

216-RICR-40-05-16

TITLE 216 - DEPARTMENT OF HEALTH

CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 05 – PROFESSIONAL LICENSING

PART 16 – Respiratory Care Practitioners

16.1 Authority

These regulations are promulgated pursuant to the authority conferred under R.I. Gen. Laws §§ [23-39-6](#)(6), 23-39-7(2), and 23-39-12(7) and (8), and are established for the purpose of adopting prevailing standards for the licensure of respiratory care practitioners in this state.

16.2 Incorporated Materials

These regulations hereby adopt and incorporate the American Association for Respiratory Care (AARC), Statement of Ethics and Professional Conduct (2015) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

16.3 Definitions

A. Wherever used in these rules and regulations, the following terms shall be construed as follows:

1. "Act" means R.I. Gen. Laws Chapter [23-39](#), entitled "Respiratory Care Act."
2. "Board" means the Board of Respiratory Care established in accordance with the provisions of R.I. Gen. Laws § [23-39-5](#).
3. "Department" means the Rhode Island Department of Health.
4. "Director" means the Director of the Rhode Island Department of Health.
5. "Respiratory care" (including respiratory therapy and inhalation therapy) means a health profession, under qualified medical direction, employed in the therapy, management, rehabilitation, diagnostic evaluation, and care

of patients with deficiencies and abnormalities which affect the cardiopulmonary system and associated aspects of other system function.

6. "Respiratory care practitioner" means a person who is licensed to practice respiratory care in Rhode Island. The respiratory care practitioner may transcribe and implement a physician's written and verbal orders pertaining to the practice of respiratory care as defined in this Part.
7. "Respiratory care training program" means a program accredited or recognized by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in collaboration with the Committee on Accreditation for Respiratory Care (CoARC) or other such accrediting agency as may be approved by the Board.

16.4 Licensure Requirements for Respiratory Care Practitioners

16.4.1 General Requirements

- A. No person shall practice respiratory care or represent himself or herself to be a respiratory care practitioner in this state without a valid license, issued by the Department in accordance with the Act and this Part, except as otherwise provided in R.I. Gen. Laws § [23-39-4](#).
 1. No person shall use any title or abbreviation to indicate that he or she is a licensed respiratory care practitioner unless licensed as a respiratory care practitioner under the statutory and regulatory provisions of this Part.

16.4.2 Qualifications for Licensure

- A. In addition to the qualifications of licensure to practice respiratory care in this state as defined in R.I. Gen Laws § [23-39-7](#), an applicant shall present evidence that he/she:
 1. Has successfully passed the National Board for Respiratory Care (NBRC) entry-level examination;
 2. Holds an active certificate as a Certified Respiratory Therapist (CRT) by the National Board for Respiratory Care (NBRC) or hold an active certificate as a Registered Respiratory Therapist (RRT) by the National Board for Respiratory Care (NBRC).

16.4.3 Application for Licensure and Fees

- A. Any applicant desiring to become licensed as a respiratory care practitioner in this state shall make application to the Board on forms provided by the

Department. Said form shall be completed and shall be accompanied by the following:

1. Supporting certified transcripts of education credentials as required in R.I. Gen. Laws § [23-39-7](#). Such documentation must consist of original statements and/or photocopies bearing the signature of the dean or director of the respiratory care training program and the imprint of the school seal or other supporting documentation as approved by the Board;
 2. The results of the entry-level examination submitted to the Department directly by the National Board for Respiratory Care entry-level examination or copy of active certification as a Certified Respiratory Therapist (CRT) by the National Board for Respiratory Care (NBRC) or copy of active certification as a Registered Respiratory Therapist (RRT) by the National Board for Respiratory Care (NBRC);
 3. A non-returnable, non-refundable license fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).
- B. Endorsement: Applicants for licensure by endorsement, in addition to the documents required in § 16.4.3(A) of this Part, shall also provide verification of licensure in good standing from all states where they hold or have held a license as a respiratory care practitioner.

16.4.4 Examination

- A. By Examination: Applicants shall be required to pass the National Board for Respiratory Care entry-level examination to test the applicant's knowledge and skills to practice respiratory care in this state pursuant to the statutory and regulatory provisions.
- B. By Re-Examination: An applicant who fails to successfully pass the National Board for Respiratory Care entry-level examination may be entitled to re-examination in accordance with the policies of the National Board for Respiratory Care Examiners.

16.4.5 Temporary Permit

Respiratory care providers who are licensed or otherwise regulated to practice under the laws of another state or territory or the District of Columbia, and who have applied for licensure in this state, may, upon receiving an authorization from the Division, perform as a respiratory care practitioner under the supervision of a qualified and licensed respiratory care practitioner until such time as he/she is licensed. If such applicant fails to receive licensure when the Board reviews the

application, all aforementioned privileges shall automatically cease upon notice to the applicant.

16.5 Issuance and Renewal of License and Fee

- A. Upon completion of the aforementioned requirements of § 16.4.3 of this Part, the Board may recommend to the Director that a license be issued to those applicants found to have satisfactorily met all the requirements of this Part. Said license unless suspended or revoked shall expire biennially (every two years) on September 1st.
- B. Every licensed person who intends to practice as a respiratory care practitioner shall file a renewal application biennially (every two (2) years) on or before September 1st together with the renewal fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title), submitted to the Department.
- C. Upon receipt of a renewal application and payment of fee, the accuracy of the application shall be verified and a license renewal shall be granted effective September 1st in that year for a two (2) year period, unless sooner suspended or revoked.

16.6 Graduate Respiratory Care Practitioners

- A. Every graduate of a board approved respiratory care school who has filed a respiratory care practitioner application for licensure, may upon receiving a receipt (graduate permit) from the Department for said application and documents, perform as a respiratory care practitioner under the supervision of a respiratory care practitioner licensed in this state.
 - 1. During this interim period, the graduate practitioner shall identify himself or herself only as a "graduate respiratory care practitioner."
 - 2. If a graduate respiratory care practitioner fails to take the entry-level examination within ninety (90) days from the effective date of graduate status, without due cause or fails to pass the entry-level examination, and fails to be granted a license, all aforementioned privileges shall automatically cease upon notice to the applicant.

16.7 Inactive Status

- A. Upon request, the Department shall grant inactive status to a licensee who does not intend to practice his or her profession within this state during the period covered by the inactive status. Said person may be reinstated without payment of

a penalty fee upon application and presentation of evidence of completion of such requirements, and payment of current license renewal fee.

- B. Upon reinstatement to active status, a licensee must show proof of having an active CRT and/or RRT NBRC certification after July 1, 2002 and show proof of having completed continuing education during the two (2) years immediately preceding reinstatement in such amount as is prescribed in § 16.8 of this Part.
- C. Respiratory care provided by respiratory care practitioners shall be consistent with prevailing standards of practice and in accordance with the [AARC, Statement of Ethics and Professional Practice](#) incorporated at § 16.2 of this Part.

16.8 Continuing Education Requirements

- A. Applicants for biennial licensure renewal shall meet continuing education requirements as prescribed of this Part.
- B. On application for renewal of license, respiratory care practitioners shall attest to completion of twelve (12) hours biennially in discipline-specific offerings (see below) that may include, but not be limited to: formal presentations, in-service programs, conferences, and/or self- study courses, such as distance learning and on-line courses. Such programs or offerings shall be approved or sponsored by a Board-approved organization (see § 16.8(E) of this Part).
- C. Two (2) hours shall be in the area of ethics. No more than six (6) hours shall be online courses.
- D. Hours of continuing education shall be recognized by the Board as follows:

Category I: Formal continuing education programs that may consist of workshops, inservice programs; professional continuing education activities and scientific meetings and self-directed continuing education activities that may consist of local, regional, national symposia, colloquia, journal clubs, self- study courses, on-line courses, distance learning activities and/or institutes; or re-credentialing examinations through the National Board for Respiratory Care (NBRC).	Credit: One (1) hour for each hour attended, except for NBRC re-credentialing examinations that carry the specific number of credit hours approved by the American Association for Respiratory Care (AARC)
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Category II: Formal presentations by the licensee at a conference/seminar where continuing education credit has been approved by one of the sponsoring organizations cited in § 16.8(E) of this Part	Credit: Two (2) hours for each hour of instruction; four (4) hours for two (2) hours of instruction; six (6) hours for three (3) hours of instruction; up to a maximum of six (6) hours per two (2) year cycle
Category III: Advanced Level Examination (NBRC) passing score	Credit: Four (4) credit hours maximum

E. Continuing education programs or offerings sponsored or approved by the following organizations are deemed to be approved by the Board:

1. American Academy of Pediatrics;
2. American Association for Respiratory Care;
3. American College of Allergy, Asthma, and Immunology;
4. American College of Chest Physicians;
5. American Heart Association programs excluding Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS);
6. American Hospital Association;
7. American Lung Association;
8. American Medical Association;
9. American Society of Anesthesiologists;
10. American Society of Electroneurodiagnostic Technologists;
11. American Thoracic Society;
12. National Institute of Health/National Heart Lung Blood Institute;
13. New England Society of Electroneurodiagnostic Technologists
14. Rhode Island Medical Society or other state medical society;
15. Rhode Island State Nurses Association or other state nurses' association;

16. Or others as may be approved by the Board.

16.9 Role Components/Professional Development Criteria

A. Discipline-specific offerings or programs for respiratory care practitioners are defined to include the following:

1. Patient Care

a. Scientific knowledge, clinical care, and/or critical thinking skills to provide care for patients in the following disease management or health promotion areas:

- (1) Cardiopulmonary;
- (2) Pediatrics;
- (3) Gerontology;
- (4) Respiratory;
- (5) Neonatology;
- (6) Neurology.

b. Advanced knowledge and/or skills to develop clinical expertise within multiple practice arenas (e.g., critical care units, emergency department, rehabilitation, subacute, skilled nursing facilities, ambulatory and home care environments) including, but not limited to, the following therapeutic and diagnostic modalities:

- (1) Airway management;
- (2) Arterial blood gases;
- (3) Cardiopulmonary pharmacology;
- (4) Smoking cessation;
- (5) Spirometry testing;
- (6) Therapeutic modality related to cardiopulmonary care;
- (7) Ventilator management.

c. Enhanced skills in patient assessment and care related to:

- (1) Patient rights and ethical issues;
- (2) Community-based resources to manage the continuum of care;
- (3) Sleep disorders;
- (4) Functional assessment and discharge planning

2. Education

- a. Patient and family educational assessment and teaching skills;
- b. Delegation and supervision skills;
- c. Health care team resources and consultant role development;
- d. Publication, presentation skills.

3. Research

- a. Application and evaluation of patient care models:
 - (1) Managed care/capitated reimbursement;
 - (2) Coordinated care and case management;
 - (3) Disease management;
 - (4) Protocol development;
- b. Continuous quality improvement methods and measures;
- c. Outcome measures and performance improvements;
- d. Data and variance analysis;
- e. Research methods and study design;
- f. Proposal and grant writing.

4. It shall be the sole responsibility of the individual respiratory care practitioner to obtain documentation (e.g., course descriptions, proof of attendance) from the sponsoring organization, agency, or institution of his/her participation in a continuing education program and/or activity. These documents shall be retained by each licensee for no less than four (4) years and are subject to random audit by the Department.

5. A licensee who fails to complete the continuing education requirements described in this Part may be subject to disciplinary action pursuant to R.I. Gen. Laws § [23-39-14](#).

16.10 Violations/Sanctions

16.10.1 Violations and Sanctions

The Board shall have power to deny, revoke or suspend any license applied for or issued by the Department in accordance with the provisions of R.I. Gen. Laws § [23-39-12](#). Penalties and action to enforce for violations of the Act are in accordance with R.I. Gen. Laws § [23-39-14](#).

16.10.2 Rules Governing Practices and Procedures

All hearings and reviews required under the provisions of R.I. Gen. Laws [Chapter 23-39](#) shall be held in accordance with established Board practices, the provisions of the Act and the rules and regulations regarding Practices and Procedures Before the Department of Health (Part 10-05-4 of this Title) and Access to Public Records (Part 10-05-01 of this Title).

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