



# RESPIRATORY CARE BOARD OF CALIFORNIA

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## RENEWAL DEFICIENCY NOTICE

Name: \_\_\_\_\_ RCP License No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your application for renewal of your respiratory care practitioner license has been received and cashiered, however, a hold was placed on your license because your renewal was deficient.

**YOU ARE NOT AUTHORIZED TO PRACTICE RESPIRATORY CARE UNTIL YOU HAVE A CURRENT AND VALID LICENSE.**

Regardless of your specific renewal deficiency, please re-submit the information by completing all sections below. You must submit the completed form to the Respiratory Care Board via email, fax, or mail. Your renewed pocket license will be mailed to you once the completed form is received and reviewed, provided all requirements have been met. Please complete the following:

### Section 1: Renewal Status

How would you like to renew your license?

Active

Inactive

### Section 2: Conviction/Discipline Disclosure

Subsequent to the issuance of your license or since you last renewed, have you had any license discipline by a government agency, the USA or its territories, military court, a foreign government, or other disciplinary body, or have you been arrested, convicted or pled guilty or nolo contendere to any crime? (Do NOT list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b). Include all other arrests, pleas, and convictions for misdemeanors and felonies, and traffic infractions involving drugs or alcohol.)

Yes

No

### Section 3: Continuing Education

Have you successfully completed the hours of continuing education as required for license renewal?

Yes

No

If yes, please provide the number of CE hours completed: \_\_\_\_\_

### Section 4: Law and Professional Ethics

Have you successfully completed a Board-approved Law and Professional Ethics Course? You may skip this section if you are not required to complete the Ethics course for this renewal period.

Yes

No

If yes, please indicate the provider and the date completed:

Provider:  CSRC  AARC Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_