Minutes

The Respiratory Care Advisory Committee of the Board of Medical Licensure and Supervision met on August 13, 2026. This meeting was held consistent with the Oklahoma Open Meeting Act. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 3, 2025, and posted on the Board's website on August 6, 2026, at 9:43 a.m. pursuant to 25 O.S. § 311(A)(9).

Members present were:
Kelly Hennessey, RCP, Vice-Chair
Timothy Moser, DO
Kevin O'Neal, DO
Lisa Ball, RCP
Crystal Cosper, RCP

Members absent were:
Jim Grantz, RCP, Chair
Dawn Ayala, RCP
Steven Katsis, MD
OSMA Physician Member (Vacant)

Others participating included:
Sandra Harrison, JD, Executive Director
Renee Banks, JD, Deputy Director
Barbara J. Smith, Executive Secretary
Lisa Cullen, External Licensing Director
Mady Martin, AAG, Legal Advisor

Ms. Hennessey, serving as Chair during the absence of Mr. Grantz and having noted a quorum, called the meeting to order at 11:30 a.m. Barbara Smith called roll to establish a quorum for purposes of the record.

In her opening remarks, Ms. Harrison introduced Dr. Moser as the newest committee member. She further reported that the Medical Board's new database became operational on June 23rd and we are still working through the process. We are also modernizing our website, email domain and web address. Ms. Harrison asked the committee members to please check their institution's email filter to ensure our emails are being received. In closing, she advised that there is no current legislation that directly impacts the practice of Respiratory Care.

Following review, Ms. Ball moved to approve the meeting minutes of May 7, 2026, as written. Dr. O'Neal seconded the motion and the vote was unanimous in the affirmative with Dr. Moser ABSTAINING.

LOUIS BROOKS appeared in person in support of his application for Respiratory Care Practitioner licensure. His application is currently incomplete. His license expired September 30, 2002, and his national certification does not expire. He previously appeared in 2013 and at that time the Committee recommended completion of three months of supervised practice and obtaining 12 CEUs. These requirements were not completed. He reappeared in 2014 and the

Committee recommended three months of direct, onsite supervision and 12 hours of continuing education. He did not complete these requirements. He advised that he currently has not earned any CEUs and the last time he completed a CEU program was in 2009. Following review and discussion, Ms. Cosper moved to recommend approval of the application pending completion of the file to include retaking and passing the NBRC entry-level examination. Ms. Ball seconded the motion and the vote was unanimous in the affirmative.

JEFF HOOD did not appear in person in support of his application for Respiratory Care Practitioner licensure. Ms. Ball moved to recommend tabling the application pending a personal appearance before the Committee. Dr. O'Neal seconded the motion and the vote was unanimous in the affirmative.

JOSEPH INGLIMA appeared virtually in support of his application for Respiratory Care Practitioner licensure. His license lapsed August 31 of 2024, and he last practiced in May of 2023. His national certification expires in June of 2027 and he is not currently licensed in any other state. The applicant stated he has dealt with medical issues since his license has lapsed. He has completed five or six CEUs this year. Ms. Cosper moved to recommend approval of the application pending completion of the file to include completing four months of direct, onsite supervision with a satisfactory report provided by the supervising therapist at the conclusion thereof, and completion of five additional CEUs. Dr. O'Neal seconded the motion and the vote was unanimous in the affirmative.

PHYLIS MAJERUS appeared virtually in support of her application for Respiratory Care Practitioner licensure. She stated she no longer has a need for Oklahoma licensure and she withdrew her application.

BONNIE RAINS appeared virtually in support of her application for Respiratory Care Practitioner licensure. Her license expired in December of 2025. Her national certification expires in November of 2029 and her application is incomplete. The applicant stated she last practiced under contract with Concentra through October of 2025. She advised that she has obtained 12 CEUs and renewed her Basic Life Saving certification since her license lapsed. Ms. Ball moved to recommend approval of the application pending completion of the file. Ms. Cosper seconded the motion and the vote was unanimous in the affirmative.

DEAN SHIMABUKURO appeared virtually in support of his application for Respiratory Care Practitioner licensure. Currently, the application is incomplete. His license lapsed September 30, 2025, and he last practiced in October of 2023. His national certification is current and he is not licensed to practice in any other state. He advised that he completed 18 hours of CEUs in June of 2026. Ms. Ball moved to recommend approval of the application pending completion of the file. Ms. Cosper seconded the motion and the vote was unanimous in the affirmative.

JANENE SPEARS appeared virtually in support of her application for Respiratory Care Practitioner licensure. Her application is incomplete. She last practiced in December of 2018 and her national certification expires on May 31, 2031. She is not currently licensed in any other state. She quit practicing to be a stay-at-home mother, but has kept up with all required CEUs. Ms. Cosper moved to recommend approval of the application pending completion of the file to include

90 days of direct supervision with a satisfactory report provided by the supervising therapist at the conclusion thereof. Ms. Ball seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Following review and discussion:

1. Ms. Hennessey moved to recommend approval of the **PROVISIONAL RESPIRATORY CARE INITIAL APPLICATION(S) – SUBMITTED** on *Attachment #1* hereto pending completion of the file(s). Dr. O'Neal seconded the motion and the vote was unanimous in the affirmative.
2. Ms. Ball moved to recommend approval of the **PROVISIONAL RESPIRATORY CARE INITIAL APPLICATION(S) – IN REVIEW** on *Attachment #1* hereto pending completion of the file(s). Ms. Cosper seconded the motion and the vote was unanimous in the affirmative.
3. Ms. Ball moved to recommend approval of the **PROVISIONAL RESPIRATORY CARE INITIAL APPLICATION(S) – REVIEW COMPLETE** on *Attachment #1* hereto. Ms. Cosper seconded the motion and the vote was unanimous in the affirmative.
4. Ms. Hennessey moved to recommend approval of the **RESPIRATORY CARE PRACTITIONER INITIAL APPLICATION(S) - SUBMITTED** on *Attachment #1* hereto pending completion of the file(s). Ms. Ball seconded the motion and the vote was unanimous in the affirmative.
5. Ms. Cosper moved to recommend approval of the **RESPIRATORY CARE PRACTITIONER INITIAL APPLICATION(S) – IN REVIEW** on *Attachment #1* hereto pending completion of the file(s). Ms. Hennessey seconded the motion and the vote was unanimous in the affirmative.
6. Ms. Ball moved to recommend approval of the **RESPIRATORY CARE PRACTITIONER INITIAL APPLICATION(S) – REVIEW COMPLETE** on *Attachment #1* hereto. Ms. Hennessey seconded the motion and the vote was unanimous in the affirmative.
7. Ms. Cosper moved to recommend approval of the **RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATION(S) – IN REVIEW** on *Attachment #1* hereto pending completion of the file(s). Ms. Ball seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Dr. O'Neal moved to adjourn the meeting. The time was 12:18 p.m.

Attachment #1

RESPIRATORY CARE ADVISORY COMMITTEE
AUGUST 13, 2026

PROVISIONAL RESPIRATORY CARE INITIAL APPLICATION – SUBMITTED

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000080496	JOHNSTIN	HER	Initial	Submitted

PROVISIONAL RESPIRATORY CARE INITIAL APPLICATION – IN REVIEW

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000080280	KAMERIAN	MAYFIELD	Initial	In Review
IA-0000080884	JERRY	STONE	Initial	In Review
IA-0000080410	JADA	CHEADLE	Initial	In Review
IA-0000080299	KEIRA	DURKEE	Initial	In Review
IA-0000080374	MAKENNA	WILLSON	Initial	In Review
IA-0000080514	Kenzi	Kramer	Initial	In Review
IA-0000080900	ANDREW	TEETER	Initial	In Review
IA-0000081197	MICHELLE	BROWN	Initial	In Review
IA-0000081212	KEVIN	WINN	Initial	In Review
IA-0000081221	DEVYNE	HAWKINS	Initial	In Review
IA-0000080962	TAMARA	FIELTEAU	Initial	In Review
IA-0000081296	ASHLEE	BURDG	Initial	In Review
IA-0000081317	AMANDA	PORTER	Initial	In Review
IA-0000080465	ABBYLEIGH	SCHILLING	Initial	In Review
IA-0000081016	CASSANDRA	GONZALEZ	Initial	In Review
IA-0000081043	ADRIANA	GOMEZ	Initial	In Review
IA-0000081076	AMANDA	CHAMNANSARN	Initial	In Review
IA-0000080865	ASHTON	LUNSFORD	Initial	In Review
IA-0000081004	LORELEI	YARBROUGH	Initial	In Review
IA-0000081513	PETER	DIXON	Initial	In Review
IA-0000082507	Payton	Hopkins	Initial	In Review

PROVISIONAL RESPIRATORY CARE INITIAL APPLICATION – REVIEW COMPLETE

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000080788	JULIANE	LUCIO-AGUILAR	Initial	Review Complete
IA-0000080943	DESIREE	SANDERS	Initial	Review Complete
IA-0000080451	TZITLALY	PULIDO GODINEZ	Initial	Review Complete
IA-0000080578	TRINITY	BURRIS	Initial	Review Complete
IA-0000081018	RINNAH	ABEBE	Initial	Review Complete

RESPIRATORY CARE PRACTITIONER INITIAL APPLICATION - SUBMITTED

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000083377	Luis	Arvizu	Initial	Submitted

Attachment #1

RESPIRATORY CARE ADVISORY COMMITTEE
AUGUST 13, 2026

RESPIRATORY CARE PRACTITIONER INITIAL APPLICATION – IN REVIEW

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000082217	Victoria	Burch	Initial	In Review
IA-0000083785	Kari	Melek	Initial	In Review
IA-0000083854	Kevin	Stacy	Initial	In Review
IA-0000075935	SAMANTHA	POCOWATCHIT	Initial	In Review
IA-0000080498	EMMANUEL	CHARLES	Initial	In Review
IA-0000080405	AMESHIA	WALKER-SMITH	Initial	In Review
IA-0000080516	DALLAS	SCOTT	Initial	In Review
IA-0000080532	ALEXIS	WERNER	Initial	In Review
IA-0000080546	LESTER	JAMES	Initial	In Review
IA-0000080793	TONA	ALVAREZ	Initial	In Review
IA-0000080945	THOMAS	BRESNAHAN	Initial	In Review
IA-0000080441	PARVIZ	ZOHDI	Initial	In Review
IA-0000080577	MESHACK	MWANGI	Initial	In Review
IA-0000081192	KAYLA	LOPEZ	Initial	In Review
IA-0000081215	BIMPE	MAJEKODUNMI	Initial	In Review
IA-0000081234	PETER	DIXON	Initial	In Review
IA-0000080964	ANASTACIO	VARGAS	Initial	In Review
IA-0000081293	JESSICA	BOWMAN	Initial	In Review
IA-0000081299	DESIREE	SCHULTZ	Initial	In Review
IA-0000081302	VIVIANA	GONZALEZ	Initial	In Review
IA-0000081333	JEFF	RIGGS	Initial	In Review
IA-0000081335	AUDREY	GONZALES	Initial	In Review
IA-0000080475	LIZBETH	RODRIGUEZ	Initial	In Review
IA-0000080476	JAMES	SUTTON	Initial	In Review
IA-0000081041	KEVIN	STEPHENS	Initial	In Review
IA-0000077461	MORGAN	DIVINE	Initial	In Review
IA-0000076010	ESTRELLA	RODRIGUEZ	Initial	In Review
IA-0000081052	NICOLE	CHICHETTI	Initial	In Review
IA-0000081074	BRITTNEY	MITCHELL	Initial	In Review
IA-0000079579	AUGUST	DICKMAN	Initial	In Review
IA-0000076269	MICHAEL	SULLIVAN	Initial	In Review
IA-0000080830	HOLLY	GUILL	Initial	In Review
IA-0000075945	JONA	COLE	Initial	In Review
IA-0000067891	SHAELYN	BROWN	Initial	In Review
IA-0000080851	ALEYNA	CHARLES	Initial	In Review
IA-0000080852	CASIE	CALIVA	Initial	In Review
IA-0000080857	JUDITH	SITZMAN	Initial	In Review
IA-0000080862	MATTHEW	MUGFORD	Initial	In Review
IA-0000080863	ROBERTO	AGUILAR	Initial	In Review
IA-0000080872	CARLOS	MARTINEZ	Initial	In Review
IA-0000080876	TABITHA	PORTER	Initial	In Review

Attachment #1

RESPIRATORY CARE ADVISORY COMMITTEE
AUGUST 13, 2026

RESPIRATORY CARE PRACTITIONER INITIAL APPLICATION – IN REVIEW (CONTINUED)

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000081006	KHRYSTEN	CHANDLER	Initial	In Review
IA-0000081007	ALICIA	JOHNSON	Initial	In Review
IA-0000084197	RINNAH	ABEBE	Initial	In Review
IA-0000080239	SETH	BAGDASARIAN	Initial	In Review
IA-0000083510	Anna	Carmean	Initial	In Review
IA-0000081502	Tracey	Carter	Initial	In Review
IA-0000083229	Hannah	Cawthon	Initial	In Review
IA-0000084193	christie	concepcion	Initial	In Review
IA-0000083849	sosena	debele	Initial	In Review
IA-0000081982	Angela	Gray	Initial	In Review
IA-0000081618	Matthew	Hagan	Initial	In Review
IA-0000083169	Dan	Hill	Initial	In Review
IA-0000084225	CHEYENNE	HOOVER	Initial	In Review
IA-0000081709	Jordan	Jerome	Initial	In Review
IA-0000082681	Laura	Lewis	Initial	In Review
IA-0000084192	Jennifer	Miller	Initial	In Review
IA-0000083934	Deborah	Olk	Initial	In Review
IA-0000082154	TAMMY	PHAM PORTERA	Initial	In Review
IA-0000084086	Chad	Ponson	Initial	In Review
IA-0000084082	Alicia	Shackelford	Initial	In Review

RESPIRATORY CARE PRACTITIONER INITIAL APPLICATIONS – REVIEW COMPLETE

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000077709	BRANDI	BASDEN	Initial	Review Complete

RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS – IN REVIEW

Application ID	First Name	Last Name	Application Type	Application Status
IA-0000083632	LESLIE	ALLEN	Reinstatement	In Review
IA-0000005431	LISA	LONGCROW	Reinstatement	In Review
IA-0000083167	MONA	KITCHENS	Reinstatement	In Review
IA-0000039716	LISA	MANDEVILLE	Reinstatement	In Review
IA-0000081728	PAMELA	UNDERHILL	Reinstatement	In Review
IA-0000083206	TRINIDAD	ARANDA	Reinstatement	In Review
IA-0000083129	ASHLEE	LOPEZ	Reinstatement	In Review
IA-0000040275	MICHELLE	LEE	Reinstatement	In Review

OKLAHOMA
State Board of Medical Licensure and Supervision

Email to: [redacted]

August 25, 2026

Donald Brown Jr, RC Applicant 29564
[redacted]

NOTICE OF COMMITTEE APPEARANCE

Your application for ***Re-entry of your Respiratory Care Practitioner Licensure*** has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 19, 2026 at 11:30 a.m. You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:45-3-5* provided below)

The information you provided in your application states the following:

(a) Your **last practice** as a Respiratory Care Practitioner occurred in ***2024***; and
(b) Your Oklahoma Respiratory Care Practitioner license lapsed ***June 30, 2024***; and
(c) Your National Board for Respiratory Care Certification ***does not expire;*** and
(d) You are **not currently licensed** as a Respiratory Care Practitioner ***in any other state***; and

You were scheduled to appear on May 7, 2026. Since you did not appear, the committee recommended tabling the application for a personal appearance. The excerpt of the minutes from that meeting are below.

DONALD BROWN, JR, did not appear in support of his application for Respiratory Care Practitioner licensure. Ms. Ayala moved to recommend tabling this application to the next regularly scheduled meeting with a personal appearance. Dr. Katsis seconded the motion and the vote was unanimous in the affirmative.

OAC § 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed ***more than twelve months*** wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.
(2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
(3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
(4) Obtain continuing education as determined by the Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen, CMBLS
Director of External Licensing

NBRC
The National Board for Respiratory Care

BROWN, DONALD R.

Credential	Valid Thru
CRT	N/A*

Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Mon Mar 16 2026 09:58:21 GMT-0500 (Central Daylight Time)

PRIMARY SOURCE

RECEIVED
MAR 16 2026
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

RC 2287
TS

Committee Application Packet

Generated On: 10/26/2026 10:32 AM

DONALD BROWN

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000029564	**Applicant Name**	DONALD BROWN
Application Status	In Review	**Applied Date**	02/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
ARKANSAS VALLEY TECHNICAL INSTITUTE	OZARK	Arkansas	Unknown	Associate Degree	01/01/1994	05/01/1995	
JOHN BROWN UNIVERSITY	SILOAM SPRINGS	Arkansas	Unknown	Bachelor's Degree	01/01/2000	05/01/2003	
OKLAHOMA WESLEYAN UNIVERSITY	BARTLESVILLE	Oklahoma	Unknown	Master's Degree	01/01/2008	12/01/2009	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
St Edwards Medical Center	RT	Ft Smith	Arkansas	United States	08/15/1994	04/15/2000	false	false	
Med 4 Home Pharmacy	RT	Ft Smith	Arkansas	United States	04/15/1995	08/15/1998	false	false	
Sparks Regional Medical Center	RT	Ft Smith	Arkansas	United States	04/15/1995	08/15/2000	false	false	
Respicare Medical	Owner	Ft Smith	Arkansas	United States	10/15/1998	04/15/2004	false	false	
Tulsa Regional Medical Center	RT	Tulsa	Oklahoma	United States	08/15/2003	08/15/2004	false	false	
Hill ROM	Medical Sales	Tulsa	Oklahoma	United States	08/15/2004	10/15/2013	false	false	
Saint Francis Hospital	RT	Tulsa	Oklahoma	United States	10/15/2013	12/15/2017	false	false	
Linet Americas	Medical Sales Rep / Selling RT equipment	Tulsa	Oklahoma	United States	12/15/2017	01/15/2024	false	false	
APEX Medical	Owner - DME Company	Tulsa	Oklahoma	United States	01/15/2024		false	true	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	Respiratory	Inactive	04/01/1996	04/30/2005	10/26/2026	
Oklahoma	Respiratory	Inactive	06/16/2003	06/30/2024	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted

National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Pending

Brown, Donald

RECEIVED
MAR 23 2026
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Lisa Cullen

From: Donald Brown [redacted]
Sent: Monday, March 23, 2026 2:36 PM
To: Lisa Cullen
Subject: [EXTERNAL] Re: URGENT - OKLAHOMA MEDICAL LICENSE APPLICATION

Hi Lisa. Please see below

1. When did you last practice as a respiratory therapist? I practiced in 2024 and honestly lost track of time for my renewal as I think there was a wrong address in the system and renewal didn't get to me for some reason.
2. Are you currently employed as a respiratorytherapist? If so, when did employment begin (month/year), what is the business name, where is the business located (city/state)? I am not actively employed as a Respiratory Therapist but own my DME company where we do home respiratory care, taking care of home oxygen, cpap, bipap, and getting into hyperbaric which I will be doing at my clinics. Apex Medical LLC in Tulsa at 7133 S 85th east ave Tulsa OK 74133.
3. Are you currently licensed in any other state as a respiratory therapist? Not currently but looking into getting my arkansas license back.
4. What are your practice plans for Oklahoma? I want to continue my practice for home care and hyperbarics as well as filling in some travel position since I am being bombarded with requests.

Please let me know if you need anything else from me. Thank you so much,

Don Brown
[redacted]

On Mar 17, 2026, at 1:23 PM, Lisa Cullen <lcullen@okmedicalboard.org> wrote:

Donald,

I am the Director of External Licensing for the Oklahoma Medical Board. I am in receipt of your application for licensure as a Respiratory Care Practitioner. Your application is incomplete and I am attempting to determine if you must appear before the Respiratory Care Advisory Committee.

I must receive a response from you, no later than March 25, 2026 at 4:30 p.m. CT or an appearance may be required.

1. When did you last practice as a respiratory therapist?
2. Are you currently employed as a respiratory therapist? If so, when did employment begin (month/year), what is the business name, where is the business located (city/state)?

RC2287

3. Are you currently licensed in any other state as a respiratory therapist?
4. What are your practice plans for Oklahoma?

I look forward to your response.

Lisa K. Cullen, CMBLS
Director of External Licensing
Oklahoma State Board of Medical Licensure and Supervision
Oklahoma State Board of Podiatric Examiners
Oklahoma Board of Examiners of Perfusionists
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org

Oklahoma State Medical Board of Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

Email to: [redacted]

August 12, 2026

Lisa Longcrow, RC Applicant 05431
[redacted]

NOTICE OF COMMITTEE APPEARANCE

Your application for ***Re-entry of your Respiratory Care Practitioner Licensure*** has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 19, 2026 at 11:30 a.m. You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:45-3-5* provided below)

Information provided on your application reflects:

(a) Your Oklahoma Respiratory Care Practitioner license lapsed on ***March 31, 2021***; and
(b) Your **last practice** as a Respiratory Care Practitioner occurred in ***December 2020;*** and
(c) Your National Board for Respiratory Care Certification expired/expires ***does not expire***; and
(d) You are ***not currently licensed*** to practice as a Respiratory Care Practitioner in ***any other state.***

OAC § 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed ***more than twelve months*** wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.
(2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
(3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
(4) Obtain continuing education as determined by the Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K Cullen

Lisa K. Cullen, CMBLS
Director of External Licensing

NBRC
The National Board for Respiratory Care®

LONGCROW, LISA C.

Credential	Valid Thru
CRT	N/A*

Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Tue Jul 21 2026 09:04:12 GMT-0500 (Central Daylight Time)

Committee Application Packet

Generated On: 10/26/2026 10:52 AM

LISA LONGCROW

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000005431	**Applicant Name**	LISA LONGCROW
Application Status	In Review	**Applied Date**	06/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
US ARMY SCHOOL	FT SAM HOUSTON	Texas	Unknown	Associate Degree	06/01/1991	07/01/1992	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
UNIV OF MARYLAND MED CEN	RESP THER	BALTIMORE	Maryland	United States	06/15/1992	06/15/1998	false	false	
RAPID TEMPS AGENCY	RESP THER		New Mexico	United States	09/15/1998	06/15/1999	false	false	
JACKSON COUNTY MEMORIAL HOSP	RESP	ALTUS	Oklahoma	United States	12/15/1998	05/15/2000	false	false	
MT GRAHAM COMMUNITY HOSPITAL	RESP THERAPY	MORENCI	Arizona	United States	06/15/1999	02/15/2001	false	false	
INDIAN HEALTH SERVICE HOSPITAL	RESP	BELCOURT	North Dakota	United States	02/15/2001	03/15/2008	false	false	
WW HASTINGS INDIAN HOSPITAL	RESP	TAHLEQUAH	Oklahoma	United States	03/15/2008	12/04/2020	false	false	
None	Retired	Tahlequah	Oklahoma	United States	12/15/2020		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Maryland	Respiratory Care		10/08/1992			
New Mexico	Respiratory Care Practitioner		08/31/1998			
South Dakota	Respiratory Care Practitioner		09/23/1998			
Oklahoma	Respiratory Care Practitioner	Inactive	03/04/1999	03/31/2021	07/21/2026	
Nebraska	Respiratory Care Practitioner		04/02/1999			
Arizona	Respiratory		07/20/2000			
North Dakota	Respiratory Care Practitioner		06/20/2003			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted

National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Accepted

OKLAHOMA
State Board of Medical Licensure and Supervision

Email to: [redacted]

October 26, 2026

Loan Ngo, Respiratory Care Applicant IA-0000092724
[redacted]

NOTICE OF COMMITTEE APPEARANCE

Your application for ***Re-entry of your Respiratory Care Practitioner Licensure*** has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 19, 2026 at 11:30 a.m. You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:45-3-5* provided below)

The information you provided in your application states the following:

(a) Your **last practice** as a Respiratory Care Practitioner occurred in ***August 2024***; and
(b) Your Oklahoma Respiratory Care Practitioner license lapsed ***September 30, 2025***; and
(c) Your National Board for Respiratory Care Certification ***November 30, 2028;*** and
(d) You are **not currently licensed** as a Respiratory Care Practitioner ***in any other state***

OAC § 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed ***more than twelve months*** wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.
(2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
(3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
(4) Obtain continuing education as determined by the Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Valeska Barr
Director of Licensing

NBRC
The National Board for Respiratory Care®

NGO, LOAN

Credential	Valid Thru
CRT	11/30/2028
RRT	11/30/2028

Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Wed Oct 21 2026 14:49:23 GMT-0500 (Central Daylight Time)

Committee Application Packet

Generated On: 10/26/2026 11:36 AM

LOAN NGO

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000092724	**Applicant Name**	LOAN NGO
Application Status	In Review	**Applied Date**	10/18/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Central Oklahoma	Edmond	Oklahoma	United States	Bachelor's Degree	08/01/1999	12/31/2004	
Oklahoma City Community College/Francis Tuttle	Oklahoma City	Oklahoma	United States	Associate Degree	08/01/2011	05/31/2013	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
OU MEDICAL CENTER	RESP	OKLAHOMA CITY	Oklahoma	United States	07/01/2013	09/01/2021	false	false	
OKLAHOMA HEART HOSPITAL	RESP	OKLAHOMA CITY	Oklahoma	United States	09/01/2023	10/01/2025	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	RESP	Inactive	09/05/2013	09/30/2025	10/21/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Pending
Extended Background Check	Additional Information Received
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Acacia Hoover-Chavez

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087607	**Applicant Name**	Acacia Hoover-Chavez
Application Status	In Review	**Applied Date**	08/31/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	01/21/2025		
Francis Tuttle	Oklahoma City	Oklahoma	United States	Associate Degree	01/06/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Additional Information Required
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Alexandra Boling

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089772	**Applicant Name**	Alexandra Boling
Application Status	In Review	**Applied Date**	09/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	08/08/2023		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Additional Information Required
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Brittany Shaw

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087156	**Applicant Name**	Brittany Shaw
Application Status	In Review	**Applied Date**	08/24/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma city Community college	Oklahoma city	Oklahoma	United States	Associate Degree	01/06/2025		
Francis Tuttle Technology Center	Oklahoma City		United States	Associate Degree	01/06/2026	12/11/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Upper Crust	Manager	1205 NW 178th street	Oklahoma	United States	05/09/2022	01/31/2025	false	false	
Piattos	Server/Bartender	2920 NW 63rd street	Oklahoma	United States	02/09/2024		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Evelyn Vega Valdez

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089735	**Applicant Name**	Evelyn Vega Valdez
Application Status	In Review	**Applied Date**	09/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Francis Tuttle/ OCCC	Oklahoma City	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Additional Information Required
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

kidus Sintayehu

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087263	**Applicant Name**	kidus Sintayehu
Application Status	In Review	**Applied Date**	08/25/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of central Oklahoma	Edmond	Oklahoma	United States	Bachelor's Degree	08/10/2020	07/22/2024	
University of central Oklahoma	Edmond	Oklahoma	United States	No Degree	08/13/2020	08/28/2024	
Oklahoma state university Oklahoma City	Oklahoma City	Oklahoma	United States	No Degree	01/01/2025	07/28/2025	
Oklahoma state university Oklahoma City	Oklahoma City	Oklahoma	United States	Associate Degree	01/07/2025	07/21/2025	
Oklahoma City community college	Oklahoma City	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Integris	Nurse tech	Edmond	Oklahoma		06/25/2026	08/28/2026	true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Form-1	Not Applicable
Verification of Student Status /Form 6	Additional Information Required
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Lisbeth Keesee

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087957	**Applicant Name**	Lisbeth Keesee
Application Status	In Review	**Applied Date**	09/01/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Central Oklahoma	Edmond	Oklahoma	United States	Bachelor's Degree	08/11/2014	06/06/2019	
Oklahoma State University-OKC	Oklahoma City	Oklahoma	United States	No Degree	08/01/2022	12/01/2022	
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	08/01/2024		
Francis Tuttle	Oklahoma City	Oklahoma	United States	Associate Degree	01/06/2026		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Physical Therapy Central	Physical Therapy Technician	Edmond	Oklahoma	United States	02/19/2015	08/07/2020	false	false	
Chesapeak Energy Fitness Center	Fitness Specialist	Oklahoma City	Oklahoma	United States	05/01/2019	08/01/2024	false	false	
Santa Fe Family Life Center	Events Coordinator	Oklahoma City	Oklahoma	United States	04/01/2021		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Form-1	Not Applicable
Verification of Student Status /Form 6	Additional Information Required
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Michael Loveless

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088195	**Applicant Name**	Michael Loveless
Application Status	In Review	**Applied Date**	09/02/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tulsa Community College	Tulsa	Oklahoma	United States	Associate Degree	08/18/2025		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Saint Johns	CNA	Owasso	Oregon	United States	03/26/2015		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Additional Information Required
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Rylee Carpenter

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000082481	**Applicant Name**	Rylee Carpenter
Application Status	In Review	**Applied Date**	06/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
southmoore highschool	moore	Oklahoma	United States of America	High School Diploma	08/01/2020	05/01/2024	
Oklahoma city community college	okc	Oklahoma	United States of America	Associate Degree	08/01/2023		
Francis Tuttle Technology Center	Oklahoma City	Oklahoma	United States	Associate Degree	01/06/2026	12/11/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Maria Pina	Cashier	moore	Oklahoma	United States	08/01/2022	05/01/2024	false	false	
Gabrielle Dietz	Spa Assistant	Norman	Oklahoma	United States	07/15/2024	09/15/2024	false	false	
Norman Regional Healthplex	Respiratory technician	3300 Healthplex Pkwy, Norman, OK 73072	Oklahoma		09/23/2024	07/04/2026	true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Form-1	Not Applicable
Verification of Student Status /Form 6	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Samayia Jefferson

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088381	**Applicant Name**	Samayia Jefferson
Application Status	In Review	**Applied Date**	09/03/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	08/15/2019		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Integris Baptist	Patient Care Tech - PACU	Oklahoma City	Oklahoma	United States	10/28/2022	12/03/2023	false	false	
OU Health	Milk Lab technician	Oklahoma City	Oklahoma	United States	06/10/2024	02/01/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Pharmacy Technician	Inactive	06/12/2020	08/08/2021	10/22/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Additional Information Required
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Taylor Miller

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087161	**Applicant Name**	Taylor Miller
Application Status	In Review	**Applied Date**	08/24/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Southwestern Oklahoma State University	Weatherford	Oklahoma	United States	No Degree	08/09/2021	05/27/2022	
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	08/22/2022	12/11/2026	
Francis Tuttle Technology Center	Oklahoma City	Oklahoma	United States	Associate Degree	01/06/2026	12/11/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Form-1	Not Applicable
Verification of Student Status /Form 6	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Committee Application Packet

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Kimmarria Jackson

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084937	**Applicant Name**	Kimmarria Jackson
Application Status	Review Complete	**Applied Date**	07/23/2026
Temp License Issued	10/27/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Excelsior Education Center	Victorville	California	United States	High School Diploma	09/10/2007	06/12/2009	
Cameron university	Lawton	Oklahoma	United States	Associate Degree	06/12/2023	12/11/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Kiowa Casino	Table games dealer	Devol	Oklahoma	United States	11/09/2023	09/26/2024	false	false	
Apache lonestar casino	Table games dealer	Devol	Oklahoma	United States	11/14/2024	03/27/2026	false	false	
Apache casino & hotel	Table games dealer	Lawton	Oklahoma	United States	05/07/2026		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Form-1	Pending
Verification of Student Status /Form 6	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Kylie Nice

General Information

Application	Provisional Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089602	**Applicant Name**	Kylie Nice
Application Status	Review Complete	**Applied Date**	09/21/2026
Temp License Issued	10/26/2026	**Temp License Expires**	01/28/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
CROWELL HIGH SCHOOL	CROWELL	Texas	United States	High School Diploma	08/22/2016	05/25/2018	
vernon college	VERNON	Texas	United States	No Degree	08/02/2021	05/30/2025	
cameron university	lawton	Oklahoma	United States	Associate Degree	08/18/2025	12/11/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
WILBARGER GENERAL HOSPITAL	HEALTH INFORMATION MANAGEMENT CLERK	VERNON	Texas	United States	05/04/2020	12/23/2024	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Verification of Student Status /Form 6	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
ATT Letter	Not Applicable
Time Deficiencies	Not Applicable

Amanda Myrick

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091049	**Applicant Name**	Amanda Myrick
Application Status	In Review	**Applied Date**	10/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Arkansas Valley Technical Institute	Ozark	Arkansas	United States	No Degree	01/05/1998	05/31/1999	
North Central Texas College	Gainesville	Texas	United States	No Degree	01/01/2025	12/31/2027	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Sparks Regional Medical Center	Staff Therapist	Fort Smith	Arkansas	United States	05/17/1999	05/30/2001	false	false	
Maryview Medical Center	Staff Therapist	Portsmouth	Virginia	United States	06/04/2001	12/13/2002	false	false	
North Texas Vinyl, Inc.	Owner/Secretary/Treasurer	Gainesville	Texas	United States	12/23/2002	06/22/2023	false	false	
Presbyterian Hospital of Denton	Staff/Charge Therapist	Denton	Texas	United States	03/11/2003	11/30/2008	false	false	
Asthma and Lung Center	Staff Therapist	Denton	Texas	United States	08/04/2003	02/01/2005	false	false	
North Texas Medical Center	Staff Therapist	Gainesville	Texas	United States	09/01/2008	10/27/2014	false	false	
Denton Regional Medical Center	Staff Therapist	Denton	Texas	United States	03/03/2011	01/25/2012	false	false	
North Texas Medical Center	Staff Therapist	Gainesville	Texas	United States	11/18/2020	10/05/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	Respiratory Therapist		05/03/1999			
Virginia	Respiratory Therapist		04/20/2001			
Texas	Respiratory Therapist	Active	02/11/2003	11/30/2026	10/29/2026	
Mississippi	Respiratory Therapist		08/01/2003			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Received
NPDB	Verified

Evidence of Status	Verified
Time Deficiencies	Accepted

Betty Ham

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091878	**Applicant Name**	Betty Ham
Application Status	In Review	**Applied Date**	10/12/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Midwestern State University	Wichita Falls	Texas	United States	Associate Degree	09/01/1991	10/01/1993	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Texoma Medical Center	Respiratory Therapist	Denison	Texas	United States	01/01/2010	07/01/2017	false	false	
KPC Promise	Respiratory Therapist	Wichita Falls	Texas	United States	08/01/2017	02/01/2026	false	false	
Kell West Regional Hospital	Respiratory Therapist	Wichita Falls	Texas	United States	02/01/2021	12/06/2025	false	false	
Lincare	Respiratory Therapist	1501 Midwestern Pkwy Suite 117	Texas	United States	01/12/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practioner	Active	05/24/1993	05/31/2027	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Craig Richardson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091344	**Applicant Name**	Craig Richardson
Application Status	In Review	**Applied Date**	10/07/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
San Joaquin Valley College	Bakersfield	California	United States	Associate Degree	04/07/2012	10/25/2013	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Stanford HealthCare	RCP 2	Palo Alto	California	United States	09/25/2017	07/01/2022	false	false	
Scripps Healthcare	RRT	San diego	California	United States	07/07/2022	04/30/2026	false	false	
Aya Healthcare	RRT	San Diego	California	United States	05/11/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
California	Respiratory therapist		12/01/2023			
California	Respiratory therapist	Active	01/31/2025	01/31/2027	10/29/2026	
Missouri	Respiratory therapist	Active	04/29/2026	07/31/2028	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

David Sisneros

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091384	**Applicant Name**	David Sisneros
Application Status	In Review	**Applied Date**	10/07/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Amarillo College	Amarillo	Texas	United States	Associate Degree	08/08/2008	07/07/2010	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
BSA	Supervisor	Amarillo	Texas	United States	11/01/2010	07/16/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	09/23/2010	05/31/2028	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Received
NPDB	Verified
Evidence of Status	Additional Information Received
Time Deficiencies	Additional Information Received

Enrique De Hoyos

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000092177	**Applicant Name**	Enrique De Hoyos
Application Status	In Review	**Applied Date**	10/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
South Texas college	McAllen	Texas	United States	Associate Degree	01/13/2013	05/13/2016	
South Texas College	McAllen	Texas	United States	Associate Degree	08/13/2020	05/13/2022	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Laredo Medical Center	Respiratory Therapist	Laredo	Texas	United States	05/15/2023	04/15/2026	false	false	
Viemed	Respiratory Therapist	Laredo	Texas	United States	01/13/2025	01/16/2026	false	false	
UC Health	Respiratory Therapist	Denver	Colorado	United States	05/04/2026	10/09/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care		11/23/2022			
Colorado	Respiratory Care	Active	03/16/2026	08/31/2028	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Additional Information Required
Time Deficiencies	Additional Information Required

Glenda Martin

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091571	**Applicant Name**	Glenda Martin
Application Status	In Review	**Applied Date**	10/08/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tyler Jr College	Tyler	Texas	United States	Associate Degree	07/05/1993	05/13/1995	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Good Shepherd Medical Center - Marshalll	RRT	Marshall	Texas	United States	02/27/1995	07/10/2010	false	false	
Christus Mother Frances	RRT	Tyler	Texas	United States	11/05/2007	07/31/2021	false	false	
Willis Knighten	RRT	Bossier City	Louisiana	United States	08/09/2021	10/16/2021	false	false	
Montrose Memorial	RRT	Montrose	Colorado	United States	10/25/2021	08/27/2022	false	false	
CHI College Station	RRT	College Station	Texas	United States	09/05/2022	07/29/2023	false	false	
Providence Alaska	RRT	Anchorage	Alaska	United States	08/07/2023	08/03/2024	false	false	
Mainhealth Memorial	RRT%	North Conway	New Hampshire	United States	08/12/2024	11/16/2024	false	false	
IU Health	RRT	Indiapolois	Indiana	United States	11/18/2024	11/15/2025	false	false	
Roy Schneider Regional	RRT	St Thomas		United States	11/17/2025	05/09/2026	false	false	
Colorado Children Hospital	RRT	Aurora	Colorado	United States	05/18/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practitioner		02/24/1995			
Colorado	Respiratory Therapist	Active	11/17/2020	08/31/2028	10/29/2026	
Florida	Registered Respiratory Therapist		09/14/2021			
New Hampshire	Respiratory Care Practitioner		08/07/2024			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Additional Information Received
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified

Evidence of Status	Verified
Time Deficiencies	Not Applicable

Gregory Anderson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000090808	**Applicant Name**	Gregory Anderson
Application Status	In Review	**Applied Date**	10/03/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Minnesota	Minneapolis	Minnesota	United States	Bachelor's Degree	09/02/2009	05/22/2011	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Mayo Clinic	ECMO Specialist RT	Rochester	Minnesota	United States	02/02/2004		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Minnesota	Respiratory Therapist	Active	08/06/2011	10/31/2027	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Jessica Santiago-Mercado

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000092085	**Applicant Name**	Jessica Santiago-Mercado
Application Status	In Review	**Applied Date**	10/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Concorde College	kansas City	Missouri	United States	Bachelor's Degree	06/16/2016	10/29/2021	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
university hospital	respiratory therapist	san antonio	Texas	United States	05/01/2020	01/20/2022	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	respiratory	Active	12/05/2018	11/30/2028	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Received
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Joel Marcellin

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091749	**Applicant Name**	Joel Marcellin
Application Status	In Review	**Applied Date**	10/10/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
YTI Career Institute	Altoona	Pennsylvania	United States	Associate Degree	05/23/2022	01/05/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Affinity Skilled Living and Rehabilitation	Registered Respiratory Therapist	Oakdale	New York	United States	07/21/2024		true	false	
NYU Langone	Registered Respiratory Therapist	Patchogue	New York	United States	01/14/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
New York	Registered Respiratory Therapist	Active	08/01/2024	07/31/2027	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Lynda Daniels

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091944	**Applicant Name**	Lynda Daniels
Application Status	In Review	**Applied Date**	10/12/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
San Jacinto College Pasadena	Pasadena	Texas	United States	Associate Degree	08/27/1984	05/24/1996	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Southmore Hospital	Respiratory Therapist	Pasadena	Texas	United States	03/08/1993	07/10/1998	false	false	
St Luke's Hospital	Respiratory Therapist	Houston	Texas	United States	07/13/1998	03/17/2003	false	false	
St. Luke's the Woodlands	Respiratory Therapist	The Woodlands	Texas	United States	03/17/2003	09/28/2009	false	false	
ST Lukes Lakeside Hospital	Respiratory Therapy Coordinator	the Woodlands	Texas	United States	09/28/2009	10/27/2017	false	false	
Pascack Valley	Respiratory Therapist	Westwood	New Jersey	United States	04/13/2020	04/26/2020	false	false	
Shannon Medical	Respiratory Therapist	San Angelo	Texas	United States	12/01/2020	02/02/2021	false	false	
Methodist Richardson Hospital	Respiratory Therapist	Richardson	Texas	United States	11/01/2021	02/06/2022	false	false	
Big Bend Regional Medical Center	Respiratory Therapist	Alpine	Texas	United States	02/21/2022		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practitioner	Active	02/28/1994	11/30/2027	10/29/2026	
New Jersey	Respiratory Therapist		04/06/2020			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Pending
Extended Background Check	Additional Information Received
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Marco Velasquez

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091092	**Applicant Name**	Marco Velasquez
Application Status	In Review	**Applied Date**	10/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Pima Community College	Tucson	Arizona	United States	Associate Degree	01/01/1996	05/31/1998	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
UCHealth	Registered Respiratory Therapist	Greeley	Colorado	United States	11/16/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arizona	Respiratory Therapy	Active	02/08/2007	02/08/2027	10/29/2026	
Colorado	Respiratory Therapy	Active	07/22/2022	08/31/2028	10/29/2026	
New Mexico	Respiratory Therapy	Inactive	09/12/2023	09/12/2026	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Mily Nguyen

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091528	**Applicant Name**	Mily Nguyen
Application Status	In Review	**Applied Date**	10/08/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tulsa community college	Tulsa	Oklahoma	United States	Associate Degree	08/08/2024	05/08/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Additional Information Received
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Miss Sprinkle

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091104	**Applicant Name**	Miss Sprinkle
Application Status	In Review	**Applied Date**	10/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
St. Philips	San Antonio	Texas	United States	Associate Degree	08/23/2010	08/10/2012	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Childrens Hospital of San Antonio	RRT	San Antonio	Texas	United States	02/18/2013	03/30/2018	false	false	
Kinrded Hospital	RRT	Fort Worth	Texas	United States	04/18/2016		true	false	
Cook Childrens Medical Center	RRT	Fort Worth	Texas	United States	04/02/2018		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practitioner	Active	07/11/2012	05/31/2027	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Phythias Young

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091386	**Applicant Name**	Phythias Young
Application Status	In Review	**Applied Date**	10/07/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Lone Star College	Houston	Texas	United States	Associate Degree	08/15/2020	05/14/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
HCA Houston Healthcare Conroe	Respiratory Therapist	Conroe	Texas	United States	10/01/2023	10/10/2024	false	false	
Texas Children's Hospital	Respiratory Therapist	Houston	Texas	United States	02/19/2024	05/31/2026	false	false	
Seattle Children's Hospital	Respiratory Therapist	Seattle	Washington	United States	06/22/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Registered Respiratory Therapist		09/18/2023			
Washington	Respiratory Therapist	Active	06/12/2026	11/27/2026	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Teresa DAVIS

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000092089	**Applicant Name**	Teresa DAVIS
Application Status	In Review	**Applied Date**	10/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Palm Beach Community College	Palm Beach Gardens	Florida	United States	Associate Degree	08/03/1995	05/08/1997	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
BETHESDA HOSPITAL	CRTT	BOYNTON BEACH	Florida	United States	06/24/1996	05/23/1998	false	false	
Holy Cross Hospital and Broward Health Systems	Respiratory Therapist	Pompano Beach	Florida	United States	06/04/1998	05/31/1999	false	false	
JFK MEDICAL CENTER	Respiratory Therapist	ATLANTIS	Florida	United States	05/04/1999	11/11/2011	false	false	
APRIA HEALTHCARE	Respiratory Therapist	PALM BEACH GARDENS	Florida	United States	01/03/2011	10/13/2026	true	false	
PALM WEST HOSPITAL	Respiratory Therapist	LOXAHATCHEE	Florida	United States	07/01/2012	12/30/2012	false	false	
Select Medical	Respiratory Therpaist	3060 Melaleuca Lane	Florida	United States	07/02/2012	01/07/2013	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Florida	PR	Inactive	09/20/1996	01/31/1999	10/29/2026	
Florida	RESP	Active	04/12/1999	05/31/2027	10/29/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Adrian Gutierrez

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085921	**Applicant Name**	Adrian Gutierrez
Application Status	In Review	**Applied Date**	08/04/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
South Texas College	McAllen	Texas	United States	Associate Degree	08/16/2010	08/11/2014	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
South Texas Health Systems	Respiratory Therapist	McAllen	Texas	United States	08/10/2015	12/11/2020	false	false	
Angel Staffing	Respiratory Therapist	San Antonio	Texas	United States	01/04/2021	08/28/2021	false	false	
Accountable healthcare Staffing	Respiratory Therapist	San Antonio	Texas	United States	09/11/2021	12/03/2023	false	false	
Driscoll Children's Hospital	Respiratory Therapist	Edinburg	Texas	United States	01/04/2024	08/05/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESPIRATORY CARE PRACTITIONER	Active	09/09/2014	11/30/2027	10/01/2026	
Colorado	RESPIRATORY CARE PRACTITIONER		01/05/2022			
Utah	RESPIRATORY CARE PRACTITIONER		08/12/2022			
Kentucky	RESPIRATORY CARE PRACTITIONER		08/18/2022			
Indiana	RESPIRATORY CARE PRACTITIONER		08/19/2022			
New Mexico	RESPIRATORY CARE PRACTITIONER		09/20/2022			
Missouri	RESPIRATORY CARE PRACTITIONER		10/20/2022			
Wyoming	RESPIRATORY CARE PRACTITIONER		10/20/2022			
Washington	RESPIRATORY CARE PTACTITIONER		11/28/2022			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Alfred Carroll

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086623	**Applicant Name**	Alfred Carroll
Application Status	In Review	**Applied Date**	08/14/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
H.C.C.	Houston	Texas	United States	Associate Degree	08/01/1982	06/01/1985	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
memorial hermann	Respiratory Pracitioner	Houston	Texas	United States	11/25/1986	05/31/2027	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	11/25/1986	05/31/2027	10/23/2026	
Colorado	RESP	Active	11/09/2022	08/18/2026	10/23/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Amber Brown

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089739	**Applicant Name**	Amber Brown
Application Status	In Review	**Applied Date**	09/24/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Amarillo College	Amarillo	Texas	United States	Associate Degree	01/12/2004	08/08/2008	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Northwest Texas Healthcare Systems	Respiratory therapy supervisor	Amarillo	Texas	United States	04/23/2006	09/23/2026	true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Additional Information Required
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

ANASTASCIA ALLEN-JOHNSON

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000091027	**Applicant Name**	ANASTASCIA ALLEN-JOHNSON
Application Status	In Review	**Applied Date**	10/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
CONCORDE CAREER COLLEGE	KANSAS CITY	Missouri	United States	Associate Degree	07/09/2003	10/18/2004	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
HUGULEY HOSPITAL	RESPIRATORY THERAPIST	18081 S HWY 35	Texas	United States	01/01/2005	08/22/2016	false	false	
VIEMED	NATIONAL THERAPIST OF UNITED STATES	LAFAYETTE	Louisiana	United States	08/23/2018	08/31/2022	false	false	
LIFECARE HOSPITAL	RESPIRATORY THERAPIST	FORT WORTH	Texas	United States	03/15/2022	08/31/2024	false	false	
KINDRED HOSPITALS	RESPIRATORY THERAPIST	FORT WORTH	Texas	United States	08/07/2022	08/31/2024	false	false	
AMERICAN AIRLINES	CUSTOMER SERVICE AGENT	GRAPEVINE	Texas	United States	10/18/2023	09/10/2024	false	false	
Un-Employed		BURLESON	Texas	United States	09/20/2024	12/13/2024	false	false	PERSONAL VACATION.
PRIME TIME HEALTH CARE/SELECT SPECALITY HOSPITAL/LANDMARK HOSPITAL	RESPIRTORY THERAPIST	SIOUX FALLS	South Dakota	United States	12/13/2024	09/24/2026	false	false	
MEDICAL SOLUTIONS/LAKE REGIONAL HOSPITAL	RESPIRATORY THERAPIST	OSAGE BEACH	Missouri	United States	08/17/2026	09/27/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESPIRATORY CARE	Active	03/02/2005	11/30/2027	10/28/2026	
Missouri	RESPIRATORY CARE	Active	08/18/2020	07/31/2028	10/28/2026	
Colorado	RESPIRATORY CARE	Inactive	11/12/2020	08/31/2026	10/28/2026	
Kansas	RESPIRATORY THERAPIST	Inactive	12/01/2020	03/31/2022	10/28/2026	
Wyoming	RESPIRATORY CARE		12/30/2020			
Tennessee	RESPIRATORY CARE		03/03/2021			
South Dakota	RESPIRATORY CARE		12/01/2024			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified

Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Pending
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Axel Thiam

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084858	**Applicant Name**	Axel Thiam
Application Status	In Review	**Applied Date**	07/21/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northwest Arkansas Community College	Bentonville	Arkansas	United States	Associate Degree	08/10/2020	05/08/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Mercy	Respiratory Care Practitioner	Rogers	Arkansas	United States	07/10/2023	02/16/2026	false	false	
Ozark Community Hospital	Respiratory Care Practitioner	Gravette	Arkansas	United States	07/06/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	RESP	Active	06/15/2023	03/31/2027	10/22/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

BEVERLY REYNOLDS

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087277	**Applicant Name**	BEVERLY REYNOLDS
Application Status	In Review	**Applied Date**	08/25/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Central Florida	Orlando	Florida	United States	Bachelor's Degree	08/22/2005	05/03/2007	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
OrlandoHealth	Respiratory Therapist	Orlando	Florida	United States	06/18/2007	10/16/2021	false	false	
LRS	Respiratory Therapist	Omaha	Nebraska	United States	05/13/2021	12/08/2023	false	false	
Un-Employed		Orlando	Florida	United States	12/09/2023	01/14/2024	false	false	I elected to spend time off with family for the holidays and complete onboarding process with my current employer.
OrlandoHealth	Respiratory Therapist/ECMO Specialist	Orlando	Florida	United States	01/15/2024		true	false	
Comprehensive Care Services	ECMO Specialist	Plymouth	Michigan	United States	03/12/2026		true	false	
Integration Health	ECMO Specialist	Dallas	Texas	United States	05/18/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Nebraska	Respiratory Therapist					
Michigan	Respiratory Therapist					
Florida	Respiratory Therapist	Active	02/14/2008	05/31/2027	10/08/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Pending
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Bonnie Hudson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089404	**Applicant Name**	Bonnie Hudson
Application Status	In Review	**Applied Date**	09/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
ATI	Dallas	Texas	United States	Associate Degree	01/17/2007	12/17/2008	
Midwestern state University	Wichita Falls	Texas	United States	Bachelor's Degree	01/17/2013	12/17/2018	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Baylor All Saints	RRT/night shift Team Lead	Fort worth	Texas	United States	02/17/2009	02/17/2015	false	false	
Wise County Medical Center/Decatur	RRT, shift lead	Decatur	Texas	United States	03/17/2014	02/17/2015	false	false	
HCA Alliance	RRT	Fort Worth	Texas	United States	02/17/2015	10/01/2016	false	false	
Un-Employed		Springtown	Texas	United States	10/17/2016	12/17/2016	false	false	I was in the middle of changing jobs.
Weatherford Hospital	RRT prn	Weatherford	Texas	United States	12/17/2016	01/17/2018	false	false	
Texas Health Resources	RRT	Azle	Texas	United States	12/17/2016	06/17/2026	false	false	
Washakie Medical Center (travel assignment)	RRT	Worland	Wyoming		07/17/2026	09/17/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RCP	Active	12/01/2009	11/30/2027	10/27/2026	
Colorado	RCP		06/16/2026			
Montana	Respiratory care Practitioner		06/20/2026			
Wyoming	Respiratory care Practitioner		06/30/2026			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Briana Shepard

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089576	**Applicant Name**	Briana Shepard
Application Status	Review Complete	**Applied Date**	09/21/2026
Temp License Issued	10/30/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	BROOKWOOD	Alabama	Unknown		08/01/2022	05/01/2023	
Other	ENID	Oklahoma	United States	Associate Degree	01/01/2024	07/09/2026	
NOC/AUTRY TECH	ENID	Oklahoma	United States	Associate Degree	08/01/2024	07/09/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
St. Marys Regional Hospital	PR	Enid	Oklahoma	United States	09/11/2025	09/21/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Provisional Respiratory Care Practitioner	Active	08/26/2025	02/28/2027	10/27/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Caroline Baxter

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085812	**Applicant Name**	Caroline Baxter
Application Status	In Review	**Applied Date**	08/03/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Midwestern State University	Wichita Falls	Texas	United States	Bachelor's Degree	08/19/2019	05/13/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Medical City Dallas	Respiratory Therapist	Dallas	Texas	United States	07/03/2023		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	respiratory therapy	Active	06/21/2023	05/31/2027	10/23/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Additional Information Required
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Charles Somuah

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086711	**Applicant Name**	Charles Somuah
Application Status	In Review	**Applied Date**	08/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Columbus State Community College	Columbus	Ohio	United States	Associate Degree	08/31/2005	06/30/2009	
Ohio University	Athens	Ohio	United States	Bachelor's Degree	06/01/2012	12/01/2016	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Children's Heath Dallas	Respiratory Therapist	Dallas	Texas	United States	09/09/2023		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Ohio	Respiratory Care Professional		06/26/2009			
Texas	Respiratory Care Practitioner	Active	09/15/2021	11/30/2027	10/23/2026	
Massachusetts	Respiratory Therapist License		01/27/2023			
Illinois	Respiratory Care Practitioner		04/07/2023			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Chaunt'l Wilson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088628	**Applicant Name**	Chaunt'l Wilson
Application Status	In Review	**Applied Date**	09/08/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
UNLV	Las Vegas	Nevada	United States	Bachelor's Degree	09/01/2021	05/25/2025	
MCCNEB	Omaha	Nebraska	United States	Associate Degree	09/01/2023	05/25/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
MUSC SJCH	RRT	Charleston	South Carolina	United States	06/09/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Nebraska	NURSE AID	Active	05/10/2018		10/26/2026	
Nebraska	MEDICATION AIDE	Inactive	04/01/2024	04/01/2026	10/26/2026	
South Carolina	RRT	Active	12/06/2024	05/31/2027	10/26/2026	
North Carolina	RRT		05/31/2026			

Application Checklist

Question	Value
Personal Information	Additional Information Received
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Cid Trevino

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089092	**Applicant Name**	Cid Trevino
Application Status	In Review	**Applied Date**	09/14/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Independence University	Salt Lake City	Utah	United States	Associate Degree	09/27/2002	11/05/2008	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
University of Colorado Health	Registered Respiratory Therapist	Aurora	Colorado	United States	03/02/2026	09/26/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care		04/06/2009			
Colorado	Respiratory Therapist	Active	02/03/2022	08/31/2028	10/27/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

DeAnna Nabors

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089877	**Applicant Name**	DeAnna Nabors
Application Status	In Review	**Applied Date**	09/24/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Memphis Are Vo Tech	Memphis	Tennessee	United States	No Degree	06/24/1990	06/24/1991	
California College of Health Sciences at Methodist Hospital	Memphis	Tennessee	United States	Associate Degree	01/24/1993	06/24/1994	
Missouri State University	Springfield	Missouri	United States	Bachelor's Degree	05/24/2011	01/24/2016	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Methodist Hospital	CRT	Memphis	Tennessee	United States	07/24/1991	03/24/1994	false	false	
Baptist Health Systems	RRT	Memphis	Tennessee	United States	03/24/1994	05/24/2002	false	false	
American Home Patient	Director of Pt Services / RRT	Jackson / Nashville	Tennessee	United States	06/24/2002	08/24/2006	false	false	
Indiana University/ Riley Children's Hospital	RRT	Indianapolis	Indiana	United States	09/24/2006	08/24/2007	false	false	
Comp Heath Travel	RRT traveler	Springfield	Missouri	United States	01/24/2008	09/24/2009	false	false	
OzarksHealthCare	RRT/ Clinical Educator / Pulmonary Rehab Coordinator	West Plains	Missouri	United States	11/17/2009	02/24/2022	false	false	
Fusion Staffing	RRT / Traveler	Branson	Missouri	United States	03/24/2022	04/24/2024	false	false	
Wellspan Ephrata Hospital	RRT	Ephrata	Pennsylvania	United States	05/24/2024	09/24/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Tennessee	Respiratory Therapist		06/24/1991			
Kentucky	Respiratory Therapist		01/24/2005			
Indiana	Respiratory Therapist		08/24/2006			
Texas	Respiratory Therapist		11/24/2007			
Vermont	Respiratory Therapist		01/24/2008			
Colorado	Respiratory Therapist		03/24/2008			
Arkansas	Respiratory Therapist		05/24/2009			
Missouri	Respiratory Therapist		07/24/2009			
Pennsylvania	Respiratory Therapist	Active	03/24/2022	12/31/2026	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Deanne Thomas

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086215	**Applicant Name**	Deanne Thomas
Application Status	In Review	**Applied Date**	08/09/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
American River College	Carmichael	California	United States	Associate Degree	08/25/1997	12/18/2002	
Southern New Hampshire University	Manchester	New Hampshire	United States	Bachelor's Degree	01/03/2022	12/18/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Kaiser Permanente Roseville Medical Center	Respiratory Therapist	Roseville	California	United States	10/05/1990	03/27/2025	false	false	
Mercy San Juan Medical Center	Respiratory Therapist	Carmichael	California	United States	09/29/2003	01/01/2016	false	false	
Flexcare Travel Agency	Respiratory Therapist.	Roseville	California	United States	06/16/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
California	Respiratory Care Practitioner	Active	05/14/2003	09/30/2028	10/22/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Additional Information Received
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Dwayne Tischler

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000090175	**Applicant Name**	Dwayne Tischler
Application Status	In Review	**Applied Date**	09/29/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Collin Community College Mckinney TX	Mckinney	Texas	United States	Associate Degree	09/01/1994	05/31/1997	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Sherman Medical Center	Respiratory Therapist	Sherman	Texas	United States	09/01/2022	09/29/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practitioner	Active	11/04/1997	05/31/2028	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

EARL BUSS

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085334	**Applicant Name**	EARL BUSS
Application Status	In Review	**Applied Date**	07/30/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
odessa college	odessa	Texas	United States	Associate Degree	06/06/2005	06/30/2007	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Medical Center Hospital	CRT then RRT	odessa	Texas	United States	09/10/2007	05/30/2015	false	false	
ORMC	RRT	odessa	Texas	United States	07/06/2016	08/30/2025	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arizona	Respiratory Care		01/16/2026			
Washington	Respiratory Care		01/27/2026			
Colorado	Respiratory Therapist	Active	08/03/2026	08/31/2028	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Additional Information Received
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Elsa Olsen

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087006	**Applicant Name**	Elsa Olsen
Application Status	In Review	**Applied Date**	08/20/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Newman University	Wichita	Kansas	United States	Associate Degree	08/24/2015	12/05/2017	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Pharmacare Health Specialists	Biller/Pharmacy Tech	Wichita	Kansas	United States	03/11/2008	08/12/2020	false	false	
Wesley Medical	RRT	Wichita	Kansas	United States	01/01/2017	02/14/2018	false	false	
Aeris Consulting and Management	RRT	Deptford	New Jersey	United States	06/17/2019	06/22/2022	false	false	
Select Medical Hospital	RRT	Wichita	Kansas	United States	01/04/2027		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Kansas	Pharmacy Technician	Inactive	09/17/2004	12/15/2020	10/23/2026	
Kansas	RESP	Active	01/06/2016	03/31/2027	10/23/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

EMMA HANS

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086957	**Applicant Name**	EMMA HANS
Application Status	In Review	**Applied Date**	08/19/2026
Temp License Issued	10/21/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	MIDWEST CITY		United States	Associate Degree	08/01/2023	07/01/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
OU health	Provisional Respiratory Care Practitioner	Oklahoma city	Oklahoma	United States	05/01/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	PHARM TECH	Inactive	06/13/2024	05/31/2027	10/19/2026	
Oklahoma	Provisional Respiratory Care Practitioner	Active	05/13/2026	11/30/2026	10/19/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Eric Scoggins

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084413	**Applicant Name**	Eric Scoggins
Application Status	In Review	**Applied Date**	07/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
US Army Academy of Health Science	Fort Sam Houston	Texas	United States	No Degree	08/01/1988	08/31/1989	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Regional Medical Center	Respiratory Therapist	Memphis	Tennessee	United States	08/31/1989	04/15/1994	false	false	
Baptist Memorial Hospital - Desoto	Respiratory Therapist	Southaven	Mississippi	United States	04/16/1994	10/15/2021	false	false	
Medical Solutions	Respiratory Therapist	Omaha	Nebraska	United States	10/16/2021		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Tennessee	Respiratory Therapy		01/01/1986			
Mississippi	Respiratory Therapy	Active	04/12/1994	08/31/2027	10/15/2026	
South Dakota	Respiratory Therapy		06/24/2026			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Eric Wilson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000090084	**Applicant Name**	Eric Wilson
Application Status	In Review	**Applied Date**	09/28/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
St Phillips alamo colleges	San Antonio	Texas	United States	Associate Degree	01/01/2020	07/30/2022	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
University hospital	Respiratory therapist	San Antonio	Texas	United States	12/01/2022		true	false	
Elevate RT	Respiratory therapist	San Antonio	Texas	United States	07/01/2025	09/28/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory care practitioner	Active	11/02/2022	11/30/2026	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Received
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Gentry Dean-Carter

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084932	**Applicant Name**	Gentry Dean-Carter
Application Status	In Review	**Applied Date**	07/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Pueblo Community College	Pueblo	Colorado	United States	Associate Degree	08/23/2005	05/15/2007	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
San Juan Regional Medical Center	Student Extern	Farmington	New Mexico	United States	08/23/2006	07/23/2007	false	false	
Rehoboth McKinley Christian Healthcare Services	Respiratory Therapist	Gallup	New Mexico	United States	07/07/2008	02/10/2009	false	false	
A-Med Supply Rotech	Respiratory Therapist	Farmington	New Mexico	United States	02/04/2009	10/11/2011	false	false	
Preferred Homecare	Clinical Facility Manager	Farmington	New Mexico	United States	10/03/2011	07/21/2014	false	false	
Un-Employed		Farmington	New Mexico	United States	07/14/2014	10/20/2014	false	false	House fire
Apria Healthcare	Respiratory Therapist	Farmington	New Mexico	United States	10/06/2014	09/07/2015	false	false	
Select Specialty Hospital	Clinical Liasion	Colorado Springs	Colorado	United States	09/11/2015	10/17/2016	false	false	
Centura Littleton Adventist	Respiratory Therapist	Centennial	Colorado	United States	01/09/2017	01/11/2019	false	false	
A-Med Supply Rotech	Clinical Respiratory Supervisor	Durango	Colorado	United States	01/07/2019	05/11/2020	false	false	
LRS Healthcare	Travel Respiratory Therapist	Omaha	Nebraska	United States	01/21/2021	05/19/2026	false	false	
AB Staffing	Travel Respiratory Therapist	Phoenix	Arizona	United States	09/09/2021	11/08/2021	false	false	
TRS Healthcare	Travel Respiratory Therapsit	Delta	Colorado	United States	12/06/2021	02/08/2022	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Colorado	Respiratory Care	Inactive	07/07/2008	08/31/2026	10/22/2026	
Nebraska	Respiratory Care		03/23/2021			
Arkansas	Respiratory Care		05/21/2026			

Application Checklist

Question	Value

Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Gilbert Etta

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086649	**Applicant Name**	Gilbert Etta
Application Status	In Review	**Applied Date**	08/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Weatherford College	Weatherford	Texas	United States	Associate Degree	08/18/2009	06/30/2011	
University of Texas at Arlington	Arlington	Texas	United States	Bachelor's Degree	08/18/2016	08/20/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Kindred Hospital Fort Worth SW	Registered Respiratory Therapist	Fort Worth	Texas	United States	06/30/2011	08/11/2015	false	false	
Medical City Arlington	Registered Respiratory Therapist	Arlington	Texas	United States	09/23/2014	09/29/2020	false	false	
Parkland Hospital	Registered Respiratory Therapist	Dallas	Texas	United States	04/16/2020		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	11/02/2011	11/30/2027	10/23/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Heather Baker

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087008	**Applicant Name**	Heather Baker
Application Status	In Review	**Applied Date**	08/20/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
J Sargeant Reynolds	Richmond	Virginia	United States	Associate Degree	08/01/2013	08/01/2015	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Mary Washington	RRT	Fredericksburg	Virginia	United States	12/26/2016	04/02/2018	false	false	
VCU Community Memorial	RRT	South Hill	Virginia	United States	04/09/2018	01/04/2021	false	false	
St Alphonsus	Travel RRT	Boise	Idaho	United States	01/04/2021	02/22/2021	false	false	
UVA	Travel RRT	Charlottesville	Virginia	United States	03/08/2021	09/07/2021	false	false	
Prisma Easley	Travel RRT	Easley	South Carolina	United States	09/06/2021	12/06/2021	false	false	
Sentara Leigh	Travel RRT	Norfolk	Virginia	United States	01/03/2022	04/04/2022	false	false	
Un-Employed		Richmond	Virginia	United States	04/04/2022	10/03/2022	false	false	Personal time
UVA	Travel Respiratory Therapist	Charlottesville	Virginia		10/03/2022	11/13/2023	false	false	
VCU	Respiratory Therapist	Richmond	Virginia	United States	07/03/2023	07/08/2024	false	false	
Brenners Childrens	Travel Respiratory Therapist	Winston Salem	North Carolina		07/01/2024	10/31/2024	false	false	
Inova	Travel Respiratory therapist	Fairfax	Virginia		11/04/2024	02/10/2025	false	false	
Billings Clinic	Travel Respiratory Therapist	Billings	Montana		02/03/2025	09/01/2025	false	false	
Brenners Childrens	Travel Respiratory Therapist	Winston Salem	North Carolina		10/01/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
South Carolina	RRT		01/09/2020			
North Carolina	RRT		01/30/2020			
Montana	RRT		10/26/2021			
Idaho	RRT		08/28/2024			
Virginia	RRT		03/12/2025			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted

National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Heather Green

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087322	**Applicant Name**	Heather Green
Application Status	In Review	**Applied Date**	08/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Ozarks Technical Community College	Springfield	Missouri	United States	Associate Degree	08/17/1999	05/21/2001	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Cox Medical Center South	Respiratory Therapist	Springfield	Missouri	United States	12/01/2000	10/01/2002	false	false	
Cox Medical Center Branson	Respiratory Therapist	Branson	Missouri	United States	09/01/2002	03/04/2011	false	false	
Cox Monett Hospital	Respiratory Therapy Asthma Educator	Monett	Missouri	United States	08/01/2009	06/01/2010	false	false	
Mercy Hospital Springfield	Respiratory Therapist - Child	Springfield	Missouri	United States	12/22/2022		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Missouri	Respiratory Therapy	Active	07/22/2022	07/31/2028	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Iqbal Singh

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087054	**Applicant Name**	Iqbal Singh
Application Status	In Review	**Applied Date**	08/21/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
American Career College	Anaheim	California	United States	Associate Degree	05/15/2009	10/31/2011	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Valley CORF	Respiratory Therapist	Tarzana	California	United States	12/01/2011	01/01/2014	false	false	
Medlife Ambulance	Transport Respiratory Therapist	Glendale	California	United States	01/01/2014	06/30/2015	false	false	
Kindred Healthcare	Patient Assessment Coordinator	San Leandro	California	United States	07/01/2015	11/01/2015	false	false	
Supercare Health	Respiratory Account Executive	Milipitas	California	United States	11/01/2015	05/31/2017	false	false	
Florida Hospital Ocala	Respiratory Therapist	Ocala	Florida	United States	05/01/2017	12/31/2018	false	false	
AMN Healthcare	Travel Respiratory Therapist	Ocala	Florida		01/01/2019	11/15/2020	false	false	
Aya Healthcare	Travel Respiratory Therapist	St Petersburg	Florida	United States	11/16/2020	10/31/2021	false	false	
Jackson Therapy Partners	Travel Respiratory Therapist	Daytona	Florida	United States	11/01/2021	10/31/2022	false	false	
Kindred Healthcare	Respiratory Therapist	Tampa	Florida	United States	10/31/2022	05/31/2024	false	false	
All Childrens Hospital	Pediatric Respiratory Therapist	St Petersburg	Florida	United States	03/23/2023	08/30/2024	false	false	
UCH - Colorado Health	Travel Respiratory Therapist	Aurora	Colorado	United States	06/14/2024	12/15/2024	false	false	
Aya Healthcare	Travel Respiratory Therapist	Richmond	Virginia	United States	01/06/2025	10/25/2025	false	false	
AMN Healthcare	Travel Respiratory Therapist	Dallas	Texas	United States	12/15/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Florida	RCP		10/26/2016			
Colorado	RTL		02/07/2024			
Virginia	Respiratory Therapist		11/14/2024			
Texas	RCP	Active	02/05/2025	11/30/2026	10/26/2026	

jacqueline wilson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086264	**Applicant Name**	jacqueline wilson
Application Status	In Review	**Applied Date**	08/10/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northwest Community	Southaven	Mississippi	United States	Associate Degree	05/15/2018	08/15/2018	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Dallas Childrens Medical Center	Respiratory	Dallas	Texas	United States	08/22/2018	08/10/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	05/26/2021	05/31/2027	10/22/2026	
Illinois	RESP	Inactive	12/02/2023	10/31/2025	10/22/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Additional Information Received
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Additional Information Received
Evidence of Status	Additional Information Required
Time Deficiencies	Accepted

james campbell

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088524	**Applicant Name**	james campbell
Application Status	In Review	**Applied Date**	09/04/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tallahassee Community College	Tallahassee	Florida	United States	Associate Degree	08/11/2008	07/30/2010	
Texas Tech University	lubbock	Texas	United States	Bachelor's Degree	08/16/2022	05/31/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Un-Employed		midland	Texas	United States	02/01/2010	05/31/2012	false	false	moved to a new hospital in a new city
Un-Employed		Lubbock	Texas	United States	05/01/2012	05/01/2018	false	false	moved to a new hospital in a new city
Covenant Children's Hospital	Senior Respiratory Therapist	lubbock	Texas	United States	06/04/2018		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Therapist	Active	12/01/2010	11/30/2026	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Received
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Jennifer Nguyen

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087010	**Applicant Name**	Jennifer Nguyen
Application Status	In Review	**Applied Date**	08/20/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
California College San Diego	San Diego	California	United States	Associate Degree	05/20/2015	06/20/2017	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Presbyterian Hospital	Registered Respiratory Therapist	Albuquerque	New Mexico	United States	05/20/2024	07/20/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	05/11/2022	05/31/2028	10/23/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Jishnu Surendran

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000090071	**Applicant Name**	Jishnu Surendran
Application Status	In Review	**Applied Date**	09/27/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Mcleannan Community College	Waco	Texas	United States	Associate Degree	06/01/2010	08/16/2011	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Medical City LewisVille	Respiratory Therapist	Lewisville	Texas	United States	08/22/2022		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practitioner	Active	11/02/2011	11/30/2027	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Joshua Bennici

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088596	**Applicant Name**	Joshua Bennici
Application Status	In Review	**Applied Date**	09/07/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
San Joaquin Valley College	Ontario	California	United States	Associate Degree	11/01/2017	05/31/2019	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Inter Community Hospital	Respiratory Care Practitioner	Covina	California	United States	08/01/2019	10/30/2020	false	false	
Long Beach Memorial Medical Center	Respiratory Care Practitioner	Long Beach	California	United States	06/02/2020	01/31/2022	false	false	
Kaiser Permanente South Bay Medical Center	Respiratory Care Practitioner	Los Angeles	California	United States	01/03/2022	02/28/2023	false	false	
Dial Med Staffing	Respiratory Care Practitioner	Whittier	California	United States	02/01/2023	12/01/2025	false	false	
Barlow Respiratory Hospital	Respiratory Care Practitioner	Los Angeles	California	United States	09/02/2024	08/30/2025	false	false	
Elevate Respiratory Therapy Group	Respiratory Care Practitioner	Arcadia	California	United States	10/01/2024	05/31/2025	false	false	
iCare Soutions Home Health	Respiratory Care Practitioner	Los Angeles	California	United States	12/01/2025	08/03/2026	false	false	
French Park Care Center	Respiratory Care Practitioner	Santa Ana	California	United States	02/01/2026	08/03/2026	false	false	
Cape Fear Valley Medical Center	Respiratory Care Practitioner	Fayeteville	North Carolina	United States	08/10/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
California	Respiratory Care Practitioner	Active	07/05/2019	05/31/2027	10/26/2026	
North Carolina	Respiratory Care Practitioner	Active	07/20/2026	07/31/2027	10/26/2026	
Colorado	Respiratory Care Practitioner	Active	07/29/2026	08/31/2028	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified

Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Karly Davies

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089214	**Applicant Name**	Karly Davies
Application Status	In Review	**Applied Date**	09/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Rose state college	Midwest city	Oklahoma	United States	Associate Degree	08/15/2022	07/30/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Taco bell	Crew	Choctaw	Oklahoma	United States	11/20/2021	12/15/2022	false	false	
Taco Bell	Manger in charge	Choctaw	Oklahoma	United States	12/16/2022		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Additional Information Received
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Kelli Evans

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000083145	**Applicant Name**	Kelli Evans
Application Status	In Review	**Applied Date**	07/01/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
San Jacinto College-Central	Pasadena	Texas	United States of America	Associate Degree	12/01/2008	07/01/2010	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Houston Methodist Hospital-TMC	Respiratory Care Practicioner	Houston	Texas	United States	03/05/2012	12/30/2020	false	false	
Vibra Hospital-Denver	Respiratory Care Practitioner	Denver	Colorado	United States of America	01/04/2021	12/30/2021	false	false	
Grady-Marcus Trauma Hospital	Trauma/ICU Therapist	Atlanta	Georgia	United States of America	02/01/2021	06/30/2021	false	false	
Childrens Memorial Hermann Hospital-TMC	PICU Respiratory Therapist	Houston	Texas	United States of America	04/04/2022	01/06/2025	false	false	
LifeGift Organ Procurement Organization	IN-House Coordinator	Houston	Texas	United States of America	01/06/2025	02/02/2026	false	false	
Children's Health-Dallas	Respiratory Care Practitioner	Dallas	Texas		03/23/2026	07/01/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practitioner	Active	02/06/2013	11/30/2026	10/15/2026	
Colorado	RESP	Active	11/10/2021	08/31/2026	10/15/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Pending
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Kerrian Myrie

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089461	**Applicant Name**	Kerrian Myrie
Application Status	In Review	**Applied Date**	09/18/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
buffalo state college	buffalo	New York	United States	Bachelor's Degree	08/10/1998	05/13/2002	
Westchester community college	Valhalla	New York	United States	Associate Degree	09/05/2011	05/10/2013	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Montefiore Medical center	respiratory therapist	Bronx	New York	United States	10/13/2014	06/30/2021	false	false	
Medical City Dallas	Respiratory Therapist	Dallas	Texas	United States	01/24/2022	02/06/2026	false	false	
UT Southwestern Hospital	Respiratory Therapist	Dallas	Texas	United States	09/26/2022	04/19/2024	false	false	
baylor scott & White Heart Hospital	respiratory therapist	Plano	Texas	United States	04/22/2024	03/26/2026	false	false	
Texas Health Presbyterian Hospital Dallas	Respiratory Therapist	dallas	Texas	United States	07/28/2025	03/26/2026	false	false	
medical solution	respiratory therapist	auburn	New York		03/30/2026	10/10/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
New York	RESP	Active	03/12/2014	10/31/2028	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Pending
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Krystal Jackson

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089528	**Applicant Name**	Krystal Jackson
Application Status	In Review	**Applied Date**	09/19/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Milwaukee Area Technical College-Downtown	Milwaukee	Wisconsin	United States	Associate Degree	08/20/2007	05/21/2009	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Children's Hospital of Wisconsin	Respiratory Therapist	Milwaukee	Wisconsin	United States	03/14/2011	07/19/2016	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
North Carolina	Respiratory Therapist	Active	08/18/2017	08/31/2027	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

MACY DUNN

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086923	**Applicant Name**	MACY DUNN
Application Status	In Review	**Applied Date**	08/19/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/20/2019	05/14/2021	
University of Central Oklahoma	Edmond	Oklahoma	United States	Bachelor's Degree	08/20/2021	12/11/2023	
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	01/20/2025	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Jersey Mikes Subs	Sandwich Artist	Edmond	Oklahoma	United States	04/01/2017	03/01/2019	false	false	
Office Depot	Sales Manager	Edmond	Oklahoma	United States	01/01/2019	05/01/2023	false	false	
Hefner Chiropractic	Chiropractic Assistant	The Village	Oklahoma	United States	03/20/2023	11/01/2024	false	false	
Oklahoma Heart Hospital	Medical Assistant/Nursing Assistant	OKC	Oklahoma	United States	11/01/2024	02/28/2026	false	false	
Integris SW Medical Center	Registered Respiratory Therapist/Respiratory Care Associate	OKC	Oklahoma	United States	04/20/2026	09/01/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Provisional Respiratory Care	Active	05/13/2026	11/30/2026	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Additional Information Received
National Board of Respiratory Care (NBRC)	Additional Information Received
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Additional Information Received
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Madalyn Keller

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089808	**Applicant Name**	Madalyn Keller
Application Status	Review Complete	**Applied Date**	09/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northern Oklahoma College	Enid	Oklahoma	United States	Associate Degree	08/12/2020	05/23/2022	
Northern Oklahoma College	Enid	Oklahoma	United States	Associate Degree	08/14/2024	07/09/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Truly You Photogrpahy	Second Shooter and Editor	Enid	Oklahoma	United States	01/17/2022		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Margarita Valentin

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085297	**Applicant Name**	Margarita Valentin
Application Status	In Review	**Applied Date**	07/29/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
south texas college	Mcallen	Texas	United States	Associate Degree	01/18/2018	05/30/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
University Medical Center	respiratory therapist	Lubbock	Texas	United States	06/16/2020		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	respiratory care practitioner	Active	06/10/2020	05/31/2028	10/21/2026	
Colorado	respiratory therapist		01/02/2022			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Maricielo Sands

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087143	**Applicant Name**	Maricielo Sands
Application Status	In Review	**Applied Date**	08/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Drury University	Springfield	Missouri	United States	Bachelor's Degree	08/01/2018	05/15/2020	
Ozarks Technical Community College	Springfield	Missouri	United States	Associate Degree	07/01/2022	05/18/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Mercy Hospital Springfield	Registered Respiratory Therapist	Springfield	Missouri	United States	06/01/2023	09/01/2024	false	false	
Mercy Hospital Springfield	Registered Respiratory Therapist - GIG/PRN	Springfield	Missouri	United States	09/01/2024	09/28/2025	false	false	
Sanford Medical Center	Travel Registered Respiratory Therapist	Fargo	North Dakota	United States	10/01/2024	03/12/2025	false	false	
Landmark Hospital of Columbia	Travel Registered Respiratory Therapist	Columbia	Missouri	United States	04/28/2025	09/28/2025	false	false	
Lincare	Healthcare Specialist	Springfield	Missouri	United States	09/29/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Missouri	Respiratory Care Practitioner	Active	06/22/2023	07/31/2028	10/27/2026	
North Dakota	Respiratory Care Practitioner		10/22/2024			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Melissa Litteken

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087045	**Applicant Name**	Melissa Litteken
Application Status	In Review	**Applied Date**	08/21/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Midwestern State University	Wichita Falls	Texas	United States	Bachelor's Degree	08/15/2001	05/15/2006	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
United Regional Healthcare	respiratory therapist	Wichita Falls	Texas	United States	05/15/2005	10/08/2024	false	false	
Encompass Health and Rehabilitation Hospital	respiratory therapist	Wichita Falls	Texas	United States	01/08/2024		true	false	
Viemed	respiratory therapist	Wichita Falls	Texas	United States	07/20/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care	Active	05/31/2006	05/31/2028	10/08/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Additional Information Received
Time Deficiencies	Not Applicable

NaKayla Hughes

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087138	**Applicant Name**	NaKayla Hughes
Application Status	In Review	**Applied Date**	08/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Texas Southern University	Houston	Texas	United States	Bachelor's Degree	08/15/2022	05/08/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Natalie Davis

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085129	**Applicant Name**	Natalie Davis
Application Status	In Review	**Applied Date**	07/27/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Weber State University	Ogden	Utah	United States	Bachelor's Degree	08/25/1991	12/12/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Intermountain Healthcare	Respiratory Therapist	American Fork	Utah	United States	01/11/2009	08/18/2019	false	false	
Jordan Valley Medical Center	Travel RRT	West Jordan	Utah	United States	08/26/2019	05/31/2020	false	false	
Mercy Hospital	Travel RRT	Coon Rapids	Minnesota	United States	06/01/2020	08/01/2020	false	false	
Rio Grande Hospital	Travel RRT	McAllen	Texas	United States	08/02/2020	09/12/2020	false	false	
Gov Juan F. Luis medical center	Travel RRT	St Croix		United States	09/13/2020	12/12/2026	false	false	
TH Huguley	Travel RRT	Burleson	Texas	United States	12/13/2020	05/15/2021	false	false	
Doernbacher Children's Hospital	Travel RRT	Portland	Oregon	United States	05/16/2021	09/11/2021	false	false	
St Joseph Medical Center	Travel RRT	Bellingham	Washington	United States	09/12/2021	10/09/2021	false	false	
Trios Southridge	Travel RRT	Kennewick	Washington	United States	10/10/2021	10/29/2022	false	false	
Lawrence&Memorial Hospital	Travel RRT	New London	Connecticut	United States	10/30/2022	11/18/2023	false	false	
University of New Mexico Hospital	Travel RRT	Albuquerque	New Mexico	United States	11/19/2023	04/06/2024	false	false	
Evergreen Hospital	Travel RRT	Kirkland	Washington	United States	04/07/2024	05/03/2025	false	false	
St Elizabeth/BMC	Travel RRT	Brighton	Massachusetts	United States	05/04/2025	11/29/2025	false	false	
Un-Employed		Washington	Utah	United States	11/30/2025	07/27/2026	false	true	Career break to spend time with family and do repairs on my primary residence

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Utah	Respiratory Care Practitioner		02/02/2009			
Minnesota	Respiratory Therapist		05/21/2020			
Oregon	Respiratory Therapist		07/08/2021			
Connecticut	Respiratory Care		03/28/2023			
New Mexico	Respiratory Care		12/06/2023			

Massachusetts	Respiratory Therapist	Active	04/28/2025	05/31/2028	10/21/2026	
Washington	respiratory care		07/06/2025			
Montana	Respiratory Care		06/22/2026			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Additional Information Required
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

nilcri massey

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085157	**Applicant Name**	nilcri massey
Application Status	In Review	**Applied Date**	07/27/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
victor valley college	victorville	California	United States	Associate Degree	12/05/2019	06/15/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
chirstus st.michael hospital	Registered Respiratory Therapist	texarcana	Texas	United States	10/05/2005	01/28/2026	false	false	
kindred hospital	Registered Respiratory Therapist	rancho cucamonga	California	United States	11/06/2020	01/21/2021	false	false	
Prolink staffing	Traveler Registered Respiratory Therapist	irving	Texas	United States	02/01/2021	11/30/2021	false	false	
snapcare	Traveler Registered Respiratory Therapist	atlanta	Georgia	United States	12/05/2021	03/31/2022	false	false	
Aya healthcare	Traveler Registered Respiratory Therapist	san diego	California	United States	05/16/2022	05/14/2026	false	false	
cell staff	Traveler Registered Respiratory Therapist	tampa	Florida	United States	09/27/2022	03/18/2023	false	false	
cross country healthcare	Traveler Registered Respiratory Therapist	5201 Congress Avenue, Suite 160	Florida	United States	01/01/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
California	Respiratory Care Practitioner		09/30/2020			
Arkansas	Respiratory care Practitioner	Active	01/02/2025	04/30/2027	10/21/2026	
Texas	Respiratory Care Practitioner		02/02/2025			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Additional Information Received
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified

Time Deficiencies	Additional Information Required

Orlando Soman

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088748	**Applicant Name**	Orlando Soman
Application Status	In Review	**Applied Date**	09/09/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Miami-Dade College	Miami	Florida	United States	Associate Degree	08/09/1999	07/06/2001	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Baptist Health System	Respiratory Therapist	Miami	Florida	United States	03/05/2001	03/05/2007	false	false	
TD Medical	Respiratory Therapist	Hollywood	Florida	United States	02/05/2007	10/05/2009	false	false	
Memorial Healthcare System	Respiratory Therapist	Hollywood	Florida	United States	08/06/2007	06/03/2013	false	false	
Reva Air Ambulance	Flight Respiratory Therapist	Fort Lauderdale	Florida	United States	04/01/2013	05/02/2016	false	false	
Kendall Regional Hospital, HCA Healthcare	Respiratory Therapist Supervisor	Miami	Florida	United States	08/05/2013	08/04/2014	false	false	
Jackson Health System	Respiratory Therapist	Miami	Florida	United States	08/04/2014	11/08/2021	false	false	
Fastaff Travel Nursing Agency-Children's Hospital of the King's Daughters	Respiratory Therapist	Norfolk	Virginia	United States	11/08/2021	05/26/2023	false	false	
Un-Employed		Miramar	Florida	United States	05/26/2023	11/06/2023	false	false	Took a post COVID pandemic break.
Reva Air Ambulance	Respiratory Therapist	Fort Lauderdale	Florida	United States	11/09/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Florida	Respiratory Therapist	Active	05/17/2007	05/31/2027	10/26/2026	
Virginia	Respiratory Therapist	Inactive	10/26/2021	06/30/2023	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required

NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Rhonda Dixon

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084540	**Applicant Name**	Rhonda Dixon
Application Status	In Review	**Applied Date**	07/16/2026
Temp License Issued	09/14/2026	**Temp License Expires**	02/01/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Newman University	Wichita	Kansas	United States	Associate Degree	08/21/1996	12/17/1999	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Wesley Medical Center	Respiratory therapist	Wichita	Kansas	United States	01/19/2000	07/14/2023	false	false	
KU medical Center	Respiratory Therapist	Kansas City	Kansas	United States	08/23/2023	07/24/2026	false	false	
Un-Employed		Kansas City	Kansas	United States	07/24/2026		false	true	Relocating to Oklahoma

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Kansas	Respiratory therapist	Active	04/06/2000	03/31/2027	09/10/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Verified

Rick Mazyck

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000090902	**Applicant Name**	Rick Mazyck
Application Status	In Review	**Applied Date**	10/04/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Westark College (now UAFS)	Fort Smith	Arkansas	United States	No Degree	04/01/1983	12/30/1983	
Sparks School for Respiratory Therapy	Fort Smith	Arkansas	United States	No Degree	01/02/1984	01/01/1985	
Westark College (now UAFS)	Fort Smith	Arkansas	United States	Associate Degree	01/01/1988	01/01/1990	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Sparks Hospital	Registered Respiratory Therapist	Fort Smith	Arkansas	United States	01/06/1986	03/07/2001	false	false	
St. Edwards Hospital	Registered Respiratory Therapist	Fort Smith	Arkansas	United States	04/03/2001	01/06/2003	false	false	
Select Specialty Hospital	Registered Respiratory Therapist	Fort Smith	Arkansas	United States	03/07/2003	10/08/2007	false	false	
Healthsouth (now Encompass)	Registered Respiratory Therapist	Fort Smith	Arkansas	United States	10/16/2007	12/09/2019	false	false	
Baptist Health	Registered Respiratory Therapist	Fort Smith	Arkansas	United States	01/06/2025	09/18/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	RESP		07/01/1995	09/30/2027	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Additional Information Required
Time Deficiencies	Additional Information Required

Rose Yochum

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089257	**Applicant Name**	Rose Yochum
Application Status	Review Complete	**Applied Date**	09/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Virginia College	Austin	Texas	United States	Associate Degree	04/13/2014	06/19/2015	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
NONE	UNEMPLOYED	UNIVERSAL CITY	Texas	United States	06/01/2015	04/30/2016	false	false	
Cornerstone	Respiratory Therapist	Round rock	Texas	United States	04/28/2016	07/20/2020	false	false	
Seton	Respiratory Therapist	Austin	Texas	United States	08/15/2016	02/15/2017	false	false	
Krucial Staffing	Respiratory Therapist	San Antonio	Texas	United States	07/23/2020	12/06/2020	false	false	
Christus Santa Rosa Westover Hills	Respiratory Therapist	San Antonio	Texas	United States	07/29/2020	09/06/2021	false	false	
Angel Staffing	Respiratory Therapist	San Antonio	Texas	United States	12/07/2020	03/30/2021	false	false	
Ascension-Dell Childrens	Respiratory Therapist	Austin	Texas	United States	09/07/2021	06/19/2022	false	false	
NONE	UNEMPLOYED	CONVERSE	Texas	United States	06/01/2022	10/30/2022	false	false	
HealthTrust Workforce Solutions	Respiratory Therapist	San Antonio	Texas	United States	10/04/2022	02/25/2023	false	false	
Ascension-Dell Childrens	Respiratory Therapist	Austin	Texas	United States	03/05/2023	10/05/2024	false	false	
Dallas Childrens	Respiratory Therapist	Dallas	Texas	United States	10/06/2024		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	PR	Inactive	09/21/2015	05/31/2016	10/27/2026	
Texas	Respiratory Therapist	Active	05/04/2016	05/31/2028	10/27/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Ruby Lyas

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088954	**Applicant Name**	Ruby Lyas
Application Status	In Review	**Applied Date**	09/11/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of West Florida	Pensacola	Florida	United States	Bachelor's Degree	08/18/2011	05/02/2015	
Concorde Career College	Miramar	Florida	United States	Associate Degree	02/13/2017	08/02/2018	
Florida International University	Miami	Florida	United States	Master's Degree	01/04/2021	05/06/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Sears	Sales Associate	Pensacola	Florida	United States	02/01/2012	02/01/2013	false	false	
University of West Florida	Work Study Student	Pensacola	Florida	United States	08/01/2012	05/01/2013	false	false	
Tom Thumb	Clerk	Pensacola	Florida	United States	10/01/2012	06/01/2013	false	false	
dd's Discount Store	Customer Service Associate	Pensacola	Florida	United States	04/01/2013	06/01/2013	false	false	
Alorica, Inc.	Customer Service Agent	Pensacola	Florida	United States	09/01/2013	05/01/2015	false	false	
Journey's	Store Associate	Pensacola	Florida	United States	05/01/2014	09/01/2014	false	false	
Target	Stock Associate	Plantation	Florida	United States	06/01/2015	09/01/2015	false	false	
Turning Point Bridge CRC	Lead Operations Technician	Pompano Beach	Florida	United States	09/01/2015	06/01/2016	false	false	
Broward Sheriff's Office	Detention Technician	Fort Lauderdale	Florida	United States	06/01/2016	10/01/2017	false	false	
Best Buy	Warehouse Associate	Fort Lauderdale	Florida	United States	11/06/2017	09/03/2018	false	false	
Memorial Hospital West	Registered Respiratory Therapist	Pembroke Pines	Florida	United States	10/08/2018	10/13/2023	false	false	
Northside Hospital Atlanta	Registered Respiratory Therapist	Atlanta	Georgia	United States	09/11/2023	08/08/2025	false	false	
Piedmont, Inc.	Registered Respiratory Therapist	Brookhaven	Georgia	United States	08/11/2025	02/23/2026	false	false	
Apria Healthcare	Registered Respiratory Therapist	Lawrenceville	Georgia	United States	02/09/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Georgia	Respiratory Care Practitioner	Active	07/24/2023	06/30/2027	10/27/2026	
Florida	Respiratory Care Practitioner		07/29/2026			

Application Checklist

Question	Value

Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Samuel Jones

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089851	**Applicant Name**	Samuel Jones
Application Status	In Review	**Applied Date**	09/24/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Concorde Career College	San Antonio	Texas	United States	Associate Degree	03/22/2021	09/09/2022	
University of Texas health Science Center at San Antonio	San Antonio	Texas	United States	Bachelor's Degree	05/10/2024	12/18/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Medical Solutions	Respiratory Therapist	Omaha	Nebraska	United States	08/10/2026	10/01/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Therapist	Active	10/30/2022	05/31/2027	10/28/2026	
Colorado	Respiratory Therapist	Active	09/23/2026	08/31/2028	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Shaun Miller

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085837	**Applicant Name**	Shaun Miller
Application Status	In Review	**Applied Date**	08/04/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Concorde Career Institute	Kansas City	Missouri	United States	Associate Degree	12/01/2001	03/01/2005	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Citizens Memorial Hospital	Director of Respiratory	Bolivar	Missouri	United States	12/01/2021	12/02/2024	false	false	
Citizens Memorial Hospital	Registered Respiratory Therapist	Bolivar	Missouri	United States	11/30/2024		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Washington	Registered Respiratory Therapist		08/09/2006			
Missouri	Registered Respiratory Therapist	Active	03/25/2016	07/31/2028	10/23/2026	
Kansas	Registered Respiratory Therapist		02/19/2019			
Florida	Registered Respiratory Therapist		02/22/2021			
Iowa	Registered Respiratory Therapist		06/17/2024			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Shawna Creel

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085979	**Applicant Name**	Shawna Creel
Application Status	In Review	**Applied Date**	08/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
George C Wallace Community College	Dothan	Alabama	United States	Associate Degree	08/11/2003	12/16/2005	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Enterprise Medical Center	RRT	Enterprise	Alabama	United States	04/06/2005	06/22/2007	false	false	
Jackson Medical Center	RRT	Montgomery	Alabama	United States	04/25/2005	08/30/2005	false	false	
Plains Regional Medical Center	RRT/Manager	Clovis	New York	United States	08/15/2007	11/20/2025	false	false	
Roosevelt General Hospital	RRT	Portales	New Mexico	United States	12/10/2018	03/27/2026	false	false	
AMN Healthcare	RRT	Coppell	Texas	United States	01/05/2026	07/24/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
New Mexico	RCP		08/21/2007			
Utah	Respiratory Therapy		12/02/2025			
North Carolina	RCP		12/04/2025			
Nebraska	Respiratory Therapy		12/12/2025			
Texas	RCP	Active	07/17/2026	05/31/2028	09/17/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Suzanne Nguyen

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086483	**Applicant Name**	Suzanne Nguyen
Application Status	In Review	**Applied Date**	08/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Concorde Career College	Dallas	Texas	United States	Associate Degree	08/12/2013	02/16/2015	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Childrens Medical Center	Respiratory Care	Dallas	Texas	United States	07/11/2022	08/13/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory	Active	05/27/2015	05/31/2027	10/26/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Tarsha Baker

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086134	**Applicant Name**	Tarsha Baker
Application Status	In Review	**Applied Date**	08/07/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Pulaski Technical College	Little Rock	Arkansas	United States	Associate Degree	05/29/2012	05/18/2013	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
CHI St Vincent	Respiratory Therapist	little Rock	Arkansas	United States	02/03/2014	11/01/2021	false	false	
Snap Nurse	Respiratory Therapist	999 Peachtree St NE, Suite 27	Georgia	United States	01/10/2022	03/25/2022	false	false	
Medpro	respiratory Therapist	1580 Sawgrass Corporate Pkwy, Suite 200,	Florida	United States	04/18/2022	10/04/2023	false	false	
Cross Country	Respiratory Therapist	Boca Raton	Florida	United States	01/30/2024	09/27/2024	false	false	
Cross Country	Respiratory Therapist	Boca Raton	Florida	United States	12/02/2024	09/25/2025	false	false	
Shiftmed	Respiratory Therapist	McLean	Virginia	United States	10/02/2025	12/01/2025	false	false	
Cross Country	Respiratory Therapist	Boca Raton	Florida	United States	01/05/2026	08/07/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	Respiratory Therapist		06/26/2013			
Florida	Respiratory Therapist	Active	09/30/2022	05/31/2027	10/22/2026	
Missouri	Respiratory Therapist		10/04/2022			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Tiffany Polite

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089413	**Applicant Name**	Tiffany Polite
Application Status	In Review	**Applied Date**	09/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Pima medical	Houston	Texas	United States	Associate Degree	08/28/2021	07/20/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Hca Healthcare	Floating Respiratory Therapist	Houston	Texas	United States	10/25/2021	09/18/2026	false	false	
Mountain View rehab	Respiratory therapist	Kalispell	Montana	United States	02/01/2026	09/18/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Cna		07/31/2018			
Texas	Respiratory	Active	09/27/2023	11/30/2027	10/27/2026	
Montana	Respiratory therapist		02/03/2026			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Timothy Otter

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084626	**Applicant Name**	Timothy Otter
Application Status	In Review	**Applied Date**	07/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Wichita State University	Wichita	Kansas	United States	Associate Degree	08/17/1990	08/31/1992	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Via Christi St Joseph	Respiratory Therapist	Wichita	Kansas	United States	10/01/1991	10/01/1995	false	false	
Newton Healthcare Corp	Respiratory Therapist	Newton	Kansas	United States	10/15/1994	04/03/2026	false	false	
McPherson Hospital	Respiratory Therapist	McPherson	Kansas	United States	09/01/2001	05/01/2002	false	false	
Kansas Heart Hospital	Respiratory Therapist	Wichita	Kansas	United States	09/01/2007	08/01/2008	false	false	
TrueStaff	Respiratory Therapist	Montrose Coloraddo	Kansas	United States	10/01/2019	03/01/2020	false	false	
TrueStaff	Respiratory Therapist	Liberal	Kansas	United States	04/20/2020	04/20/2021	false	false	
Aureus	Respiratory Therapist	Winfield	Kansas	United States	04/01/2022	04/21/2022	false	false	
Aureus Radiology LLC	Respiratory Therapist	Lincoln	Nebraska	United States	05/01/2022	04/30/2023	false	false	
Aureus Radiology LLC	Respiratory	Omaha	Nebraska	United States	05/30/2023	11/01/2025	false	false	
William Newton Hospital	Respiratory Therapist	Winfield	Kansas	United States	11/01/2024		true	false	
Medical Solutions	Respiratory Therapist	Quinter	Kansas	United States	06/01/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Kansas	Respiratory Therapist (RT)	Active	08/07/1993	03/31/2027	10/22/2026	
Colorado	Respiratory Therapist	Inactive	09/16/2019	09/01/2020	10/22/2026	
Nebraska	Respiratory Care Practitioner		08/13/2021			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Additional Information Required
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
NPDB	Verified

Evidence of Status	Verified
Time Deficiencies	Accepted

Yvette Lujan

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087251	**Applicant Name**	Yvette Lujan
Application Status	In Review	**Applied Date**	08/25/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
eastern new mexico university- roswell	roswell	New Mexico	United States	Associate Degree	08/08/2005	12/01/2009	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
eastern new mexico medical center	Respiratory therapist	roswell	New Mexico	United States	02/01/2010	07/01/2012	false	false	
university health system	respiratory therapist	san antonio	Texas	United States	07/16/2012	08/07/2016	false	false	
warmsprings rehab hospital	clinical navigator	san antonio	Texas	United States	08/07/2016	10/01/2020	false	false	
carter home health	account executive	san antonio	Texas	United States	11/01/2020	09/01/2022	false	false	
kindred hospital	patient assessment coordinator	san antonio	Texas	United States	09/01/2022	08/01/2023	false	false	
christus childrens hospital	respiratory therapist	san antonio	Texas	United States	09/01/2023	08/07/2026	false	false	
pam health	respiratory therapist	oklahoma city	Oklahoma	United States	08/17/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	06/01/2010	11/30/2027	10/27/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Zena Emordi

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089356	**Applicant Name**	Zena Emordi
Application Status	In Review	**Applied Date**	09/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Concorde career college	Memphis	Tennessee	United States	Associate Degree	07/16/2006	05/16/2008	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Triage staffing	Travel respiratory therapy	Dallas	Texas	United States	04/16/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Tennessee	RESP	Inactive	01/13/2011	01/31/2013	10/27/2026	
Texas	Respiratory Practitioner		11/16/2024			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Received
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

AMIRAH DAILEY

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000086219	**Applicant Name**	AMIRAH DAILEY
Application Status	In Review	**Applied Date**	08/08/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
UNIVERSITY OF ARKANSAS MEDICAL SCIENCES			United States	Bachelor's Degree	08/01/2007	05/01/2010	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
NY PRESBYTERIAN	RESP	NEW YORK	New York	United States	06/01/2010	04/01/2014	false	false	
ST VINCENT INFIRMARY	RESP	LITTLE ROCK	Arkansas	United States	06/01/2014	04/01/2020	false	false	
BAYLOR SCOTT WHITE	RESP	GRAPEVINE	Texas	United States	06/01/2020	05/01/2022	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	RESP		01/21/2010			
New York	RESP		06/01/2010			
Arkansas	RESP		09/24/2013			
Texas	RESP	Active	04/01/2020	05/31/2028	10/21/2026	
Oklahoma	RESP	Inactive	08/22/2022	08/31/2024	10/21/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

ANGELA WALTON

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000086428	**Applicant Name**	ANGELA WALTON
Application Status	In Review	**Applied Date**	08/11/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
NORTHWEST AR COMMUNITY COLLEGE			United States	Associate Degree	08/01/1996	05/01/1999	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Siloam Springs Regional Hospital	Supervisor Cardiopulmonary Services-Supervisor Respiratory Therapy	Siloam Springs	Arkansas	United States	01/01/2009	06/30/2026	false	false	
Freeman Health System-Siloam Springs	Supervisor of Cardiopulmonary Services-Supervisor Respiratory Therapy	Siloam Springs	Arkansas	United States	06/01/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	TEMPORARY RC	Inactive	04/26/2000	10/26/2000	10/01/2026	
Arkansas	RC	Active	03/01/2001	02/28/2027	10/01/2026	
Oklahoma	RC	Inactive	09/11/2003	09/30/2017	10/01/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

CASEY TURNER

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000087245	**Applicant Name**	CASEY TURNER
Application Status	In Review	**Applied Date**	08/24/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
OZARK VALLEY TECHNICAL INSTITUTE	OZARK	Arkansas	United States	No Degree	01/05/1999	05/10/2000	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
US ARMY	COMBAT MEDIC	FT SMITH	Arkansas	United States	04/01/1996	04/01/2004	false	false	
ST EDWARDS MEDICAL CENTER	STAFF RESPIRATORY THERAPIST	FT SMITH	Arkansas	United States	07/01/2004	11/01/2009	false	false	
AIRCORE MEDICAL SERVICES	HOME HEALTH RESP THERAPIST	FT SMITH	Arkansas	United States	07/01/2007		true	false	
WILDMAN OUTDOOR PRODUCTS	OWNER/OPERATOR	LAVACA	Arkansas	United States	08/01/2007	04/01/2011	false	false	
SELECT SPECIALTY HOSPITAL	Respiratory Therapist	FT SMITH	Arkansas	United States	04/01/2011	02/01/2011	false	false	
SUMMIT MEDICAL CENTER	Respiratory Therapist	VAN BUREN	Arkansas	United States	12/01/2011	08/01/2013	false	false	
ST JOHN HEALTH SYSTEM	Respiratory Therapist	TULSA	Oklahoma	United States	10/01/2013		true	false	
RIVERSIDE HEALTH SERVICES	RESPIRATORY CARE PRACTITIONER	ARKOMA	Oklahoma	United States	09/20/2022	12/01/2023	false	false	
Baptist Health Medical Center	RT	Little Rock	Arkansas	United States	10/15/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	Respiratory Therapist	Active	09/18/2000	08/31/2027	10/08/2026	
Oklahoma	RESPIRATORY THERAPIST	Inactive	11/07/2013	11/30/2023	10/08/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Pending
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Waived

Evidence of Status	Verified
Time Deficiencies	Additional Information Received

CRAIG JOHNSON

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000089876	**Applicant Name**	CRAIG JOHNSON
Application Status	In Review	**Applied Date**	09/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
MUSKEGON COMMUNITY COLLEGE			United States	Associate Degree	09/01/1989	06/30/1992	
AMERICAN INTER CONTINENTAL UNIVERSITY			United States	Bachelor's Degree	02/01/2004	06/30/2005	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
METROPOLITAN HOSPITAL	RESP	GRAND RAPIDS	Michigan	United States	02/01/1992	06/01/1996	false	false	
SYMPHONY RESPIRATORY SERVICE	RESP	ASHEVILLE	North Carolina	United States	06/01/1996	06/01/2000	false	false	
HALIFAX REGIONAL MED CENTER	RESP	ROANOK RAPIDS	North Carolina	United States	07/01/2000	07/01/2004	false	false	
SOUTHSIDE REGIONAL	RESP	PETERSBURG	Virginia	United States	07/01/2004	07/01/2005	false	false	
SAN JUAN REGIONAL	RESP	FARMINGTON	New Mexico	United States	07/01/2005	02/01/2008	false	false	
SOUTHWESTERN MEDICAL CENTER	RESP	LAWTON	Oklahoma	United States	09/18/2008	10/01/2010	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
New Mexico	RESP					
Oklahoma	RESP	Inactive	09/08/2008	09/30/2010	10/21/2026	
New Mexico	RESP	Active	02/02/2024	02/02/2027	10/21/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

KEVIN MONCRIEF

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000092486	**Applicant Name**	KEVIN MONCRIEF
Application Status	In Review	**Applied Date**	10/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
CARRINGTON COLLEGE	LAS VEGAS	Nevada	United States	Associate Degree	03/01/2009	03/30/2011	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
DESERT VIEW MEDICAL CENTER	RESP	PAHRUMP	Nevada	United States	06/01/2011	08/01/2011	false	false	
MERCY FORT SMITH	RESP	FT SMITH	Arkansas	United States	03/01/2016	06/04/2026	false	false	
Mercy rehabilitation hospital	Respiratory Therapist	Fort Smith	Arkansas	United States	09/06/2021		false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Nevada	RESP					
Oklahoma	RESP	Inactive	02/17/2012	02/29/2016	10/21/2026	
Arkansas	Respiratory Therapy	Active	02/21/2012	03/31/2027	10/21/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Additional Information Required
Extended Background Check	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

TERRI NEWMAN

General Information

Application	Respiratory Care Practitioner	**Application Type**	Reinstatement
Application Number	IA-0000085049	**Applicant Name**	TERRI NEWMAN
Application Status	In Review	**Applied Date**	07/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
CALIFORNIA COLLEGE FOR HEALTH SCIENCES			United States	Associate Degree	01/01/1992	05/30/1994	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
RED RIVER GENERAL HOSPITAL	RESP	CLARKSVILLE	Texas	United States	04/01/1994	05/01/1995	false	false	
PARIS REGIONAL MEDICAL CENTER	RESP	PARIS	Texas	United States	05/01/1995	10/01/2006	false	false	
PARIS SLEEP DISORDERS	SLEEP TECH	PARIS	Texas	United States	09/01/2006	11/01/2009	false	false	
NONE	UNEMPLOYED	PARIS	Texas	United States	10/01/2006	09/01/2007	false	false	
WILSON JONES	RESP	SHERMAN	Texas	United States	05/01/2007	11/01/2009	false	false	
ETMC CLARKSVILLE	RESP	CLARKSVILLE	Texas	United States	09/01/2007	11/01/2008	false	false	
WILSON JONES	RESP	SHERMAN	Texas	United States	05/01/2008	07/01/2010	false	false	
TEXOMA SLEEP DIAGNOSTICS	SLEEP TECH	PARIS	Texas	United States	09/01/2009	11/01/2017	false	false	
LINCARE	DME PROVIDER	PARIS	Texas	United States	10/01/2011		true	false	
TMC BONHAM	RESP	BONHAM	Texas	United States	05/01/2016		true	false	
CHOCTAW MEMORIAL HOSPITAL	RESP	HUGO	Oklahoma	United States	10/01/2019	02/01/2024	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	RESP	Active	09/26/1994	05/31/2027	10/21/2026	
Oklahoma	RESP	Inactive	05/09/2012	05/31/2024	10/21/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified

Other Licenses	Verified
Extended Background Check	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Accepted

ABBYLEIGH SCHILLING

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000090267	**Applicant Name**	ABBYLEIGH SCHILLING
Application Status	Review Complete	**Applied Date**	09/30/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	FOLLETT	Texas	Unknown		08/01/2007	05/01/2022	
Other	PERRYTON	Texas	Unknown		08/01/2020	05/01/2022	
Other	AMARILLO	Texas	Unknown		08/01/2022	05/01/2023	
Other	MIDWEST CITY	Oklahoma	Unknown		08/01/2023	05/01/2024	
Other	OKLAHOMA CITY	Oklahoma	Unknown		05/01/2024	08/01/2024	
Other	WEATHERFORD	Oklahoma	Unknown		01/01/2025	05/01/2025	
ROSE STATE	MIDWEST CITY	Oklahoma	United States	Associate Degree	08/01/2025	07/25/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Integris Southwest	Provisional respiratory care	Oklahoma city	Oklahoma	United States	08/03/2026	09/30/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Dental assistant	Inactive	08/16/2024	12/31/2025	10/07/2026	
Oklahoma	Provisional RT	Active	08/26/2026	02/28/2027	10/07/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Additional Information Required
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Aidan Shaw

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088157	**Applicant Name**	Aidan Shaw
Application Status	Review Complete	**Applied Date**	09/02/2026
Temp License Issued	10/16/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Alex Public Schools	Alex	Oklahoma	United States	High School Diploma	08/01/2022	05/05/2023	
Redlands Community College	El Reno	Oklahoma	United States	Associate Degree	08/01/2023	05/05/2025	
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/01/2025	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Reba's Place	Server	Atoka	Oklahoma		05/05/2023	08/01/2023	false	false	
Un-Employed		Midwest City	Oklahoma	United States	07/02/2023	08/19/2025	false	false	Finished associates in athletic training, and enrolled into rose state college pursuing an associates degree in respiratory therapy
Paris Przekurat (Redlands Community College)	Work study at Redlands Community college while obtaining my associates.	El Reno	Oklahoma	United States	08/01/2023	07/01/2025	false	false	
Applebees	Server	Midwest City	Oklahoma	United States	08/20/2025	03/30/2026	false	false	
Un-Employed		Midwest City	Oklahoma	United States	03/31/2026	09/02/2026	false	false	Left my job at applebee's to focus on respiratory school, have since graduated respiratory school, passed my boards, and applied for a provisional license on 7/17/2026, have now withdrawn the provisional license application to apply for a full RCP license on 9/2/2026

Other Licenses

No other license records.

Application Checklist

Akira Page

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086927	**Applicant Name**	Akira Page
Application Status	Review Complete	**Applied Date**	08/19/2026
Temp License Issued	09/21/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Putnam City West High School	Oklahoma City	Oklahoma	United States	High School Diploma	08/01/2007	05/31/2011	
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/19/2024	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Un-Employed		Bethany	Oklahoma	United States	05/31/2011	02/12/2012	false	false	I graduated high school in may of 2011 and was a full time college student.
Sears	Cashier	Lawton	Oklahoma	United States	02/13/2012	08/10/2012	false	false	
Walgreens	Pharmacy Technician	Lawton	Oklahoma	United States	08/13/2012	04/12/2013	false	false	
Un-Employed		Bethany	Oklahoma	United States	04/11/2013	06/09/2013	false	false	I moved from Lawton Oklahoma to Bethany Oklahoma and started searching for a job.
University of Oklahoma Health Science Center	Senior Records Clerk	Oklahoma City	Oklahoma	United States	06/10/2013	11/13/2015	false	false	
Mercy Hospital	Health Information Service Technician	Oklahoma City	Oklahoma	United States	11/16/2015	04/17/2020	false	false	
University of Oklahoma Health Science Center	Senior Records Clerk	Oklahoma City	Oklahoma	United States	04/20/2020	12/10/2021	false	false	
Option One Infusion	Intake Coordinator and Medical Records Specialist	Oklahoma City	Oklahoma	United States	12/13/2021	06/16/2023	false	false	
Integris Medical Supply	Intake Coordinator	Oklahoma City	Oklahoma	United States	06/19/2023	08/01/2025	false	false	
Un-Employed		Bethany	Oklahoma	United States	08/04/2025	09/14/2025	false	false	I started the Rose state respiratory therapy program full time and started my search for a part time job as soon as the program started.

Rose State College	Federal Work Study - Office Assistant	Midwest City	Oklahoma	United States	09/15/2025	05/29/2026	false	false	
Rose State College	Office Assistant	Midwest City	Oklahoma	United States	06/01/2026	07/24/2026	false	false	
Un-Employed		Bethany	Oklahoma	United States	07/25/2026	08/12/2026	false	true	I graduated my RT program and I am currently waiting on application approval before I can start my new job.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Alivia Wiley

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086902	**Applicant Name**	Alivia Wiley
Application Status	Review Complete	**Applied Date**	08/19/2026
Temp License Issued	09/21/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Seminole State College	Seminole	Oklahoma	United States	No Degree	08/19/2022	05/19/2023	
Rose State College	Midwest CIty	Oklahoma	United States	Associate Degree	08/19/2023	07/21/2026	
Florida College	Temple Terrace	Florida	United States	No Degree	08/19/2024	12/19/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Dr Jaycee Vanhorn	Dental Hygenist Assistant	Oklahoma City	Oklahoma	United States	03/12/2025	07/19/2025	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Accepted

BREANNA PERKINS

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085993	**Applicant Name**	BREANNA PERKINS
Application Status	Review Complete	**Applied Date**	08/05/2026
Temp License Issued	08/31/2026	**Temp License Expires**	02/01/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	PURDY	Missouri	Unknown		08/01/2017	05/01/2021	
Other	PITTSBURG	Kansas	Unknown		08/01/2021	05/01/2023	
Other	JOPLIN	Missouri	Unknown		08/01/2024	05/01/2026	
MISSOURI SOUTHERN UNIVERSITY			United States	Associate Degree	08/19/2024	05/09/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Ascension	Respiratory therapist	Tulsa	Oklahoma	United States	06/01/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	provisional respiratory care practitioner	Active	08/26/2025	08/28/2026	08/20/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Caroline Garcia-Hernandez

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084644	**Applicant Name**	Caroline Garcia-Hernandez
Application Status	Review Complete	**Applied Date**	07/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Seward County Community College	Liberal	Kansas	United States	Associate Degree	01/15/2019	05/13/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Wesley Medical Center	Registered Respiratory Therapist	550 N Hillside St Main Entrance, Wichita Ks 67214	Kansas	United States	08/15/2020	07/15/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Kansas	Respiratory Therapist	Active	09/04/2020	03/31/2027	10/22/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

COREY REAGIN

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000084750	**Applicant Name**	COREY REAGIN
Application Status	Review Complete	**Applied Date**	07/20/2026
Temp License Issued	08/25/2026	**Temp License Expires**	02/01/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	BAXLEY	Georgia	Unknown		08/01/2008	05/01/2012	
Other	DOUGLAS	Georgia	Unknown		08/01/2012	07/01/2013	
Other	PHOENIXVILLE	Pennsylvania	Unknown		08/01/2013	05/01/2014	
Other	JOPLIN	Missouri	Unknown		08/01/2020	07/01/2021	
Other	JOPLIN	Missouri	Unknown	Associate Degree	08/01/2024	05/01/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Ascension St. John	Respiratory Care Intern	Tulsa	Oklahoma	United States	07/14/2025	07/20/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Missouri	Respiratory Temporary Educational Permit	Active	05/12/2025	11/30/2026	08/20/2026	
Oklahoma	PR	Active	08/26/2025	08/28/2026	08/20/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Cory Clark

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087266	**Applicant Name**	Cory Clark
Application Status	Review Complete	**Applied Date**	08/25/2026
Temp License Issued	10/16/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Sanford Brown College	Hazelwood	Missouri	United States	Associate Degree	08/10/1998	10/15/1999	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
St Anthony's Medical Center	Respiratory Therapist	St. Louis	Missouri	United States	08/11/1998	11/20/2001	false	false	
TELECOMMUNICATIONS	BILL COLLECTOR	ATLANTA	Georgia	United States	12/01/2001	03/01/2002	false	false	
NONE	STAY AT HOME PARENT	VANDALIA	Missouri	United States	03/01/2002	08/01/2002	false	false	
BOONE HOSPITAL	RESPIRATORY	COLUMBIA	Missouri	United States	09/01/2002	07/01/2003	false	false	
ST.ANTHONY'S MEDICAL CENTER	RESPIRATORY	ST.LOUIS	Missouri	United States	07/01/2003	05/01/2005	false	false	
CJW Medical Center	Respiratory therapist	Richmond	Virginia	United States	05/16/2005	03/20/2009	false	false	
Cook Children’s Medical Center	Respiratory Therapist	Fort Worth	Texas	United States	03/31/2009	09/09/2024	false	false	
Lifegift	Donation Clinical Specialist	Fort Worth	Texas	United States	09/09/2024	11/21/2025	false	false	
Cook Children’s Medical Center	Respiratory Therapist	Fort Worth	Texas	United States	05/12/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Missouri	Respiratory Care Practitioner	Inactive	09/09/2002	07/31/2006	10/16/2026	
Virginia	Respiratory Therapist	Inactive	04/13/2005	06/30/2009	10/16/2026	
Texas	Respiratory Therapist	Active	01/30/2008	05/31/2027	10/08/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified

Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Verified

Hali Schwarz

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089580	**Applicant Name**	Hali Schwarz
Application Status	Review Complete	**Applied Date**	09/21/2026
Temp License Issued	10/05/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/21/2023	07/24/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Not Applicable
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Ingrid Hodges

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085974	**Applicant Name**	Ingrid Hodges
Application Status	Review Complete	**Applied Date**	08/05/2026
Temp License Issued	10/08/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/18/2025	07/22/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Isco Timeshare	Customer Service Rep.	Ft. Lauderdale	Florida	United States	01/03/1996	01/03/1997	false	false	
Global Health Claim Services	Administrative Assistant	Miami	Florida	United States	01/04/1997	01/02/1999	false	false	
Olympus Managed Health Care	Executive Administrative Assistant	Brickell	Florida	United States	01/01/1999	01/01/2003	false	false	
PsychSolutions, Inc.	Human Resources Coordinator	Coral Gables	Florida	United States	01/01/2003	01/01/2008	false	false	
University of Miami	Human Resources Specialist	Miami	Florida	United States	01/01/2008	01/01/2013	false	false	
Un-Employed	Personal Trainer	Oklahoma City	Oklahoma	United States	01/01/2013	08/07/2026	false	false	Began traveling with my husband for his job. Moved from Florida to Kansas City,MO, and finally to Oklahoma City.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Jadyn Hicks

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087408	**Applicant Name**	Jadyn Hicks
Application Status	Review Complete	**Applied Date**	08/27/2026
Temp License Issued	10/13/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/13/2024	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Starbucks	Barista	Shawnee	Oklahoma		10/20/2021	09/20/2026	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Jahaziel Miranda

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087240	**Applicant Name**	Jahaziel Miranda
Application Status	Review Complete	**Applied Date**	08/25/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
ATI	Dallas	Texas	United States	Associate Degree	08/08/2007	05/10/2009	
EASTFIELD COLLEGE	DALLAS	Texas	United States		08/01/2009	05/30/2010	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
COLLEGE STATION MEDICAL CENTER	RESP	COLLEGE STATION	Texas	United States	05/01/2010	05/30/2011	false	false	
Centene	Respiratory Therapist	Dallas	Texas	United States	11/20/2010	08/25/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Respiratory Care Practictiones	Active	03/10/2010	11/30/2027	10/08/2026	
Indiana	Respiratory Care Practictiones	Active	01/19/2023	12/31/2026	10/08/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Accepted

Joshua Cavazos

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085896	**Applicant Name**	Joshua Cavazos
Application Status	Review Complete	**Applied Date**	08/04/2026
Temp License Issued	09/14/2026	**Temp License Expires**	02/01/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
nmjc	hobbs	New Mexico	United States	No Degree	08/19/1999	05/25/2001	
rose state college	midwest city	Oklahoma	United States	Associate Degree	08/21/2024	07/23/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Karley Appleby

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087499	**Applicant Name**	Karley Appleby
Application Status	Review Complete	**Applied Date**	08/28/2026
Temp License Issued	10/16/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Katy High School	Katy	Texas	United States	High School Diploma	08/24/2015	05/27/2018	
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/30/2023	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Lids	Part Time Sales Associate	Katy	Texas	United States	08/14/2017	07/15/2019	false	false	
Aviano Youth Programs	Child & Youth Program Assistant	Aviano		United States	07/22/2019	05/16/2022	false	false	
Tinker Youth Center	Child & Youth Program Assistant	Oklahoma City	Oklahoma	United States	05/16/2022	04/10/2023	false	false	
Life time	Kids Supervisor	Oklahoma City	Oklahoma	United States	04/10/2023	12/08/2025	false	false	
GNC	Part time sales associate	oklahoma city	Oklahoma	United States	10/21/2024		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Not Applicable

KHUSHI PATEL

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086244	**Applicant Name**	KHUSHI PATEL
Application Status	Review Complete	**Applied Date**	08/09/2026
Temp License Issued	08/28/2026	**Temp License Expires**	02/01/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tulsa Community College	TULSA	Oklahoma	United States	Associate Degree	08/01/2022	05/12/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Hillcrest Hospital South	Respiratory Therapist	Tulsa	Oklahoma		12/15/2025		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

KIRBY VAN HAREN

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087273	**Applicant Name**	KIRBY VAN HAREN
Application Status	Review Complete	**Applied Date**	08/25/2026
Temp License Issued	09/21/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Moss Public School	Horntown	Oklahoma	United States	High School Diploma	08/19/2019	05/12/2023	
Seminole State College	Seminole	Oklahoma	United States	Associate Degree	08/15/2022	05/02/2025	
Northwestern Oklahoma State University	Alva	Oklahoma	United States	Bachelor's Degree	08/12/2024	05/13/2026	
Other	MIDWEST CITY	Oklahoma	Unknown		08/01/2025	07/01/2026	
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/18/2025	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Lori Venable	Respiratory therapist	700 NE 13th st	Oklahoma	United States	08/03/2026	08/31/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Provisional Respiratory care practitioner	Active	03/30/2026	09/30/2026	09/17/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Received
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

LORELEI YARBROUGH

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087124	**Applicant Name**	LORELEI YARBROUGH
Application Status	Review Complete	**Applied Date**	08/23/2026
Temp License Issued	10/12/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	SHAWNEE	Oklahoma	Unknown		08/01/2017	05/01/2021	
ROSE STATE COLLEGE	MIDWEST CITY	Oklahoma	United States	Associate Degree	08/18/2021	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
OU Medical Center	Respiratory Therapist Provisional	Oklahoma City	Oklahoma	United States	08/17/2026	08/23/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Provisional Respiratory Care Practitioner	Active	08/05/2026	03/31/2027	10/08/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

MAYCEE MCDOWELL

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087906	**Applicant Name**	MAYCEE MCDOWELL
Application Status	Review Complete	**Applied Date**	09/01/2026
Temp License Issued	09/10/2026	**Temp License Expires**	02/01/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northern Oklahoma College	Enid	Oklahoma	United States	Associate Degree	08/14/2024	07/09/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Jeff Brooks	Assistant Teacher	Enid	Oklahoma	United States	08/28/2022	01/01/2026	false	false	
Un-Employed		Enid	Oklahoma	United States	01/02/2026	02/16/2026	false	false	Focusing on school and working on getting my PRT licensure.
Stillwater Medical Center	Provisional RT	Enid	Oklahoma	United States	02/17/2026	08/31/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Provisional RT	Inactive	02/17/2026	08/31/2026	09/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Miranda Rios

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000083901	**Applicant Name**	Miranda Rios
Application Status	Review Complete	**Applied Date**	07/07/2026
Temp License Issued	09/17/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/18/2025	07/25/2026	

Employment

No employment records.

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Unarmed private security gaurd		09/24/2020			
Oklahoma	Emergency Medical Responder		11/02/2020			
Oklahoma	Emergency Medical Technician		06/15/2021			
Oklahoma	Advance Emergency Medical Technician		06/28/2023			

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Pending
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Moriamoh Iyanda

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087236	**Applicant Name**	Moriamoh Iyanda
Application Status	Review Complete	**Applied Date**	08/25/2026
Temp License Issued	10/02/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Francis Tuttle Technology Center	oklahoma	Oklahoma	United States	Associate Degree	06/02/2025	05/15/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

RICKY OLGUIN

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000086846	**Applicant Name**	RICKY OLGUIN
Application Status	Review Complete	**Applied Date**	08/21/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
SEWARD COUNTY COMMUNITY COLLEGE	LIBERAL	Kansas	Unknown	Associate Degree	01/01/2025	07/01/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Memorial Hospital of Texas County	PR	Guymon	Oklahoma	United States	02/09/2026		true	false	
OU Health	Respiratory Therapist	Oklahoma City	Oklahoma	United States	08/10/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	PR	Active	02/17/2026	02/28/2027	10/23/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Sabrina Nguyen

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000087115	**Applicant Name**	Sabrina Nguyen
Application Status	Review Complete	**Applied Date**	08/22/2026
Temp License Issued	10/21/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University Of Oklahoma	Norman	Oklahoma	United States	Bachelor's Degree	08/13/2018	05/13/2022	
University of Oklahoma	Norman	Oklahoma	United States	Bachelor's Degree	08/13/2018	05/13/2022	
Tulsa Community College	Tulsa	Oklahoma	United States	Associate Degree	08/12/2024	05/08/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Arrow Eye Care	Technician	Broken Arrow	Oklahoma	United States	07/01/2022	06/28/2024	false	false	
Tulsa Glaucoma Specialist	Glaucoma technician	Tulsa	Oklahoma	United States	07/01/2024		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Sean Fuller

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000085984	**Applicant Name**	Sean Fuller
Application Status	Review Complete	**Applied Date**	08/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northwest Arkansas Community College	Bentonville	Arkansas	United States	Associate Degree	01/14/2023	05/10/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Northwest Medical Center	Respiratory Therapist	Springdale	Arkansas	United States	06/10/2024	08/05/2026	true	false	
Mercy Hospital	Respiratory Therapist	Rogers	Arkansas	United States	02/16/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	Respiratory Care Practitioner	Active	06/13/2024	02/28/2027	10/22/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Verified
Extended Background Check	Verified
NPDB	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Sydnee Wood

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000088892	**Applicant Name**	Sydnee Wood
Application Status	Review Complete	**Applied Date**	09/10/2026
Temp License Issued	10/21/2026	**Temp License Expires**	03/12/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northeastern State University	Tahlequah	Oklahoma	United States	Bachelor's Degree	08/10/2020	05/12/2023	
Rose State College	Midwest City	Oklahoma	United States	Associate Degree	08/18/2025	07/23/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Un-Employed		Wilburton	Oklahoma	United States	08/08/2019	03/20/2020	false	false	Student athlete at Eastern Oklahoma State College
Sarah Faudre	Babysitter	Clayton	Oklahoma	United States	02/24/2020	07/31/2020	false	false	
Red Moon	Hostess	Tahlequah	Oklahoma	United States	02/02/2021	05/13/2021	false	false	
B&B Construction	Assistant Secretary	Clayton	Oklahoma	United States	05/17/2021	07/30/2021	false	false	
Un-Employed		Tahlequah	Oklahoma	United States	08/09/2021	05/13/2022	false	false	Student at Northeastern State University
B&B Construction	Office Assistant	Clayton	Oklahoma	United States	05/17/2022	07/29/2022	false	false	
Un-Employed		Tahlequah	Oklahoma		08/15/2022	05/26/2023	false	false	Student at Northeastern State University
Circle 7 General Store	Cashier/Kitchen Staff	Clayton	Oklahoma		10/02/2023	01/14/2026	false	false	
Pushmataha Hospital	Phlebotomist	Antlers	Oklahoma		11/02/2023	06/07/2025	false	false	
Un-Employed		Oklahoma City	Oklahoma		01/15/2026	07/23/2026	false	true	Student at Rose State College

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Extended Background Check	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Zoe Haigler

General Information

Application	Respiratory Care Practitioner	**Application Type**	Initial
Application Number	IA-0000089655	**Applicant Name**	Zoe Haigler
Application Status	Review Complete	**Applied Date**	09/21/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Laurel Technical Institute	Sharon	Pennsylvania	United States	Associate Degree	08/15/2016	09/21/2018	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Cleveland Clinic	RRT	cleveland	Ohio	United States	04/24/2018		true	false	
Ohio State University	RRT	Columbus	Ohio	United States	02/02/2022	11/30/2022	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Ohio	PR	Inactive	02/15/2018	06/30/2019	10/28/2026	
Ohio	Respiratory Therapist	Active	01/09/2019	06/30/2028	10/28/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
National Board of Respiratory Care (NBRC)	Verified
Other Licenses	Pending
Extended Background Check	Verified
NPDB	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Accepted

Amended: November 1, 2024

STATE OF OKLAHOMA
RESPIRATORY CARE PRACTICE ACT
TITLE 59 O.S., SECTION 2026 - 2045

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Section 2026. Short title

This act shall be known and may be cited as the "Respiratory Care Practice Act".

Added by Laws 1995, c. 171, § 1, eff. November 1, 1995.

Section 2027. Definitions

As used in the Respiratory Care Practice Act:

1. "Board" means the State Board of Medical Licensure and Supervision;

2. "Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall also include the terms "inhalation therapy" and "respiratory therapy". The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment;

3. "Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the State Department of Health;

4. "Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care;

5. "Respiratory therapist" means an individual who has graduated from a respiratory therapist program that is accredited by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

Added by Laws 1995, c. 171, § 2, eff. November 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 1, eff. November 1, 2013.

Section 2028. Respiratory Care Advisory Committee - Members - Qualifications - Terms - Vacancies - Removal

A. 1. There is hereby created a Respiratory Care Advisory Committee within the State Board of Medical Licensure and Supervision, hereinafter referred to as the Committee, to assist in administering the provisions of the Respiratory Care Practice Act. The Committee shall consist of nine (9) members, appointed as follows:

a. one member shall be a physician appointed by the Board from its membership,

b. one member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board,

c. one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership,

d. one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners, and

e. five members shall be licensed respiratory care practitioners appointed by the Board from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

2. Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

3. The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed to the Committee. These initial members shall, at the time of appointment, be credentialed as a Registered Respiratory Therapist (RRT) or current equivalent credential as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

B. Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995, and shall continue for the following periods: two physicians and two respiratory care practitioners for a period of three (3) years; and two physicians and three respiratory care practitioners for a period of four (4) years. Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of subsection C of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.

C. Upon expiration or vacancy of the term of a member, the respective nominating

authority may, as appropriate, submit to the appointing Board a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing Board, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision.

D. The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for incompetency, or for unethical or dishonorable conduct.

Added by Laws 1995, c. 171, § 3, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 2, eff. November 1, 2013.

Section 2029. Respiratory Care Advisory Committee - Meetings - Officers - Quorum - Duties

A. The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

B. A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

C. The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 4, eff. Nov. 1, 1995.

Section 2030. Duties of State Board of Medical Licensure and Supervision

The State Board of Medical Licensure and Supervision shall:

1. Examine, license and renew the licenses of duly qualified applicants;

2. Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence, and the date and number of the license;

3. Cause the prosecution of all persons violating the Respiratory Care Practice Act and incur necessary expenses therefor;

4. Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable business hours;

5. Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license; and

6. Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, type and cause of action, date and penalty incurred, and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

Added by Laws 1995, c. 171, § 5, eff. Nov. 1, 1995.

Section 2031. Powers of State Board of Medical Licensure and Supervision - Rules

The State Board of Medical Licensure and Supervision may:

1. Promulgate rules, consistent with the laws of this state, as may be necessary to enforce the provisions of the Respiratory Care Practice Act. Rules shall be promulgated in accordance with Article I of the Administrative Procedures Act;

2. Employ such personnel as necessary to assist the Board in performing its function;

3. Establish license renewal requirements and procedures as deemed appropriate;

4. Secure the services of resource consultants as deemed necessary by the Board. Resource consultants shall be reimbursed for all actual and necessary expenses incurred while engaged in consultative service to the Board, pursuant to the State Travel Reimbursement Act;

5. Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading or reporting the results of licensing examinations. Such groups shall be capable of providing an examination which:

a. meets the standards of the National Commission for Health Certifying Agencies, or their equivalent,

b. is able to be validated, and

c. is nationally recognized as testing respiratory care competencies; and

6. Establish by rule license examination fees.

Added by Laws 1995, c. 171, § 6, eff. Nov. 1, 1995.

Section 2032. Reimbursement of expenses - Protection from liability

A. Members of the State Board of Medical Licensure and Supervision and members of the Respiratory Care Advisory Committee shall be reimbursed for all actual and necessary expenses incurred while engaged in the discharge of official duties pursuant to this act in accordance with the State Travel Reimbursement Act.

B. Members of the Board and Committee shall enjoy the same rights of protection from personal liability as those enjoyed by other employees of the state for actions taken while acting under the provisions of the Respiratory Care Practice Act and in the course of their duties.

Added by Laws 1995, c. 171, § 7, eff. Nov. 1, 1995.

Section 2033. License - Examination - License by endorsement

A. The applicant, except where otherwise defined in the Respiratory Care Practice Act, shall be required to pass an examination, whereupon the State Board of Medical Licensure and Supervision may issue to the applicant a license to practice respiratory care. The Board is authorized to provide for the examination of applicants or to facilitate verification of any applicant's claim that the applicant has successfully completed the required examination for national credentialing as a respiratory care practitioner.

B. The Board may issue a license to practice respiratory care by endorsement to:

1. An applicant who is currently licensed to practice respiratory care under the laws of another state, territory or country if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state;

2. Applicants holding credentials as a respiratory therapist conferred by the National Board for Respiratory Care (NBRC) or its successor organization as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision, provided such credentials have not been suspended or revoked; and

3. Applicants applying under the conditions of this section who certify under oath that their credentials have not been suspended or revoked.

Added by Laws 1995, c. 171, § 8, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2034. Provisional license

A. The State Board of Medical Licensure and Supervision may issue, upon payment of a fee established by the Board, a provisional license to practice respiratory care for a period of six (6) months under supervision of a consenting licensed respiratory care practitioner or consenting licensed physician. A provisional license may be issued to a person licensed in another state, territory or country who does not qualify for a license by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board. Provided, the applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country. A provisional license may be issued also to a graduate of a respiratory care education program, approved by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision., who has applied to take the license examination and otherwise meets the qualifications of the Board.

B. A currently enrolled student may receive a provisional license as set out by the rules of the Board.

C. Provisional licenses may be renewed at the discretion of the Board for additional six-month periods.

Added by Laws 1995, c. 171, § 9, eff. Nov. 1, 1995.

Section 2034.1. Temporary Critical Need Licenses

The State Board of Medical Licensure and Supervision may issue temporary critical need licenses for respiratory care practitioners under Section 1 of this act. (See: Title 59 O.S. Sec. 6011)

Section 2035. License - Applicants who have not passed CRTT or RRT examination

A. The State Board of Medical Licensure and Supervision may issue a license to practice respiratory care, upon payment of a fee of Seventy-five Dollars ($75.00), to persons who have

qualified pursuant to Section 2033 of this act.

B. 1. Other applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in a full time capacity for a period of more than twenty-four (24) months prior to the effective date of this act may, at the discretion of the Board, be issued a license to practice respiratory care upon payment of a fee of Seventy-five Dollars ($75.00). Provided, such applicant must demonstrate through written evidence verified under oath and certified to by the employing health care facility that applicant has in fact been employed in such capacity for more than twenty-four (24) months preceding the effective date of this act.

2. All other applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate as required by rules of the Board that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of this act. Such applicants must pass an entry level examination administered by the Board during the thirty-six-month period in order to be issued a license to practice respiratory care. The fee for a special provisional license shall be Seventy-five Dollars ($75.00).

Added by Laws 1995, c. 171, § 10, eff. Nov. 1, 1995.

Section 2036. Use of title permitted - Presentation of license

A. A person holding a license to practice respiratory care in this state may use the title "respiratory care practitioner" and the abbreviation "R.C.P."

B. A licensee shall present this license when requested.

Added by Laws 1995, c. 171, § 11, eff. Nov. 1, 1995.

Section 2037. Renewal of license - Lapse and reinstatement - Inactive status - Continuing education requirements

A. Except as otherwise provided in the Respiratory Care Practice Act, a license shall be renewed biennially. The State Board of Medical Licensure and Supervision shall mail notices at least thirty (30) calendar days prior to expiration for renewal of licenses to every person to whom a license was issued or renewed during the preceding renewal period. The licensee shall complete the notice of renewal and return it to the Board with the renewal fee of Seventy-five Dollars ($75.00) before the date of expiration.

B. Upon receipt of the notice of renewal and the fee, the Board shall verify its contents and shall issue the licensee a license for the current renewal period, which shall be valid for the period stated thereon.

C. A licensee who allows the license to lapse by failing to renew it may be reinstated by the Board upon payment of the renewal fee and reinstatement fee of One Hundred Dollars ($100.00); provided, that such request for reinstatement is received within thirty (30) days of the

end of the renewal period.

D. 1. A licensed respiratory care practitioner who does not intend to engage in the practice of respiratory care shall send a written notice to that effect to the Board and is not required to submit a notice of renewal and pay the renewal fee as long as the practitioner remains inactive. Upon desiring to resume the practice of respiratory care, the practitioner shall notify the Board in writing of this intent and shall satisfy the current requirements of the Board in addition to submitting a notice of renewal and remitting the renewal fee for the current renewal period and the reinstatement fee.

2. Rules of the Board shall provide for a specific period of time of continuous inactivity after which retesting is required.

E. The Board is authorized to establish by rule fees for replacement and duplicate licenses.

F. The Board shall by rule prescribe continuing education requirements, not to exceed twelve (12) clock hours biennially, as a condition for renewal of license. The program criteria with respect thereto shall be approved by the Board.

Added by Laws 1995, c. 171, § 12, eff. Nov. 1, 1995.

Section 2038. Deposit of fees - Appropriation to pay expenses

Fees received by the State Board of Medical Licensure and Supervision and any other monies collected pursuant to the Respiratory Care Practice Act shall be deposited with the State Treasurer who shall place the same in the regular depository fund of the Board. Said deposit, less the ten percent (10%) gross fees paid into the General Revenue Fund, is hereby appropriated and shall be used to pay expenses incurred pursuant to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 13, eff. Nov. 1, 1995.

Section 2039. Where respiratory practice may be performed

The practice of respiratory care may be performed in any clinic, physician's office, hospital, nursing facility, private dwelling or other place in accordance with the prescription or verbal order of a physician, and shall be performed under the supervision of a qualified medical director or physician licensed to practice medicine or surgery in this state.

Added by Laws 1995, c. 171, § 14, eff. Nov. 1, 1995.

Section 2040. Revocation, suspension or refusal to renew license - Probation, reprimand or denial of license

The State Board of Medical Licensure and Supervision may revoke, suspend or refuse to renew any license or place on probation, or otherwise reprimand a licensee or deny a license to an applicant if it finds that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice respiratory care;

2. Is unfit or incompetent by reason of negligence, habits, or other causes of incompetency;

3. Is habitually intemperate in the use of alcoholic beverages;

4. Is addicted to, or has improperly obtained, possessed, used or distributed habit-forming drugs or narcotics;

5. Is guilty of dishonest or unethical conduct;

6. Has practiced respiratory care after the license has expired or has been suspended;

7. Has practiced respiratory care under cover of any license illegally or fraudulently obtained or issued;

8. Has violated or aided or abetted others in violation of any provision of the Respiratory Care Practice Act;

9. Has been guilty of unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board; or

10. Is guilty of the unauthorized practice of medicine.

Added by Laws 1995, c. 171, § 15, eff. Nov. 1, 1995.

Section 2041. Investigation of complaints - Notice of hearing - Subpoenas - Publication of names and addresses of suspended, etc. practitioners

A. Upon filing of a written complaint with the State Board of Medical Licensure and Supervision, charging a person with any of the acts described in Section 2040 of this act, the authorized employee of the Board may make an investigation. If the Board finds reasonable grounds for the complaint, a time and place for a hearing shall be set, notice of which shall be served on the licensee, or applicant at least fifteen (15) calendar days prior thereto. The notice shall be by personal service or by certified or registered mail sent to the last-known address of the person.

B. The Board or its designee may issue subpoenas for the attendance of witnesses and the production of necessary evidence on any investigation or hearing before it. Upon request of the respondent or the respondent's counsel, the Board may issue subpoenas on behalf of the respondent.

C. Unless otherwise provided in the Respiratory Care Practice Act, hearing procedures shall be conducted in accordance with, and a person who feels aggrieved by a decision of the Board may make an appeal pursuant to, Article II of the Administrative Procedures Act.

D. If found to be guilty as charged, the practitioner shall pay for all costs incurred by the Board.

E. The Board shall make public on a case-by-case basis the names and addresses of persons whose licenses have been denied, surrendered, revoked, suspended or who have been denied renewal of their licenses, and persons who have been practicing respiratory care in violation of the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 16, eff. Nov. 1, 1995.

Section 2042. Practice of respiratory care without license prohibited - Exceptions - Practices of other health care personnel not to be limited - Performance of specific functions qualified by examination not prohibited

A. No person shall practice respiratory care or represent themselves to be a respiratory care practitioner unless licensed under the Respiratory Care Practice Act, except as otherwise provided by the Respiratory Care Practice Act.

B. The Respiratory Care Practice Act does not prohibit:

1. The practice of respiratory care which is an integral part of the program of study by students enrolled in a respiratory care education program recognized by the State Board of Medical Licensure and Supervision. Students enrolled in respiratory therapy education programs shall be identified as "student -RCP" and shall only provide respiratory care under clinical supervision;

2. Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold out to be a respiratory care practitioner;

3. Monitoring, installation or delivery of medical devices, gases and equipment and the maintenance thereof by a nonlicensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member;

4. Respiratory care services rendered in the course of an emergency;

5. Persons in the military services or working in federal facilities from rendering respiratory care services when functioning in the course of their assigned duties;

6. The respiratory care practitioner from performing advances in the art and techniques of respiratory care learned through formalized or specialized training; and

7. For purposes of continuing education, consulting, or training, any person performing respiratory care in the state, if these services are performed for no more than thirty (30) days in a calendar year in association with a respiratory care practitioner licensed pursuant to the Respiratory Care Practice Act or in association with a licensed physician or surgeon, if:

   a. the person is licensed as a respiratory care practitioner or the equivalent, as determined by the State Board of Medical Licensure and Supervision, in good standing in another state or the District of Columbia, or

   b. the person holds a professional respiratory care credential as conferred by the National Board for Respiratory Care of its successor or equivalent accrediting agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

C. Nothing in the Respiratory Care Practice Act shall limit, preclude, or otherwise interfere with the lawful practices of persons working under the supervision of the responsible physician. In addition, nothing in the Respiratory Care Practice Act shall interfere with the practices of health care personnel who are formally trained and licensed by appropriate agencies of this state.

D. An individual who, by passing an examination which includes content in one or more of the functions included in the Respiratory Care Practice Act, and who has passed an examination that meets the standards of the National Commission for Health Certifying Agencies (NCHCA) or an equivalent organization, shall not be prohibited from performing the procedures for which they were tested. An individual who has demonstrated competency in one or more areas covered by the Respiratory Care Practice Act may perform only those functions for which the individual is qualified by examination to perform. The standards of the National Commission for Health Certifying Agencies shall serve to evaluate those examinations and examining organizations.

E. Practitioners regulated under the Respiratory Care Practice Act shall be covered under the "Good Samaritan Act", Section 5 et seq. of Title 76 of the Oklahoma Statutes.

Added by Laws 1995, c. 171, § 17, eff. Nov. 1, 1995 ; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2043. Acts not to be construed to permit practice of medicine

Nothing in the Respiratory Care Practice Act shall be construed to permit the practice of medicine.

Added by Laws 1995, c. 171, § 18, eff. Nov. 1, 1995.

Section 2044. Misdemeanor violations - Penalties

A. It is a misdemeanor for any person to:

1. Sell, fraudulently obtain or furnish any respiratory care license or record, or aid or abet therein;

2. Practice respiratory care under cover of any respiratory care diploma, license or record illegally or fraudulently obtained or issued;

3. Practice respiratory care unless duly licensed to do so under the provisions of the Respiratory Care Practice Act;

4. Impersonate in any manner or pretend to be a respiratory care practitioner or use the title "respiratory care practitioner", the letters "R.C.P.", or other words, letters, signs, symbols or devices to indicate the person using them is a licensed respiratory care practitioner, unless duly authorized by license to perform under the provisions of the Respiratory Care Practice Act;

5. Practice respiratory care during the time a license is suspended, revoked or expired;

6. Fail to notify the State Board of Medical Licensure and Supervision of the suspension, probation, or revocation of any past or currently held licenses, certifications, or registrations required to practice respiratory care in this or any other jurisdiction;

7. Knowingly employ unlicensed persons in the practice of respiratory care in the capacity of a respiratory care practitioner;

8. Make false representations or impersonate or act as a proxy for another person or allow or aid any person or impersonate the person in connection with any examination or application for licensing or request to be examined or licensed; or

9. Otherwise violate any provisions of the Respiratory Care Practice Act.

B. Such misdemeanor shall be punishable by a fine of not more than One Thousand Dollars ($1.000.00) or by imprisonment for not more than six (6) months, or by both such fine and imprisonment for each offense.

Added by Laws 1995, c. 171, § 19, eff. Nov. 1, 1995.

Section 2045. Use of other earned professional designations or credentials

A. Nothing contained in the Respiratory Care Practice Act shall preclude a respiratory care

practitioner, a respiratory therapist, or a respiratory therapy technician exempt from being licensed under the Respiratory Care Practice Act or a provisional license holder from using or displaying earned professional designations or credentials including, but not limited to, CRTT, RRT, CPFT, and RPFT. However, a respiratory care practitioner may use and display the designation Respiratory Care Practitioner or RCP in conjunction with the use or display of any such other earned professional designation or credentials.

B. A provisional or special provisional license holder shall not use or display the designation Respiratory Care Practitioner or RCP but may use or display any earned professional designations or credentials.

Added by Laws 1995, c. 171, § 20, eff. Nov. 1, 1995.

Amended 8/26/2010

*OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 45. RESPIRATORY CARE PRACTITIONER

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*This is an unofficial copy of Chapter 45 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

Section

435:45-1-1. Purpose
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435:45-1-1. Purpose

The rules of this Chapter have been adopted to implement the provisions of the Respiratory Care Practice Act and to establish the organization and procedural framework of the agency, the Advisory Committee and the Board of Medical Licensure and Supervision; to establish procedures for examination, credential review, licensure, regulation and discipline of the profession of respiratory care.

[**Source:** Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-1-2. Definitions

In addition to terms defined in §2027 of Title 59 of the Oklahoma Statutes, the following words and terms when used in this Chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Accredited training and education program" means a respiratory technician or respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Board" means the State Board of Medical Licensure and Supervision.

"Committee" means the Respiratory Care Advisory Committee.

"Direct supervision" means direct clinical on-site supervision that is personal management and control of the clinical practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect during the licensure application process or until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor delineates the specific tasks and duties to be performed and is on the premises, readily available to respond and provide direct clinical supervision sufficient to assure that the provisional license holder is practicing under the direction of an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician.

"Formally trained/licensed" means a person who has documented evidence of professional education/training in respiratory care modalities, theory, and clinical application which shall be conducted via an accredited educational program recognized by the Respiratory Therapy Advisory Committee and the Board of Medical Licensure and Supervision as providing expertise in respiratory care training. Those individuals requesting practice privileges pursuant to the provisions of the Respiratory Care Practice Act shall have evidence by written examination of their competency and the scope of their privileges shall be determined by the evidence of their

competency testing.

"Full time practice" means greater than 1,000 hours a year.

"General supervision" means the responsible supervision and control of the practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor is regularly and routinely on-site. When not on-site, the Form #5 supervisor is on call and readily available physically or through direct telecommunication for consultation. The student or provisional/special provisional license holder will respond to acute changes in the patient's physiological state and report these findings promptly to the supervisor on duty.

"Graduate" means a non-licensed person who has completed a respiratory technician or respiratory therapist education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, pursuant to a provisional license issued under the regulations of this Chapter.

"Licensing period" means the two-year period from the date of original issuance of a license to an applicant.

"Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board of Medical Licensure and Supervision or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment.

"Provisional license holder" means:

(A) a person who is engaged in the practice of respiratory care for remuneration while enrolled in an accredited respiratory technician or respiratory therapist training and education program, pursuant to a provisional license;

(B) a graduate of a respiratory technician or respiratory therapist education program, accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, who has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision;

(C) a person licensed in another state, territory or country who does not qualify for a license

by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision. Such applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country.

"Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the Oklahoma State Department of Health.

"Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care.

"Respiratory care protocols" means a predetermined, written medical care plan approved by the physician and includes standing orders. Standing orders are defined responses to specific clinical situations.

"Respiratory therapist" means an individual who has graduated from a respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Respiratory therapy technician" means an individual who has graduated from a respiratory therapy technician program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organizations.

"Special provisional license holder" means all other applicants who have not passed the examination for Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT); have been in the full time practice of respiratory care for a period of less than twenty-four (24) months; and through written evidence verified by oath, demonstrate that they are currently functioning in the capacity
of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq. Such applicants must pass an entry level examination administered by the National Board of Respiratory Care during the thirty-six-month period in order to be issued a license to practice respiratory care.

"Standing order" means a defined response to a specific clinical situation.

"Student" means a person enrolled in an accredited respiratory technician or respiratory therapist training and education program and who receives no remuneration for respiratory care services performed as part of an accredited respiratory technician or respiratory therapist program. This person needs no provisional/special provisional license.

"Supervision" means direction and control of students and provisional license holders in the practice of respiratory care. The supervisor(s)indicated on the Form #5, Verification of Supervision, remain(s) responsible for the respiratory care given and is on the premises and on duty during all hours worked by the student or provisional license holder.

"Supervision of student holding provisional licenses" means the supervision of each student holding a provisional license. The Board of Medical Licensure and Supervision will send each student holding a provisional license a letter which includes a task list of procedures the student may perform. Prior to initially engaging in any clinical assignments and upon any

modification of the task list, a student provisional license holder must present the letter to his or her employer. The individual(s) who sign(s) as the supervisor of the student provisional license holder on Form #5 will also receive a copy of the letter indicating the tasks the student is able to perform when working as an employee.

"Supervisor" means an Oklahoma licensed respiratory care practitioner or an Oklahoma licensed physician who is on the premises and on duty at any time the student or provisional license holder is on duty. The Supervisor is responsible for respiratory care given by the student or provisional license holder.

[**Source:** Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 1221, eff 2-26-96 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3950, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 20 Ok Reg 984, eff 5-21-03]

435:45-1-3. Terms of members - removal from Committee

(a) The Respiratory Care Advisory Committee shall consist of nine (9) members, appointed as follows:

(1) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from its membership;

(2) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board;

(3) one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership;

(4) one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners; and

(5) five members shall be licensed respiratory care practitioners appointed by the State Board of Medical Licensure and Supervision from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

(b) Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

(c) The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed by the Committee. These initial members shall, at the time of appointment, be credentialed as a Certified Respiratory Therapy Technician (CRTT) or a Registered Respiratory Therapist (RRT), conferred by the National Board for Respiratory Care (NBRC) or its successor organization, and all shall fulfill the requirements for licensure pursuant to 59 O.S., Sections 2026 et seq.

(d) Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995 and shall continue

for the following periods:

(1) two physicians and two respiratory care practitioners for a period of three (3) years;

(2) two physicians and three respiratory care practitioners for a period of four (4) years.

(e) Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.

(f) Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing authority, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision or State Board of Osteopathic Examiners.

(g) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for failure to attend at least 50% of the regularly scheduled meetings in a calendar year, for incompetency, or for unethical or dishonorable conduct.

[**Source:** Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 14 Ok Reg 2033, eff 5-26-98]

435:45-1-4. Method of operations

(a) **Committee meetings - quorum - advise Board.**

(1) The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

(2) A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

(3) The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq.

(b) **Transaction of official business.** The State Board of Medical Licensure and Supervision shall:

(1) Examine, license and renew the licenses of duly qualified applicants. To assist in the process the Board shall:

(A) Contract with the National Board of Respiratory Care for the use of the "entry-level" respiratory care examination. The fees for examination shall be determined by the National Board of Respiratory Care.

(B) Consider recommendations of the Respiratory Care Advisory Committee who will review applications and submit recommendations to the Board.

(C) Renew licenses biennially from the date of issuance.

(2) Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence and the date and number of the license.

(3) Cause the prosecution of all persons violating 59 O.S., Section 2026 et seq. and incur necessary expenses thereof. The Respiratory Care Advisory Committee shall assist the Board as directed.

(4) Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable hours.

(5) Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license. The Respiratory Care Advisory Committee shall assist the Board as directed in conducting necessary hearings and investigations.

(6) Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, social security number, type and cause of action, date and penalty incurred and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

[**Source:** Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

Section

435:45-3-1. Application procedures
435:45-3-2. Required documentation
435:45-3-3. Authorization to practice temporarily
435:45-3-4. Reinstatement guidelines
435:45-3-5. Re-entry guidelines

435:45-3-1. Application procedures

(a) Every person seeking licensure as a respiratory care practitioner shall meet all requirements established by the Respiratory Care Practice Act and the rules of this Chapter.

(b) Any incomplete or missing information, documentation or fees shall render the application incomplete. The issuance of a license shall be suspended pending completion of all application requirements. Applicants with incomplete applications shall be notified in writing by the Board as to their application status. Incomplete applications will be considered abandoned after sixty (60) days. Any applicable fees paid shall not be refunded.

(c) Applications and forms shall be provided by the Board upon a written request.

[**Source:** Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-2. Required documentation

(a) Applicants holding credentials conferred by the National Board of Respiratory Care (NBRC)

as a certified respiratory therapy technician (CRTT) or as a registered respiratory therapist (RRT) must submit the following:

(1) "Allied Health" application form and appropriate fee(s);

(2) National Board of Respiratory Care credential verification, to be submitted directly from the National Board of Respiratory Care;

(3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(b) Applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in the full time capacity for a period of more than twenty-four (24) months prior to November 1, 1995 must submit the following:

(1) "Allied Health" application form and appropriate fee(s);

(2) Verification of clinical experience certified to by the employing health care facility;

(3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(c) Applicants who have successfully completed an accredited respiratory technician or respiratory therapist training and education program as provided by the Respiratory Care Act must submit the following:

(1) "Allied Health" application form and appropriate fee(s);

(2) Verification of professional education to be completed by the educational organization and submitted directly to the Board;

(3) Verification of supervision;

(4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(d) Students receiving remuneration as a result of their employment by a health care facility or organization and working in the capacity of a respiratory care practitioner must make application for "Provisional License" which shall include:

(1) "Allied Health" application form and appropriate fee(s);

(2) Verification of supervision;

(3) List of competency evaluations to determine scope of practice verified and submitted directly to the Board from the educational facility. A provisional license holder can perform only those tasks verified. The list of competency evaluations may be updated on an ongoing basis by the educational facility.

(e) Applicants who are licensed in another state, territory or country who do not qualify for a license by endorsement but have applied to take the license examination and who otherwise meet the qualifications of the Board must submit:

(1) "Allied Health" application form and appropriate fee(s);

(2) Verification of clinical experience documenting either
current practice or practice within the last six months of respiratory care within another state, territory or country;

(3) Verification of supervision;

(4) Verification of acceptance to sit for the National Board of Respiratory Care Certification Examination for Entry Level Respiratory Therapy Practitioners (CRTT) or verification of acceptance to sit for all examinations deemed necessary for the National Board of Respiratory Care Registry Examination for Advanced Respiratory Therapy Practitioners

(RRT); and

(5) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(f) Applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of Respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a "Special Provisional License" to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from November 1, 1995. Applicants must submit:

(1) "Allied Health" application form and appropriate fee(s);

(2) Verification of supervision;

(3) Verification of clinical experience;

(4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(g) Foreign-educated therapists whose native language is not English shall submit evidence of having passed the Test of English as a Foreign Language (TOEFL) with a score of at least 560; the Test of Spoken English (TSE) with a score of at least 50; and the Test of Written English (TWE) with a score of at least 4.5.

(h) Applicants who have never held an Oklahoma license and who have not practiced within the previous twelve months wishing to obtain a license may be required to meet one or more of the following guidelines:

(1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety(90) days.

(A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.

(B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.

(2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

(3) Personal appearance before the Advisory Committee.

[**Source:** Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3952, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg , eff 7-12-01]

435:45-3-3. Authorization to practice temporarily

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the supervision of a licensed respiratory care practitioner, in the interim between acceptance of completed application and issuance of a license.

[**Source:** Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-4. Reinstatement guidelines.

Respiratory Therapists with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.

(2) At least 12 continuing respiratory care education units.

(3) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.

(4) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

[**Source:** Added at 15 Ok Reg 748, eff 12-15-97 (emergency); Added at 15 ok Reg 2034, eff 5-26-98]

435:45-3-5. Re-entry guidelines.

Respiratory Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.

(2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.

(3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

(4) Obtain continuing education as determined by the Committee.

[**Source:** Added at 15 Ok Reg 748, eff 12-15-97 (emergency); Added at 15 Ok Reg 2034, eff 5-26-98; Amended at 23 Ok Reg 1102, eff 5-11-06]

SUBCHAPTER 5. REGULATION OF PRACTICE

Section

435:45-5-1. Continuing education
435:45-5-2. Renewal of provisional license
435:45-5-3. Grounds for disciplinary action
435:45-5-4. Standards of ethics and professional conduct

SUBCHAPTER 5. REGULATION OF PRACTICE

435:45-5-1. Continuing education.

(a) The purpose of continuing education is to aid in maintaining competency in the advancing art and science of respiratory care. Continuing education is a variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, in-services education, institutes, seminars, home study, Internet courses, and workshops taken by Respiratory Care Practitioners for licensure renewal. These learning experiences are meant to

enhance the knowledge of the Respiratory Care Practitioner in direct and indirect patient care. Continuing education does not include basic education or training needed to become a licensed RCP.

(b) All program objectives, curricular content, presenter qualifications, and outcomes shall be subject to review. Contact hours will be determined based on program content, outcomes, and participant involvement.

(c) Respiratory Care Practitioner licenses shall be renewed every two years on or before the last day of the month in which initial licensure was granted.

(d) Regardless of the source, continuing education hours must be in clinical respiratory care or related areas of health care. The Board may consult with the Committee to resolve questions as to appropriate continuing education hours. The Board of Medical Licensure and Supervision shall be the final authority on acceptance of any educational activity requirements submitted by a licensee to meet the continuing education requirements.

(e) Licensees shall be responsible for submitting documentation of their continuing education unit activities to the Board upon request.

(f) Respiratory Care Practitioners must accrue twelve (12) CRCE (Continuing Respiratory Care Education) credits in each successive two year period (biennium) to maintain a license to practice in the state of Oklahoma. At least half of the required Continuing Respiratory Care Education hours must be directly related to clinical practice. Unless otherwise specified, one clock hour of direct instruction/training class time is equivalent to one continuing education unit.

(g) The Board shall accept American Medical Association (AMA) and America Osteopathic Association (AOA) credits. Other acceptable continuing education credits include all programs approved by, or where applicable the affiliates of, the American Association for Respiratory Care (AARC); the American Thoracic Society (ATS); the American College of Chest Physicians (ACCP); the American Society of Anesthesiology (ASA); the American Lung Association (ALA); the American College of Cardiology (ACC); the American Heart Association (AHA); the American Nursing Association (ANA), American Red Cross and the American Council for Continuing Medical Education (ACCME).

(h) Other agencies and professional organizations may be considered and approved for eligible continuing education credits upon review by the Chairman of the Committee with final approval by the Secretary of the Board. Those wishing to sponsor a program/meeting/class and receive approval for awarding CRCE credits must contact the Board and receive approval in advance. To apply toward satisfaction of the continuing education requirements, the following shall be submitted:

(1) The request shall be submitted in writing to the Board office at least thirty (30) days prior to the program. The Board shall give written notification of the approval or disapproval of the educational program or seminar.

(2) A request to be an eligible continuing education seminar or course shall include:

(A) Name of the seminar or course;

(B) Sponsoring party;

(C) Objective of the seminar or format and subjects of seminar or course;

(D) Number of hours resulting in CRCEs;

(E) Method for certification of attendance;

(F) Name and qualifications of the faculty; and

(G) Evaluation mechanism.

(i) RCPs who submit proof of successful completion of the National Board for Respiratory Care (NBRC) entry or the advanced practitioner credentialing examination or recredentialing examination may be granted continuing education credit as awarded by the American Association for Respiratory Care.

(j) Credits may be awarded for completion of continuing education processes in accordance with the following guidelines:

(1)Direct conference/lecture/classroom attendance - 1.0 CRCE per hour.

(2)Teleconference (audio only) - 0.5 CRCE per hour.

(3)Teleconference (audio with handouts or slides) - 1.0 CRCE per hour.

(4)Videoconference (live video) - 1.0 CRCE per hour.

(5)Video tape instruction/programs - 0.2 CRCE per hour.

(6)Correspondence journal/workbooks with test - 0.2 CRCE per subject.

(7)Interactive video instruction (computer) with test - 1.0 CRCE per subject.

(8)NBRC recredentialing examination (passing) - 6.0 CRCE per biennium.

(9)Resuscitation and life support courses – limit one of the following courses per compliance period:

(A) Advanced Cardiac Life Support – 6 CRCE;

(B) Neonatal Resuscitation Program – 6 CRCE;

(C) Pediatric Advanced Life Support – 6 CRCE;

(D) Advanced Trauma Life Support – 6 CRCE;

(E) Basic Life Support – 6 for initial certification; 3 for recertification.

(k) **Audit/Verification.** The Board staff will, each year, randomly or for cause select licensees to be audited for verification that continuing education requirements have been met.

(l) **Compliance.**

(1) Licensees selected for audit must submit verification of meeting the continuing education requirement.

(2) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.

(3) A license obtained through misrepresentation shall result in Board action.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 14 Ok Reg, eff 10-1-97 (emergency); Amended at 15 Ok Reg 3954, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg 1321, eff 5-11-01; Amended at 23 Ok Reg 822, eff 3-16-06 (emergency); Amended at 24 Ok Reg 1107, eff 5-11-0; Amended at 27 Ok Reg 2687, eff 8-26-10.]

435:45-5-2. Renewal of provisional license

(a) A provisional respiratory care practitioner license may be renewed every six months on or before the last day of the month in which the license expires. The application and fee for renewal of licensure shall be postmarked or hand delivered to the Board office on or before the required date. A provisional license may be renewed up to four times except that the license may not be renewed after elapse of one year from the date of graduation from a respiratory technician or respiratory therapist training and education program. To renew the license, the licensee must present evidence of:

(1) current enrollment in a respiratory technician or respiratory therapist training and education program; or

(2) verification of acceptance to sit for the National Board of Respiratory Care examination or submission of proof of having sat for the exam but awaiting results, provided that the license may not be renewed after elapse of one year from the date of graduation.

(b) Provisional licensees with licenses lapsed more than thirty days may be required to make a personal appearance before the Committee in addition to meeting requirements set out above.

[**Source:** Added at 18 Ok Reg 1321, eff 5-11-01]

435:45-5-3. Grounds for disciplinary action

(a) The Respiratory Care Advisory Committee may recommend to the Board to reprimand or place on probation any holder of a respiratory care practitioner (RCP) license, or may limit, suspend or revoke privileges, or may revoke or suspend any license issued to an RCP or deny a license to an applicant for unprofessional conduct. Acts which constitute unprofessional conduct include, but are not limited to:

(1) Habitually intemperate or addicted use of any drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care and the responsibilities of the licensee.

(2) Unauthorized possession and use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed independent practitioner of the state of Oklahoma.

(3) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.

(4) Falsely manipulating drug supplies, narcotics or patient records, or forging a prescription for medication/drugs, or presenting a forged prescription.

(5) Conviction of, or confession or plea of no contest to, a felony or of a crime involving moral turpitude.

(6) Conviction of, or confession or plea of no contest to, a drug related offense.

(7) Falsifying documents submitted to the Respiratory Care Advisory Committee or the Oklahoma State Board of Medical Licensure and Supervision.

(8) Obtaining or attempting to obtain a license, certificate or documents of any form as a respiratory care practitioner by fraud or deception.

(9) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a respiratory care practitioner.

(10) Failure to report through proper channels the unsafe or illegal practice of any person who is providing patient care.

(11) Negligence while in practice as a respiratory care practitioner or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.

(12) Engaging in fraudulent billing practices and/or violation of federal Medicare and Medicaid laws or state medical assistance laws.

(13) Being adjudged mentally incompetent by a court of competent jurisdiction.

(14) Failing to timely make application for license renewal.

(15) Verbally or physically abusing patients.

(16) Discriminating in the rendering of patient care and respiratory care assignment(s).

(17) Inaccurate recording, falsifying or altering of patient records.
(18) Leaving a patient care assignment or patient without properly advising appropriate personnel.
(19) Violating the confidentiality of information or knowledge concerning a patient(s).
(20) While engaged in the care of a patient, engaging in conduct with a patient, patient family member or significant other which is seductive or sexually demeaning/exploitive in nature.
(21) Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board.
(22) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
(23) Failure to cooperate with a lawful investigation conducted by the Board.
(24) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, agreement or order of the Board.
(25) Participating in the competency validations for Advanced Unlicensed Assistive Personnel as relates to respiratory therapy techniques or treatments.

(b) A respiratory care practitioner who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervision of other respiratory care practitioners for so long as the Board deems appropriate; and may themselves be subject to disciplinary action pursuant to their conduct.

[**Source:** Added at 18 Ok Reg , eff 7-12-01]

435:45-5-4. Standards of Ethics and Professional Conduct

(a) Purpose. The rules in this section on the profession of respiratory care practitioners shall be to establish the standards of professional conduct and code of ethics required of a licensee.

(b) In the conduct of their professional activities the respiratory care practitioner shall be bound by the following ethical and professional principles. Respiratory care practitioners shall:

(1) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the professional and its professionals.
(2) Actively maintain and continually improve their professional competence, and represent it accurately.
(3) Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
(4) Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
(5) Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
(6) Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
(7) Promote disease prevention and wellness.
(8) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
(9) Follow sound scientific procedures and ethical principles in research.

(10) Comply with state or federal laws that govern and relate to their practice.
(11) Avoid any form of conduct that creates a conflict of interest, and shall follow the principles of ethical business behavior.
(12) Promote the positive evolution of the professional, and health care in general, through improvement of the access, efficacy, and cost of patient care.
(13) Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

[**Source:** Added at 18 Ok Reg , eff 7-12-01]