July 22, 2019

To: Licensed Respiratory Care Practitioners

From: Ebony Gunn, Special Projects Officer IV
Professional Licensure

Re: Renewal of License for 2019-2021

All regular licenses to practice respiratory care in the State of Mississippi will expire on August 31, 2019. Enclosed is your renewal application.

Please make sure of the following:

1. That all areas of the form are complete. Answer all questions and sign the form. Any changes in address or employment are to be made on the form.

2. If you have a name change, please provide a copy of your marriage license, driver's license or social security with the name change or a copy of the page of divorce degree indicating that you wish to return to previous name.

3. Each licensee is required to submit proof of 20 approved hours unless indicated otherwise by our office, in writing. A list of approved sources is in the Regulations – Section 106.04.

If your license was renewed on CE Probation for the 2017-2019 licensure term, you will need to refer to the letter you received at the time of renewal and submit the total amount required for renewal. Please be advised, licenses cannot be renewed on CE Probation for two (2) consecutive licensure terms. If your continuing education requirement is not met, your license will be revoked for a full licensure term and you will have to reapply at the beginning of the following term which will begin September 1, 2021.

4. Continuing education certificates are not maintained by our office. As such, copies may be submitted with your renewal. All certificates must have the name of the course, the date of the course, the number of hours, and the approved organization printed on the certificate, or you must provide supporting documentation indicating such. *Note: An AARC printout will be accepted in lieu of the certificates.

5. Make all checks or money orders payable to: MS State Dept. of Health (MSDH) in the amount of $100.00. If you are personally delivering your renewal to our office please be advised that our office no longer accepts cash payments. Due to the increased workload during renewal cycles, hand delivered renewals cannot be processed for same day pickup. All renewals will be processed in the order received and will be mailed to the address listed on your renewal form.

6. We will mail a letter setting forth your renewed status to the address indicated on your form.

7. Note: Renewal applications postmarked after August 31, 2019, will be subject to a reinstatement fee of $200.00, in addition to the renewal fee, for a total of $300.00.
July 24, 2019

☐ Check here if you do not wish to renew

Name:
Address:

RENEWAL APPLICATION - 2019 - 2021
CORRECT AND UPDATE ALL INFORMATION

PERSONAL

Name: 
Address: 
License #: 
DOB: 
County: 
Phone:

EMPLOYER

Name: 
Address: 
County: 
Phone:

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.

2. Have any criminal or civil lawsuits been filed against you since your last application? If yes, attach a full explanation.

3. Has any license, permit, registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation.

4. Do you hold any of the following credentials: 
   CRT 
   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 the Regulations 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
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, 2019)
5. ENCLOSED PROOF OF CONTINUING EDUCATION REQUIREMENTS

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