MISSISSIPPI STATE DEPARTMENT OF HEALTH

RESPIRATORY CARE PRACTITIONER
LATE RENEWAL APPLICATION
UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Name:_____ License #: _____ DOB: _____

Address:_____ County: _____ Phone: _____

Email address:_____

EMPLOYER INFORMATION:

Name:_____

Address:_____ County: _____ Phone: _____

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1. Have you been convicted of any violations of law or have any pending charges (except minor traffic violations) since your last application? If yes, attach a full explanation ☐YES ☐NO
2. Have any criminal charges or any civil lawsuits been filed against you since your last application? If yes, attach a full explanation. ☐YES ☐NO
3. Has any license or permit or registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation. ☐YES ☐NO
4. Do you hold any of the following credentials?

Certified Respiratory Therapist (CRT) _____

Registered Respiratory Therapist (RRT) _____

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand theRegulations Governing Licensure of Respiratory Care Practitioners and affirm that all conditions for licensure have been met and will be maintained.

_____ _____

(Applicant's Signature) (Date)

HAVE YOU
1. REVIEWED THE ABOVE INFORMATION
2. MADE ALL CORRECTIONS AND ANSWER ALL QUESTIONS
3. SIGNED AND DATED THE RENEWAL APPLICATION
4. ENCLOSED THE RENEWAL FEE OF $100.00 (AND $200.00 REINSTATEMENT FEE IF POSTMARKED AFTER AUGUST 31)
5. ENCLOSED PROOF OF CONTINUING EDUCATION REQUIREMENTS

MAIL TO:
MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE – RESPIRATORY CARE
P.O. BOX 1700
JACKSON, MS 39215-1700