

# REGISTRATION REMITTANCE ADDENDUM

# Respiratory Therapy 52 Respiratory Therapy Technician 53

**Continuing Education:** Every respiratory therapist registered to practice in New York State must complete 30 contact (clock) hours of continuing education course work in each three-year registration period (0.83 hours per month); respiratory therapy technicians registered to practice in New York State must complete 24 contact (clock) hours of continuing education course work in each three-year registration period (0.67 hours per month). For respiratory therapists, a maximum of 15 out of 30 contact hours may be in formal self-study course work; for respiratory therapy technicians, a maximum of 12 out of 24 contact hours may be in formal self-study course work. Course work must be taken from programs approved by the American Association for Respiratory Care or other organizations approved by the Department as sponsors. Each licensee must maintain documentation of completion of such course work for a period of six (6) years and is subject to audit by the New York State Education Department. Do not send any documents with this application. Adjustments to the requirement may be requested for reasons of health or other good cause which could prevent compliance. For further information, contact: the State board for Respiratory Therapy at 89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000, or by calling 518-474-3817, ext. 120, by faxing 518-474-3706, or by e-mailing rtbd@mail.nysed.gov.

**THE FOLLOWING INSTRUCTIONS ARE ONLY FOR THOSE INDIVIDUALS WHO HAVE NOT MET THE CONTINUING EDUCATION REQUIREMENT**

Individuals who have **NOT** met the continuing education requirement **MUST** choose **ONE** of the following options and return this form with their Registration Remittance Document and fee. Your signature indicates agreement with the terms of the option that you have selected.

1.  I do not intend to practice in New York State during the period indicated on the Registration Remittance Document, and wish to place my registration in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement. Please realize, however, that if you wish to resume practicing in New York State, you must meet certain continuing education requirements **prior to reactivating your registration**. You may not practice **respiratory therapy** in New York State if you are not registered.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

2.  I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. You must do the following before the Department will consider issuing a conditional registration:

- Agree to remedy the deficiency during the one-year period of conditional registration.
- Agree to complete, within the year of the conditional registration, the regular continuing education requirement at the rate of 0.83 hours per month for respiratory therapists and 0.67 hours per month for respiratory therapy technicians in addition to the contact hours required to make up the deficiencies from the previous registration period.

A conditional registration is valid for one year and cannot be renewed or extended. The fee for a conditional registration is equal to the regular registration fee as indicated on your registration Remittance Document. At the end of the one-year conditional registration period, you will be sent another Registration Remittance Document. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.** You must submit copies of the completion certificates for all continuing education courses taken and pay the regular registration fee in order to be registered for the remainder of your registration period.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

3.  I request an **ADJUSTMENT** to the continuing education requirements for registration

Adjustments to the continuing education requirement may be granted by the Department for reasons of health documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or other good cause. A written explanation documenting the circumstances which prevent compliance with Education Law must be included with this form.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

**SUBMIT THIS DOCUMENTATION WITH YOUR REGISTRATION REMITTANCE DOCUMENT AND APPROPRIATE FEE IN THE ENVELOPE PROVIDED.**

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Respiratory Therapy  
New York State Education Department  
89 Washington Avenue, Second Floor  
Albany, NY 12234-1000

Telephone: 518-474-3817 ext. 120  
Fax: 518-473-3706  
E-mail: [rtbd@mail.nysed.gov](mailto:rtbd@mail.nysed.gov)