

For Office Use Only Application fee	<input type="checkbox"/> \$90
Background check fee	<input type="checkbox"/> \$55

Application for Respiratory Care and Polysomnography Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 4

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____ 5. _____
City, State, Zip Code *E-Mail Address*
6. _____ 7. _____ 8. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
9. Male Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question #11 – #16 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

16. Are you or have you ever been licensed, registered or certified in another state? Yes No
 If yes, list the two-letter abbreviation for the state(s) below.

17. Do you currently hold licensure in Iowa? _____

If yes, license # _____ License Type _____

18. Are you applying for the polysomnography component of this license through work experience? Yes No

If yes, please submit the polysomnography experience verification form completed by the medical director for your agency.

Respiratory Care Education

19. Have you completed an educational program for Respiratory Care? Yes No

20. _____
Name of Program

21. _____
Graduation Date

Respiratory Exam Information

22. Have you passed a National Board Respiratory Care Exam (NBRC) national certification exam in Respiratory Care? Yes No

23. Certified Respiratory Therapist Exam (CRT), Yes No

24. Registered Respiratory Therapist Exam (RRT), Yes No

25. Therapist Multiple-Choice Examination? Yes No

Polysomnographic Education:

26. Have you graduated from a polysomnographic educational program? Yes No

27. Have you earned a polysomnographic certificate from the respiratory care program? Yes No

28. Have you earned a polysomnographic certificate from an electroneurodiagnostic program? Yes No

29. _____
Name of Program

30. _____
Graduation Date

Polysomnographic Exam:

31. Have you obtained a Registered Polysomnographic Technologist credential from the Board of Registered Polysomnographic Technologists? Yes No

32. Have you obtained a Sleep Disorders Specialist (SDS) credential from the National Board Respiratory Care (NBRC) Yes No

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law.

33. _____
Applicant must sign here in ink _____ **Date**

Respiratory Care and Polysomnography Practitioner License

Documentation Required for Licensure

- Application and fee (\$90 + \$55 (cost of the FBI and DCI background check) = \$145). **All application fees are nonrefundable.** To apply, do one of the following:
 - Create an account, apply and pay online at:
<https://ibpllicense.iowa.gov/PublicPortal/Iowa/IBPL/common/index.jsp>, OR
 - Request an application packet and return it with a check or money order payable to the Iowa Board of Respiratory Care and Polysomnography: <http://idph.iowa.gov/Licensure/Iowa-Board-of-Respiratory-Care/Licensure/Application-Request-Form>

- Verification of any **one** of the following:
 - Official transcript showing completion of a polysomnography program accredited by CAAHEP, or
 - Official transcript showing completion of a respiratory care sleep add on program accredited by CoARC, or
 - Official transcript showing completion of an electroneurodiagnostic technologist educational program that is accredited by CAAHEP and proof of completion of the curriculum for a polysomnographic certificate as an extension of the electroneurodiagnostic educational program. or
 - Passing score on the Registered Polysomnographic Technologist Exam administered by the BRPT, or
 - Passing score on the sleep disorders specialist exam administered by the NBRC, or
 - Verification from the medical director of the individual's current employer that the individual has completed on-the-job training in the field of polysomnography, and is competent to perform polysomnography.

- Background Check Requirement – (Even if you have completed a background check as part of a previous application, a new check will be required as it is statutorily required for the polysomnography component of the dual license.) Most law enforcement agencies have fingerprint cards available upon request or you may request an application packet to be mailed to you. The application packet will include a licensure application form AND materials to complete a background check, including fingerprint cards and waivers. To receive the correct packet, contact the Iowa Board of Respiratory Care at (515) 281-0254 or complete the following information.

Applicants will receive a packet from the Board office in the mail after submitting an online licensing application or along with the paper application (if requested). The packet includes two items that must be returned to the Board office before the license can be issued:

1. Two fingerprint cards. Take the fingerprint cards to a local law enforcement agency for completion. Submit both completed fingerprint cards to the Board office.
2. Background check waiver form. Read and sign the waiver form. Return it with the completed fingerprint cards.

Mail the completed fingerprint cards and waiver form to:

**Board of Respiratory Care & Polysomnography
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075**

IOWA BOARD OF RESPIRATORY CARE AND POLYSOMNOGRAPHY
IOWA DEPARTMENT OF PUBLIC HEALTH
LUCAS STATE OFFICE BUILDING, 5TH FLOOR
DES MOINES, IOWA 50319-0075

EXPERIENCE/EMPLOYMENT VERIFICATION
(Must be completed by medical director)

Applicant name: _____

The above named person has applied for Iowa licensure in Polysomnography. Please complete this form to verify the applicant's eligibility.

1. Name of Agency: _____

2. Place of Practice: _____

3. Applicant's job title at agency: _____

4. Dates of employment: _____

5. Total number of hours of paid polysomnographic work experience by applicant within the last three years under your supervision: _____

6. Brief description of applicant's practice/duties:

7. To the best of your knowledge, is the applicant competent to perform polysomnography? Yes No

Medical Director Certification:

I hereby attest that all the above information is true and correct to the best of my knowledge.

Medical Director's name: _____ Title: _____

Signature: _____ Date: _____

NOTARY

State of..... [County] of.....

Signed and sworn to (or affirmed) before me on.....(Date) by.....Name(s) of individual(s) making statement.

Signature of notarial officer.....

Title of office.....

Stamp

My commission expires:.....



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Bureau of Professional Licensure
321 E 12th Street
Des Moines, Iowa 50319

Send results to:

Name _____

Address _____

Phone _____

Fax _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Release Authorization Information:

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize (**Name of QE**) Iowa Board of Respiratory Care and Polysomnography
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name

Date of Birth

Residential Address

City

State

Zip Code



Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

_____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

_____ I have been provided a copy of the Privacy Act Statement.

_____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

_____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

_____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

_____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I **have** been convicted of a crime

I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

Signature

Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: Iowa Board of Respiratory Care and Polysomnography

OCA: RESCARE

Address: 321 E 12th Street, Des Moines, IA 50319

Phone: 515-281-0254

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and a copy of this executed agreement to the applicant prior to submitting the applicant's fingerprints to the DCI to be forwarded to the FBI.

QE Signature: _____

Date: _____

The QE **must provide a copy of this Waiver Agreement to the applicant** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested.