



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

Advanced Practice Registration: Online Application

Directions: Please go to the endorsement section of the website under online services or click: [Endorsement Application](#). Section A-C of this form which includes personal and practice information is completed through the online services. You will be prompted to upload the documentation required in Sections D through F. You must complete one form for each endorsement, and then upload to the endorsement section. This must also include any other required documentation. There must be two signatures on each document to receive your endorsement. Once approved, your endorsement will be displayed online. Employers must verify and print these endorsements to keep in your file.



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

CONSCIOUS SEDATION (MODERATE SEDATION)

Directions: Please **INITIAL** each of the requirements below and sign the affidavit in section E. The facility designee must also sign the affidavit in section F. Send this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

SECTION D – ATTESTATION (You must complete this section)

I, _____ License # _____ attest to the following:

- _____ I have a current Advanced Life Support Certificate
- _____ I have a current RRT credential
- _____ I have completed Initial documentation of training with at least 5 hours under the guidance of an Anesthesiologist and/or Certified Registered Nurse Anesthetist that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have an annual documented conscious sedation competency evaluation completed by the department medical director or an anesthesiologist on staff at the facility that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have completed the continuing education requirements of 21 NCAC 61 .0401 of which a minimum of 5 hours of continuing education directly related to the advanced care procedures has been completed.
- _____ I perform the following procedures: (Please check all that apply)
 - ☐ Bronchoscopy- diagnostic and therapeutic
 - ☐ Endoscopy - diagnostic and therapeutic
 - ☐ Oncology-nebulization of controlled substances for palliative care
 - ☐ Cardiac catheterization and related procedures
 - ☐ Transport of patients requiring the presence of a RCP
 - ☐ Intubation-emergent, rapid sequence

SECTION E – AFFIDAVIT (You must complete this section)

I, _____ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirement of the declaratory ruling applicable for the advanced practice registration. I certify that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

(Signature)

(Date Signed)

SECTION F– FACILITY AFFIDAVIT (The facility designee must complete this section)

I, _____ as the manager/supervisor/director of respiratory care, certify that the facility has written policies and procedures for RCP's to perform the advanced procedures listed. I also certify that the RCP listed on this application has been certified as competent in accordance with the facility's and the Respiratory Care Service's policy.

(Manager/Supervisor Signature)

(Date Signed)



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

CRITICAL CARE ADVANCED PRACTICE TRANSPORT

Directions: Please **INITIAL** each of the requirements below and sign the affidavit in section E. The facility designee must also sign the affidavit in section F. Send this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

SECTION D – ATTESTATION (You must complete this section)

I, _____ License # _____ attest to the following:

- _____ I have a current Advanced Life Support (ACLS) Certificate, Pediatric Advanced Life Support (PALS) Certificate, and Neonatal Resuscitation Program (NRP) Certificate
- _____ I have a current RRT credential
- _____ I have completed Initial documented competency evaluation by the Ambulance Provider's Medical Director that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have an annual documented competency evaluation by the Ambulance Provider's Medical Director that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have completed the continuing education requirements of 21 NCAC 61 .0401 of which a minimum of 5 hours of continuing education directly related to the advanced care procedures has been completed.

SECTION E – AFFIDAVIT (You must complete this section)

I, _____ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirement of the declaratory ruling applicable for the advanced practice registration. I certify that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

(Signature)

(Date Signed)

SECTION F – FACILITY AFFIDAVIT (The facility designee must complete this section)

I, _____ as the manager/supervisor/director of respiratory care, certify that the facility has written policies and procedures for RCP's to perform the advanced procedures listed. I also certify that the RCP listed on this application has been certified as competent in accordance with the facility's and the Respiratory Care Service's policy.

(Manager/Supervisor Signature)

(Date Signed)



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION)

Directions: Please **INITIAL** each of the requirements below and sign the affidavit in section E. The facility designee must also sign the affidavit in section F. Send this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

SECTION D – ATTESTATION (You must complete this section)

I, _____ License # _____ attest to the following:

- _____ I have a current Pediatric Advanced Life Support (PALS) Certificate, Neonatal Resuscitation Program (NRP) Certificate, and Advanced Life Support (ACLS) Certificate (if applicable)
- _____ I have a current RRT credential
- _____ I have completed Initial documented competency evaluation by the Medical Director that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have an annual documented competency evaluation by the Medical Director that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have completed the continuing education requirements of 21 NCAC 61 .0401 of which a minimum of 5 hours of continuing education directly related to the advanced care procedures has been completed.

SECTION E – AFFIDAVIT (You must complete this section)

I, _____ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirement of the declaratory ruling applicable for the advanced practice registration. I certify that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

(Signature)

(Date Signed)

SECTION F – FACILITY AFFIDAVIT (The facility designee must complete this section)

I, _____ as the manager/supervisor/director of respiratory care, certify that the facility has written policies and procedures for RCP's to perform the advanced procedures listed. I also certify that the RCP listed on this application has been certified as competent in accordance with the facility's and the Respiratory Care Service's policy.

(Manager/Supervisor Signature)

(Date Signed)



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

ADVANCED CARDIAC STRESS TESTING
(PHARMACEUTICAL STRESS TESTING)

Directions: Please **INITIAL** each of the requirements below and sign the affidavit in section E. The facility designee must also sign the affidavit in section F. Send this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

SECTION D – ATTESTATION (You must complete this section)

I, _____ License # _____ attest to the following:

- _____ I have a current Advanced Life Support (ACLS) Certificate.
- _____ I have a current RRT credential or exemption.
- _____ I have completed Initial documented competency evaluation by the Medical Director that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have an annual documented competency evaluation by the Medical Director that includes an assessment of all advanced care procedures and pharmacologic agents that the RCP administers.
- _____ I have completed the continuing education requirements of 21 NCAC 61 .0401 of which a minimum of 5 hours of continuing education directly related to the advanced care procedures has been completed.

SECTION E – AFFIDAVIT (You must complete this section)

I, _____ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirement of the declaratory ruling applicable for the advanced practice registration. I certify that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

(Signature)

(Date Signed)

SECTION F – FACILITY AFFIDAVIT (The facility designee must complete this section)

I, _____ as the manager/supervisor/director of respiratory care, certify that the facility has written policies and procedures for RCP's to perform the advanced procedures listed. I also certify that the RCP listed on this application has been certified as competent in accordance with the facility's and the Respiratory Care Service's policy.

(Manager/Supervisor Signature)

(Date Signed)



NORTH CAROLINA RESPIRATORY CARE BOARD

1100 Navaho Drive, Suite 242
Raleigh, NC 27609

ADVANCED PRACTICE REGISTRATION DOCUMENTATION

Advanced Medication Administration

Directions: Please initial each of the requirements below and sign the affidavit. The facility designee must also sign the affidavit. Send this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

I, _____ License # _____ attest to the following:

- _____ I have a current RRT credential.
- _____ I understand that I am limited to the administration of only those non-respiratory related drugs approved by the facility policy and procedure under direct medical supervision and the direct
- _____ I have completed the minimum documented training and competency under the instruction of a Nurse Educator with a master's degree in nursing on staff at the facility.
- _____ I have completed a Baccalaureate Degree in Respiratory Care or another closely related discipline with the associated clinical competencies; or have a minimum of 2 years' experience in critical and emergency care after graduation from an associate degree Respiratory Care Program with the associated clinical competencies;
- _____ I have completed the following and understand that I must maintain these life support designations appropriate for the patient population treated. (Initial all that apply)
 - _____ Advanced Cardiac Life Support (ACLS)
 - _____ Pediatric Advanced Life Support (PALS)
- _____ I understand that I must comply with the continuing education requirements of 21 NCAC 61.0401, with a minimum of 5 hours of continuing education directly related to the procedures or medications provided.

SECTION C – AFFIDAVIT (You must complete this section)

I, _____ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirement of the declaratory ruling applicable for the advanced practice registration. I certify that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

(Signature)

(Date Signed)

SECTION D – FACILITY AFFIDAVIT (The facility designee must complete this section)

I, _____ as the manager/supervisor/director of respiratory care, certify that the facility has written policies and procedures for RCP's to perform the advanced procedures listed. I also certify that the RCP listed on this application has been certified as competent in accordance with the facility's and the Respiratory Care Service's policy.

(Manager/Supervisor Signature)

(Date Signed)



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

**ADVANCED PRACTICE REGISTRATION
DOCUMENTATION**

Pulmonary Disease Patient Educator

Directions: Please initial each of the requirements below and sign the affidavit. The facility designee must also sign the affidavit. Send this form with a back and front copy of your ACLS, PALS, and NRP if applicable.

I, _____ License # _____ attest to the following:

- 1) _____ I have earned the Registered Respiratory Therapist (RRT) credential
- 2) _____ I have completed (please initial all that apply-transcript required)
 - a. _____ Master's Degree in Respiratory Therapy
 - b. _____ Baccalaureate Degree in Respiratory Care
 - c. _____ Associate Degree plus two years' experience supervised experience in pulmonary disease patient education after graduation.
- 3) _____ I have completed an approved pulmonary disease patient education course that included (attach certificate):
 - a. Needs assessment based on cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication;
 - b. Education and training based on the assessed needs;
 - c. Patient education and training between all disciplines involved in the patient's care, treatment, and services;
 - d. Explanation of the plan for care, treatment, and services to the patient;
 - e. Basic health practices and safety;
 - f. Information on the safe and effective use of medications;
 - g. Information on the safe and effective use of medical equipment or supplies provided by the hospital or home health agency;
 - h. Habilitation or rehabilitation techniques to help the patient reach maximum independence;
 - i. Education on how to communicate concerns about patient safety issues that occur before, during, and after care is received; and
 - j. Methods for confirming the patient's understanding of the education and training.



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

SECTION D – AFFIDAVIT (You must complete this section)

I, _____ certify that I am the person referred to in this endorsement application and that the statements herein are true and complete. I certify that I have read and understood the requirement of the declaratory ruling applicable for the advanced practice registration. I certify that I am currently certified by the American Heart Association (BLS for Healthcare Provider) or the American Red Cross (CPR/AED for the Professional Rescuer) or the American Safety and Health Institute (CPR/AED for the Professional Rescuer) and that I will maintain certification. I understand that state law requires me to provide to the Board within 30 days any change of name and change of residence and/or business address.

(Signature)

(Date Signed)

SECTION E – FACILITY AFFIDAVIT (The facility designee must complete this section)

I, _____ as the manager/supervisor/director of respiratory care, certify that the facility has written policies and procedures for RCP's to perform the advanced procedures listed or provides formal education for Pulmonary Disease Patient Education. I also certify that the RCP listed on this application has been certified as competent in accordance with the facility's and the Respiratory Care Service's policy.

(Manager/Supervisor Signature)

(Date Signed)