations of law, unauthorized or unlawful practice and misrepresentation are grounds for disciplinary action.

Please initial each numbered paragraph to show you hereby read and understand the following statements.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

1. The Respiratory Care Board of California (Board) has statutory authority regarding the enforcement and administration of the Respiratory Care Practice Act (RCPA).

\* Initials:

2. No respiratory care practitioner applicant may begin practice until a VALID work permit is obtained from the Board.

\* Initials:

3. During the application period, the applicant shall be identified as a "RESPIRATORY CARE PRACTITIONER APPLICANT" and may only practice with a valid work permit while under the direct and immediate supervision of a licensed respiratory care practitioner.

\* Initials:

12. And employer of a respiratory care practitioner shall report the Board the suspension or termination for cause of any practitioner in their employ. "Suspension or termination for cause" is defined to mean suspension or termination from employment for any of the following reasons:

- a. Use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice respiratory care.
- b. Unlawful sale of controlled substances or other prescription items.
- c. Patient neglect, physical harm to a patient, or sexual contact with a patient.
- d. Falsification of medical records.
- e. Gross incompetence or negligence.
- f. Theft from patients, other employees, or the employer.

\* Initials:

13. Each applicant and licensee must report any and all address changes of address to the Respiratory Care Board within 14 days of such a change.

\* Initials:

[Previous](#) [Next](#) [Cancel](#)

The Optional Survey Question screen contains an optional question relating to how you first learned about this profession. Please enter the applicable information and click **'Next'**.

**Initial Respiratory Care Practitioner (RCP) License Application - Optional Survey Question - Information**

Where did you first learn about the respiratory care profession? (Please mark "Yes" for all that apply.)  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To save and exit this application, click on the "Cancel" button.

---

Where did you first learn about the respiratory care profession? (Please select Yes to all that apply.)

Career Fair:  Yes  No

High School:  Yes  No

Personal Experience:  Yes  No

College:  Yes  No

Other:  Yes  No

Comments:

**Previous Next Cancel**

The Healing Art Survey screen is an optional survey. Enter the applicable details, if you wish, and click **'Next'** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Healing Art Survey - Information**

Please consider completing the following optional survey questions relating to your healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select "Next" at the bottom of the screen to proceed forward with your application.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
To save and exit this application, click on the "Cancel" button.

**Additional Credentials/Certificates:**

Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree?  Yes  No

If you answered "Yes" to the previous question, please enter the name of the credential/certification:

If you decline to state your cultural/ethnic background, please select "Yes."  Yes  No

**Languages:**

Are you fluent in languages other than English? If yes, please identify these languages in the drop downs below.  Yes  No

Language 1:

Language 2:

Language 3:

Language 4:

**Retirement:**

Please select the value from the dropdown that best represents when you plan to retire.

**Previous Next Cancel**

The Attachments screen is an optional screen where you are able to attach any documents related to this application. It is highly recommended that you attach all applicable documents to your application that are not required to be sent from a third party directly (i.e. photograph, ethics certificate, program director certification, additional background information, etc.) Click the **'Choose File'** button to select the file from your computer, then click **'Attach'** to include the attached documents to your application. Please ensure the files are attached before continuing, then click **'Next'**.

**Initial Respiratory Care Practitioner (RCP) License Application - Attachments**

Please attach any documents related to your application (i.e. photograph, ethics certificate, program director certification, etc.). Please be advised that any certified documents required for your application may not be attached, and need to be mailed directly to the Respiratory Care Board.

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

---

**Files Uploaded**

step_by_step_lic_notif_guide.pdf	<a href="#">View</a> <a href="#">Remove</a>
----------------------------------	---

Total Size of Attached Files (MB): 0.8

---

File Name:  No file chosen

Notes:

Note: The character limit for the notes field is 200 characters

The next screen contains the Application Summary. Review the information that was entered on this application.

**Initial Respiratory Care Practitioner (RCP) License Application - Application Summary**

Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.

You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at [https://www.dca.ca.gov/webapops/oshod\\_survey.php](https://www.dca.ca.gov/webapops/oshod_survey.php). Please go to this web address and complete the survey at this time. Instructions will be provided in the survey. Once you have completed this survey, please submit the application.

Press "Previous" to return to the previous section.

Review the data and press "Proceed to Payment" to submit this application.

To save and exit this application, click on the "Cancel" button.

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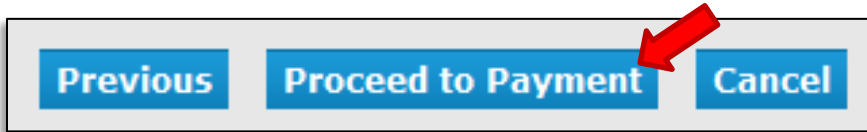
**Initial Respiratory Care Practitioner (RCP) License Application Summary**

License Type:	Respiratory Care Practitioner
Application Date:	04/07/2021 (mm/dd/yyyy)

---

**Application Questions**

Once you review the information entered, click **‘Proceed to Payment’** at the bottom of the screen.



On the Attestation screen, read the statement, click **‘Yes’**, then click **‘Proceed to Payment’** to continue.

**Initial Respiratory Care Practitioner (RCP) License Application - Attestation**

Press "Previous" to return to the previous section.  
Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.  
To save and exit this application, click on the "Cancel" button.

I declare under penalty of perjury under the laws of the State of California that the information contained in this application and copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I understand that if I do not pass the Therapist Multiple Choice examination on my first attempt, all rights and privileges to practice as a respiratory care practitioner applicant automatically cease. I understand that I must possess a valid license to practice respiratory care in the State of California. I hereby grant the Board permission to verify any information contained in this application.

Yes  
 No

**Previous** **Proceed to Payment** **Cancel**

You will then be taken to the Fee and Summary Report. Click **‘Pay Now’** to pay with a debit or credit card.

If you are having your school or a third party pay your application fee, click the ‘Add to Cart’ button and review the Authorized Representative Step-by-Step Guide available here: <https://rcb.ca.gov/applicants/apply.shtml>


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**Fee and Summary Report**

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.  
You are required to pay the amount below for your application to be processed.  
Press "Pay Now" to proceed to the fee payment page.  
Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees	
AppFee:	\$300.00
<b>Total Amount Due:</b>	<b>\$300.00</b>

**Pay Now** **Add to Cart** **View PDF Summary Report** 

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Select your Payment Method and click **'Next'**.



Application Number	Description	License Number	License Type	Applicant Name	Fee
14050345	Respiratory Care Application		Respiratory Care Practitioner	MOUSE, MICKEY	

Payment Method

Visa  
 MasterCard  
 Discover  
 American Express

[Next](#) [Show Fee Details](#) [Cancel](#)

Review the fee and Payment Method, and click **'Next'**.



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### Confirm Payment Details

PLEASE NOTE: When entering your credit card number on the following screen, please DO NOT include spaces, dashes, or hypens. This action will cause an error, and you will then need to log back into the Online Application Payment portion of the application process.

Please review the information below and make sure everything is correct. Then, press "Next" to pay for the selected application(s).  
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	Applicant Name	Fee
14050345	Respiratory Care Practitioner I	MOUSE, MICKEY	
			Total

Payment Method: **Visa**

[Next](#) [Cancel](#)

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After clicking **'Next'** from the Confirm Payment Details screen, you will be taken to a screen to enter your debit or credit card information.  
(Please note: The 'CVV2' is the 3 digit code typically on the back of your payment card, and the card expiration date needs to be entered in the 'MMYY' format.)

After you click 'Process', you will be taken to a Successful Payment screen where you will have the option to print a PDF receipt for your records.

***It can take one to six weeks to be licensed depending on any pending necessary information. Please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 if you have any questions.***