Wyoming State Board for Respiratory Care

2001 Capitol Ave, Room 127
Cheyenne, WY 82002
https://respiratory.wyo.gov/

Application Instructions

All applicants for licensure must submit a complete, signed application including the following:

- Proof of Lawful Presence: The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a copy of a document from List A or a document from List B and C.
- National Board for Respiratory Care, Inc. (NBRC) credentials: If you hold current credentials in good standing as a CRT or RRT conferred by the NBRC you must request official verification be sent from NBRC directly to the Board office. Please visit www.nbrc.org to request verification of credentials.
  OR
- Verification of license in another jurisdiction: If you do not hold current NBRC credentials, you must hold a current license in good standing issued under the laws of another jurisdiction with qualifications equivalent to those required in Wyoming. Request that verification of licensure be sent from all jurisdictions in which you hold a current license or have ever held a license. Verification(s) must be sent directly from the Board in that jurisdiction to the Wyoming Board office via postal mail to the address at the top of this page or via email to chelsea.cortez2@wyo.gov
- Application fee: The application fee of **$100.00** must be included with the application in the form of a check or money order made payable to the State of Wyoming. All fees are non-refundable.

The application, fee, and supporting documents may be mailed to the following address:

Wyoming Board for Respiratory Care
2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Wyoming State Board for Respiratory Care

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as "any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government." Therefore, professional licensing boards in Wyoming are required by this federal law to verify the "lawful presence" of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name: _____

Address: _____

_____

By signing below, I hereby certify that *(check one item in each category)*:

- ☐ **I am a citizen of the United States**
- ☐ **I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act**

I have attached:

- ☐ **A copy of an acceptable document from List A; or**
- ☐ **Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.**

_____

Signature of Applicant

_____

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired. * Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	**OR**	**LIST B** **Documents that Establish Identity**	**AND**	**LIST C** **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		**3.** School ID card with a photograph		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		**4.** Native American tribal document
		9. Driver's license issued by a Canadian government authority		**5.** U.S. Citizen ID Card (Form I-197)
		For persons under age 18 who are unable to present a document listed above:		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. Document, not a license C document.
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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(307) 777-5403

APPLICATION FOR LICENSED RESPIRATORY CARE PRACTITIONER - $100 FEE

Are you a military service member as defined in W.S. 33-1-116(a)(ii)? ▢ Yes ▢ No
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? ▢ Yes ▢ No

1. Legal Name & Personal Information

Last Name	*First Name*	*Middle Initial*

Previous Names Used	*Social Security Number*	*Date of Birth*

2. Contact Information

Residence Mailing Address

City	*State*	*Zip*

Business Name

Business Mailing Address

City	*State*	*Zip*

Home/Cell Phone	*Business Phone*

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

Email:	*Mail Preference* ▢ Home ▢ Business

4. Practical Experience

List below ALL of your work experience within the last **five (5)** years. This includes non respiratory care positions. Provide FULL NAME AND COMPLETE ADDRESS of your employers. Begin with your most current work experience and PROVIDE AN EXPLANATION FOR ANY GAPS IN EMPLOYMENT. Attach additional sheets if needed. **FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DELAY PROCESSING.**

Employer Full Name & Complete Address *(Begin with Oldest and include Military and Other)*	***Employment Dates*** ***List mm/yy***		***Supervisor's Name***	***Brief Description of Duties Performed***
	From	*To*		
	From	*To*		
	From	*To*		

5. Certification

Indicate professional certifications/credentials which you currently or have previously held in respiratory therapy. Verification of NBRC credentials must be forwarded to the Board office directly from NBRC.

PROFESSIONAL ORGANIZATION	CERTIFICATION TYPE AND NUMBER	ISSUE DATE	EXPIRE DATE	CURRENT STATUS

6. Registration/License

Indicate registrations, licenses, or certifications in all states, including Wyoming, where you are currently or have been previously registered, licensed or certified in any healthcare profession. Note any registrations, licenses, or certifications not currently in good standing.

STATE	NUMBER	ORIGINAL ISSUE DATE	EXPIRATION DATE	CURRENT STATUS (i.e. Active, Inactive, Expired, etc.)

7. Education

List the educational institutions attended that satisfy the educational requirement for licensure

SCHOOL NAME AND LOCATION	COURSE OF STUDY	DATE COMPLETED

8. Practice History

If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.

A	Have you ever, or are you now, providing any of the services regulated by W.S. 33-43-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-43-117?	▢ Yes ▢ No
B	Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	▢ Yes ▢ No
C	Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	▢ Yes ▢ No
D	Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership ?	▢ Yes ▢ No
E	Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	▢ Yes ▢ No
F	To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	▢ Yes ▢ No
G	Have you ever been arrested?	▢ Yes ▢ No
H	Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? *If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.*	▢ Yes ▢ No
I	Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	▢ Yes ▢ No
J	Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	▢ Yes ▢ No

9. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Wyoming State Board for Respiratory Care, and W.S. § 33-43-101 through 118. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	*Date*