

Program	Contact	Date Updated
Respiratory Therapy	Daniel Williams Program Coordinator, Respiratory Therapy <a href="mailto:DWilliams@forsythtech.edu">DWilliams@forsythtech.edu</a>	2024

[American Association for Respiratory Care](#)

State	Meets state educational Requirements	Does not meet educational requirements	Notes/Contact Information
American Samoa		X	Phone: Email: Link:
Alabama	X		Phone: (334) 265-7125 or (334) 396-2332 Email: <a href="mailto:board@asbrt.alabama.gov">board@asbrt.alabama.gov</a> Link: <a href="#">Alabama Board of Respiratory Therapy</a>  Summary: A valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States, whose requirements for licensure are considered by the board as substantially similar to those of Alabama and who otherwise meets the reciprocity requirements established by the board.

State	Meets state educational Requirements	Does not meet educational requirements	Notes/Contact Information
Alaska	X		<p>Phone: (907) 212-2378            Email: <a href="mailto:karen.good@providence.org">karen.good@providence.org</a>            Link: <a href="#">Alaska Respiratory Therapy information</a></p> <p>Respiratory therapists must be licensed in all U.S. states except for Alaska. However, Alaska's respiratory therapists are still expected to complete a degree in respiratory therapy to become proficient in the field and are encouraged to earn nationally recognized RT credentials as a way to remain competitive in the field.</p>
Arizona		X	<p>Phone: 602-542-5995            Email: <a href="mailto:info@rb.az.gov">info@rb.az.gov</a> or <a href="mailto:licensing@rb.az.gov">licensing@rb.az.gov</a>            Link: <a href="#">Arizona Respiratory Therapy Board</a></p> <p>Reciprocity: If you are applying for an Arizona License and you have practiced or have held a License in any other state you must provide a Letter of Verification from each state in which you practiced.</p>
Arkansas		X	<p>Phone: (501) 296-1802            Email: <a href="mailto:juli.carlson@armedicalboard.org">juli.carlson@armedicalboard.org</a>            Link: <a href="#">Arizona Medical Board</a></p> <p>Reciprocity: The ASMB must have verification of all licenses ever held, even temporary licenses from other states, whether active or inactive. The applicant will be responsible for requesting and paying any fees.</p> <p>The Arkansas State Medical Board will escalate the license applications of current and former military service members, and their spouses. License renewal fees are waived for all active duty military service members.</p>

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California		X	<p>Phone: (916) 999-2190  Email: <a href="mailto:rcbinfo@dca.ca.gov">rcbinfo@dca.ca.gov</a>  Link: <a href="#">Respiratory Care Board of California</a></p> <p>California does not have reciprocity with any states; therefore, you will need to apply for a Respiratory Care Practitioner (RCP) license issued by the Respiratory Care Board to practice in California. However, if you have already earned your RRT credential, you will not be required to retake an initial licensing exam. You will be required to have proof of your credential, out-of-state license, and education requirements sent to our office</p>
Colorado	X		<p>Phone: (303) 894-7800  Email: <a href="mailto:dora_dpo_hppp@state.co.us">dora_dpo_hppp@state.co.us</a>  Link: <a href="#">Colorado Department of Regulatory Agencies</a></p> <p>Reciprocity: An applicant for a license to practice respiratory therapy shall submit to the director written evidence that he or she is credentialed with the national board for respiratory care as a certified or registered respiratory therapist and shall pay a fee as determined by the director. An applicant must be currently in possession of an unrestricted license in good standing to practice respiratory therapy under the laws of another state or territory of the United States or foreign country, if the qualifications of the applicant are deemed by the director to be substantially equivalent to those required by this state, and whether the applicant has ever had a disciplinary action taken in regard to the applicant's license to practice respiratory therapy in another state.</p>

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Connecticut		X	<p>Phone: (860) 509-7603  Email: <a href="mailto:oplc.dph@ct.gov">oplc.dph@ct.gov</a>  Link: <a href="#">Connecticut Respiratory Care</a></p> <p>Reciprocity: An applicant for licensure must have completed an educational program for Respiratory Therapists or Respiratory Therapy Technicians which, at the time of completion, was accredited by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs, in cooperation with the Joint Review Committee for Respiratory Therapy Education, or was recognized by the Joint Review Committee for Respiratory Therapy Education; or the Committee on Accreditation for Respiratory Care; and Successfully completed either the Entry Level or Advanced Practitioner Respiratory Care examination administered by the National Board for Respiratory Care, and be currently credentialed by the National Board for Respiratory Care.</p>
Delaware		X	<p>Phone: (302) 744-4500  Email: <a href="mailto:customerservice.dpr@delaware.gov">customerservice.dpr@delaware.gov</a>  Link: <a href="#">Delaware Professional Regulations</a></p> <p>Reciprocity: The applicant must possess a current license in a state which has licensing requirements equal to or exceeding the requirements of Delaware subchapters, and there may not be any outstanding or unresolved complaints pending against the applicant; an applicant may not have been assessed any administrative penalties regarding the applicant's practice of respiratory care or be under investigation for misconduct.</p>

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District of Columbia		X	<p>Phone: (202) 442-8336  Email: <a href="mailto:dcbosp@dc.gov">dcbosp@dc.gov</a>  Link: <a href="#">District of Columbia Respiratory Care Licensing</a></p> <p>Reciprocity requirements: Official transcript (with seal) showing successful completion of an educational course in respiratory care from an approved institution. May be sent directly from the school but is preferred that it accompany the application in a sealed envelope. A certified examination results from the National Board for Respiratory Care, Inc. The National Board for Respiratory Care. The applicant shall also submit a verification of licensure from each jurisdiction where the applicant is or was licensed to practice respiratory care.</p>
Florida		X	<p>Phone: (850) 245-4373  Email: <a href="mailto:MQALicensureServices@flhealth.gov">MQALicensureServices@flhealth.gov</a>  Link: <a href="#">Florida Respiratory Care</a></p> <p>Reciprocity &amp; Endorsement: The applicant holds the “Certified Respiratory Therapist” or the “Registered Respiratory Therapist” credential issued by the National Board for Respiratory Care (NBRC), or an equivalent credential acceptable to the Board; or the applicant holds certification, or the equivalent, to deliver respiratory care in another state and such certification was granted pursuant to requirements determined to be equivalent to, or more stringent than, the requirements in Florida.</p>

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Georgia		X	<p>Phone: (404) 463-2292  Email: <a href="mailto:dominique.white1@dch.ga.gov">dominique.white1@dch.ga.gov</a>  Link: <a href="#">Georgia Respiratory Care Professional</a></p> <p>Reciprocity: Any person who has been granted certification, registration, licensure or other to practice respiratory care in another state whose requirements for such to practice are substantially equal to or exceed the requirements for certification in this state may petition the Board for reciprocity in this State. Verification by oath of certification, registration, licensure or other to practice respiratory care must be submitted directly to the Board. Any applicant for certification by reciprocity must submit a notarized statement of reference from a physician, currently licensed in the state where the applicant has been practicing attesting to the fact that the applicant is qualified to practice respiratory care. Reciprocity applicants who have not practiced respiratory care in another state for 12 months or more will be required to prove to the Board's satisfaction that the applicant-maintained knowledge, skill &amp; proficiency in respiratory care.</p>
Guam		X	<p>Phone:  Email:  Link:</p>

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Hawaii		X	<p>Phone: (808) 586-3000  Email: <a href="mailto:pvl@dcca.hawaii.gov">pvl@dcca.hawaii.gov</a>  Link: <a href="#">Hawaii Respiratory Therapists</a></p> <p>Reciprocity and Endorsements: A license through endorsement may be granted to applicants who hold CURRENT licenses in another state or jurisdiction that are in good standing, provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's. In addition to the application and fee, you must request a "Verification of License - Respiratory Therapist form (Form RT- 05) be completed by the states where you are licensed and attach original with board's seal to your application form.</p>
Idaho		X	<p>Phone: (208) 334-3233  Email: <a href="mailto:HP-Licensing@dopl.idaho.gov">HP-Licensing@dopl.idaho.gov</a>  Link: <a href="#">Idaho Respiratory Therapy</a></p> <p>Reciprocity: The person is licensed as a respiratory care practitioner or the equivalent, as determined by the board, in good standing in another state or the District of Columbia, or in a territory of the United States; or the person is a certified respiratory therapy technician (CRTT) or registered respiratory therapist (RRT).</p>
Illinois		X	<p>Phone: 1 (888) 473-4858  Email: <a href="mailto:FPR.LMU@illinois.gov">FPR.LMU@illinois.gov</a>  Link: <a href="#">Illinois Respiratory Care</a></p> <p>Reciprocity and Endorsement: Each application of Reciprocity/Endorsement is reviewed on an individual basis. Supporting document(s) must be completed in its entirety by the Dean of the respiratory care program from which you graduated with a school seal. Supporting document(s) must be completed by the</p>

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			jurisdiction of original licensure in which you are currently licensed and practicing.
Indiana		X	<p>Phone: (317) 232-2960  Email: <a href="mailto:pla14@pla.in.gov">pla14@pla.in.gov</a>  Link: <a href="#">Indiana Respiratory Care</a></p> <p>Reciprocity and Endorsement: Applicants must submit a “Verification of State Licensure” form, submitted to the Committee directly from the state, that you hold a current license, registration, or certification or applicants that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration, or certification. This statement must be signed and dated by the applicant.</p>
Iowa		X	<p>Phone: (515) 281-0254  Email: <a href="mailto:PLPublic@idph.iowa.gov">PLPublic@idph.iowa.gov</a>  Link: <a href="#">Iowa Board of Respiratory Care</a></p> <p>Reciprocity and Endorsement: Applicants that have been previously licensed, registered or certified in any other state must provide official verification of licensure in the other state(s). The license verification must include license issue date, expiration date and any pending or past disciplinary action. The verification may be printed from another state licensing board’s website if it contains all the required information.</p>



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Kansas		X	<p>Phone: (785) 296-7413            Email: <a href="mailto:KSBHA_Licensing@ks.gov">KSBHA_Licensing@ks.gov</a>            Link: <a href="#">Kansas Respiratory Therapy</a></p> <p>Reciprocity: Applicants should provide documents from all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. Verification fees may be applicable and are the applicant's responsibility.</p>
Kentucky		X	<p>Phone: (859) 246-2747            Email: <a href="mailto:tamara.mcdaniel@ky.gov">tamara.mcdaniel@ky.gov</a>            Link: <a href="#">Kentucky Board of Respiratory Care</a></p> <p>Reciprocity: Respiratory care practitioners duly authorized to practice in other states and in good standing and who have held a RRT or hold the CRT credential or its equivalent may be conferred a mandatory certificate by the board if the requirements for licensure or certification in that state are substantially equal to the requirements of this section.</p>
Louisiana		X	<p>Phone: (504) 568-6820 x235            Email: <a href="mailto:lsbme@lsbme.la.gov">lsbme@lsbme.la.gov</a>            Link: <a href="#">Louisiana Respiratory Therapists</a></p> <p>Reciprocity: A person who possesses a current, unrestricted license to practice respiratory therapy issued by the medical licensing authority of another state, the District of Columbia, or a territory of the United States, shall only be eligible for licensure in this state if the applicant meets all the qualifications for licensure specified and satisfies the procedural and other requirements specified including but not limited to restrictions and/or limitations on the examination.</p>

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Maine		X	<p>Phone: 207-624-8603  Email: <a href="mailto:respcare.lic@maine.gov">respcare.lic@maine.gov</a>  Link: <a href="#">Maine Board of Respiratory Care Practitioners</a></p> <p>Reciprocity: The Maine Board of Respiratory Care Practitioners requires that a verification of every license be submitted with the application, even if that license is not currently active (Online verifications are acceptable).</p>
Maryland		X	<p>Phone: (410) 764-4764  Email: <a href="mailto:mbpmail@rcn.com">mbpmail@rcn.com</a>  Link: <a href="#">Maryland Respiratory Care Practitioners</a></p> <p>Reciprocity: The Board will issue a license by reciprocity to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to Maryland's licensing requirements at the time the applicant received a license; and the other state offers a similar reciprocal licensure process to Maryland licensed physicians.</p>

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Massachusetts		X	<p>Phone: (800) 414-0168  Email: <a href="mailto:Multiboard.Admin@state.ma.us">Multiboard.Admin@state.ma.us</a>  Link: <a href="#">Massachusetts Respiratory Care Licensing</a></p> <p>Reciprocity: Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you currently or have previously held any professional license or board certification. The state or other jurisdictions must send verifications directly to the Board.</p>
Michigan		X	<p>Phone: (517) 335-0918 or (517) 241-0199 (Opt. 2)  Email: <a href="mailto:BPLHelp@michigan.gov">BPLHelp@michigan.gov</a>  Link: <a href="#">Michigan Respiratory Care</a></p> <p>Reciprocity and Endorsement: Applicants for licensure by endorsement who were registered or licensed as a respiratory therapist in another state for 5 years or more immediately preceding the date of application must submit the following:  Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed. Applicants for licensure by endorsement who have been registered or licensed as a respiratory therapist in another state for less than 5 years immediately preceding the date of application must complete the following: Arrange for official transcripts to be sent directly to this office confirming the completion of a 2-year associate degree from an accredited college or university that meets the recognition standards and criteria of the Council for Higher Education</p>

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			<p>Accreditation (CHEA). Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.</p>
Minnesota		X	<p>Phone: 612-617-2130            Email: <a href="mailto:medical.board@state.mn.us">medical.board@state.mn.us</a>            Link: <a href="#">Minnesota Respiratory Care</a></p> <p>Reciprocity: Applicants applying under reciprocity must have a current, unrestricted credential in another state and must have worked as a respiratory therapist at least eight weeks during the last five years.</p>
Mississippi		X	<p>Phone: (601) 364-7360            Email: <a href="#">Contact Us</a>            Link: <a href="#">Mississippi Professional Licensure Information</a></p> <p>Reciprocity and Endorsement: An individual shall not be prohibited from performing such procedures for which he was tested, so long as the testing body offering the examination is certified by the National Commission for Health Certifying Agencies or its equivalent, and so long as the individual is a licensed health care provider in the state of Mississippi. There appear to be no regulations permitting licensure based on reciprocity.</p>

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Missouri		X	<p>Phone: 573.522.5864  Email: <a href="mailto:rcp@pr.mo.gov">rcp@pr.mo.gov</a>  Link: <a href="#">Missouri Board of Respiratory Care</a></p> <p>Reciprocity: A person who holds a valid current license issued by another state, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a license in Missouri in the same occupation or profession, and at the same practice level, for which he or she holds the current license.</p>
Montana		X	<p>Phone: (406) 841-2300  Email: <a href="mailto:DLIBSDWEBHELP@MT.GOV">DLIBSDWEBHELP@MT.GOV</a>  Link: <a href="#">Montana Board of Respiratory Care</a></p> <p>Reciprocity: The applicant is responsible for requesting official verification from their current state of licensure and ALL previous licenses held, regardless of status.</p>
Nebraska		X	<p>Phone: (402) 471-2299  Email: <a href="mailto:DHHS.RehabOffice@nebraska.gov">DHHS.RehabOffice@nebraska.gov</a>  Link: <a href="#">Nebraska Respiratory Care</a></p> <p>Reciprocity: If you hold or have held a health-related license in any state (other than Nebraska), you must contact that state and request a verification of your license (do not send a copy of your license).</p>

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Nevada		X	<p>Phone: (775) 688-2559  Email: <a href="mailto:lldnsbme@medboard.nv.gov">lldnsbme@medboard.nv.gov</a>  Link: <a href="#">Nevada Respiratory Care</a></p> <p>Reciprocity/Endorsement: If a physician is licensed in another state and is in good standing, he/she may apply for medical licensure by endorsement from that state. (In the state of Nevada, endorsement is not reciprocity.)</p>
New Hampshire		X	<p>Phone: 603-271-8353  Email: <a href="mailto:alliedhealth@oplc.nh.gov">alliedhealth@oplc.nh.gov</a>  Link: <a href="#">New Hampshire Advisory Board of Respiratory Practitioners</a></p> <p>Reciprocity/Endorsement: Under the governor's declaration of emergency directive, any out-of-state health care practitioners may practice in New Hampshire to assist with the state's response to COVID-19, provided they are licensed and in good standing in their home state.</p>
New Jersey		X	<p>Phone: (973) 504-6485  Email: <a href="mailto:ClarkR@dca.njoag.gov">ClarkR@dca.njoag.gov</a>  Link: <a href="#">New Jersey State Board of Respiratory Care</a></p> <p>Reciprocity/Endorsement: If you are required to submit proof that you are licensed in a state other than New Jersey, contact that out-of-state licensing board and request that it send a license verification letter directly to the New Jersey Board. The submission of a copy of your out-of-state license doesn't not meet the requirements for license verification.</p>

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New Mexico		X	<p>Phone: (505) 476-4965  Email: <a href="mailto:RespiratoryCareBd@state.nm.us">RespiratoryCareBd@state.nm.us</a>  Link: <a href="#">New Mexico Respiratory Care</a></p> <p>Reciprocity/Endorsement: Copies of other state professional licenses &amp; verification of licensure forms sent directly from other state boards along with a résumé with employment information encompassing five years prior to the application.</p>
New York		X	<p>Phone: (518) 474-3817 x120  Email: <a href="#">Contact Us</a>  Link: <a href="#">New York Respiratory Therapy</a></p> <p>Reciprocity/Endorsement: The Office of the Professions (OP) will accept electronic verifications of licensure, certification and examination completion from other licensing authorities located in the United States provided that the OP can independently authenticate that the verification is received directly from the licensing authority, and the applicant had no opportunity to directly access or alter the verification before it is sent or transmitted.</p>
North Carolina	X		<p>Phone: (919) 878-5595  Email: <a href="mailto:bcroft@ncrcb.org">bcroft@ncrcb.org</a>  Link: <a href="#">North Carolina Respiratory Care Board</a></p> <p>Reciprocity/Endorsement: If you currently hold or have held a health care provider license in any jurisdiction(s), have the licensing agency complete and send an official verification of license status to the NCRCB.</p>

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North Dakota		X	<p>Phone: (701) 222-1564            Email: <a href="mailto:ndsbrc@aptnd.com">ndsbrc@aptnd.com</a>            Link: <a href="#">North Dakota Board of Respiratory Care</a></p> <p>Reciprocity: To apply for licensure by reciprocity, pay an \$80.00 Licensure Fee, submit an official verification of your license in all jurisdictions in which you hold and previously held a license(s). You will need to contact each state and request either a letter of verification or the URL for their on-line license verifications and have either forwarded to the NDSBRC Office. Submit to a statewide and nationwide criminal history record check.</p>
Northern Mariana Islands		X	<p>Phone:            Email:            Link:</p>
Ohio		X	<p>Phone: (614) 466-3934            Email: <a href="mailto:license@med.ohio.gov">license@med.ohio.gov</a>            Link: <a href="#">Ohio Respiratory Therapy</a></p> <p>No information on reciprocity/endorsement found.</p>
Oklahoma		X	<p>Phone: (405) 962-1400            Email: <a href="mailto:licensing@okmedicalboard.org">licensing@okmedicalboard.org</a>            Link: <a href="#">Oklahoma Respiratory Care</a></p> <p>Reciprocity/Endorsement: Yes, if currently licensed to practice respiratory care in another state, territory or country, if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state, credentials are conferred by the National Board for Respiratory Care as a Certified Respiratory Therapy Technician (CRTT) or as a Registered Respiratory Therapist (RRT), provided such credentials have not been suspended or</p>



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			<p>revoked; and certification under oath that applicant's credentials have not been suspended or revoked.</p>
Oregon		X	<p>Phone: (503) 378-8667            Email: <a href="mailto:hlo.info@dhsosha.state.or.us">hlo.info@dhsosha.state.or.us</a>            Link: <a href="#">Oregon Respiratory Therapist Licensing Board</a></p> <p>Reciprocity: An applicant who is currently licensed to practice respiratory care under the laws of another state, territory, or country if the qualifications of the applicant are considered by the office to be equivalent to those required in this state; or an applicant holding an active credential conferred by the National Board for Respiratory Care as a Certified Respiratory Therapist (CRT) or as a Registered Respiratory Therapist (RRT), or both.</p>
Pennsylvania		X	<p>Phone: (717) 783-4858            Email: <a href="mailto:ST-MEDICINE@PA.GOV">ST-MEDICINE@PA.GOV</a>            Link: <a href="#">Pennsylvania Respiratory Therapist</a></p> <p>Reciprocity: Respiratory therapists who hold the CRT or RRT credential from the NBRC and who are licensed in another state may apply for licensure in Pennsylvania. The process is virtually the same as for those individuals who are applying as a new graduate.</p>
Puerto Rico		X	<p>Phone: (787) 999-8989 x6588            Email: <a href="mailto:amarilysirizarry@gmail.com">amarilysirizarry@gmail.com</a>            Link:</p>

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Rhode Island		X	<p>Phone: 401-222-5960  Email: <a href="mailto:linda.esposito@health.ri.gov">linda.esposito@health.ri.gov</a>  Link: <a href="#">Rhode Island Respiratory Care Licensing</a></p> <p>Reciprocity: If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.</p>
South Carolina		X	<p>Phone: (803) 896-4500  Email: <a href="mailto:medboard@llr.sc.gov">medboard@llr.sc.gov</a>  Link: <a href="#">South Carolina Respiratory Care</a></p> <p>Reciprocity: Verify all state licenses/certificates and all supporting documents.</p>
South Dakota		X	<p>Phone: 605-367-7781  Email: <a href="mailto:sdbmoe@state.sd.us">sdbmoe@state.sd.us</a>  Link: <a href="#">South Dakota Respiratory Therapist</a></p> <p>Reciprocity/Endorsement: The Board will issue a license by reciprocity to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to South Dakota's licensing.</p>

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Tennessee		X	Phone: (615) 532-5090 Email: <a href="mailto:Unit3HRB.Health@tn.gov">Unit3HRB.Health@tn.gov</a> Link: <a href="#">Tennessee Board of Respiratory Care</a>  Reciprocity: all universities attended, (Must be received directly from institution), Verification of credentials sent to us from NBRC, Passport style Photo, Mandatory Practitioner profile, Background Check, Verification of all Respiratory care licenses held regardless of status, Verification of any medical license held regardless of status. Must come directly from the issuing state.
Texas		X	Phone: (512) 305-7010 Email: <a href="mailto:verifcic@tmb.state.tx.us">verifcic@tmb.state.tx.us</a> Link: <a href="#">Texas Respiratory Care</a>

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US Virgin Islands		X	Phone: Email: Link:
Utah		X	Phone: (801) 530-6628 Email: <a href="mailto:b8@utah.gov">b8@utah.gov</a> Link: <a href="#">Utah Respiratory Care</a>  Reciprocity/Endorsement: Some applicants may qualify for an alternate pathway to licensure by endorsement. Applicants who have held a license in another state, district, or territory of the United States that have a similar scope of practice may request licensure by endorsement if after being licensed outside of this state, the person has at least one year of experience in the state, district, or territory of the United States where the license was issued. To apply by endorsement, the following items are required to complete your application - \$60.00 non-refundable application-processing fee, made payable to "DOPL", supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire", Official verification of your

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			Respiratory Care Practitioner license in another approved jurisdiction that meets the qualifications outlined above.
Vermont		X	Phone: (802) 828-1502 Email: <a href="mailto:SOS.OPRLicensing2@vermont.gov">SOS.OPRLicensing2@vermont.gov</a> <a href="#">Contact Us</a> Link: <a href="#">Vermont Office of Professional Regulation</a>
Virginia		X	Phone: (804) 367-4600 Email: <a href="mailto:ashley.cota@sec.state.vt.us">ashley.cota@sec.state.vt.us</a> Link: <a href="#">Virginia Respiratory Therapist</a>  Reciprocity: Virginia does not have reciprocity. An applicant must meet the education and examination requirements to become licensed.

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Washington		X	<p>Phone: 360-236-4700  Email: <a href="mailto:HSQA.CSC@doh.wa.gov">HSQA.CSC@doh.wa.gov</a>  Link: <a href="#">Washington Respiratory Care</a></p> <p>Reciprocity: Applicants must list all states where they do or did hold credentials, including where the applicant applied but didn't receive a credential. The jurisdiction where the applicant is or was credentialed must complete and submit a verification form. The jurisdiction must send the completed form directly to the department.</p>
West Virginia		X	<p>Phone: (304) 558-1382  Email: <a href="mailto:wvborc@wv.gov">wvborc@wv.gov</a>  Link: <a href="#">West Virginia Board of Respiratory Care</a></p>
Wisconsin		X	<p>Phone: (608) 266-2112  Email: <a href="mailto:dsps@wi.gov">dsps@wi.gov</a>  Link: <a href="#">Wisconsin Respiratory Care Practitioner</a></p> <p>Reciprocity: Certify that you are licensed in another state, and you have taken the National Certification Examination for Respiratory Care, proof that the provider holds a current and valid license issued in another state, proof that the provider license has no restrictions or limitations placed on license issued by the credentialing state or other jurisdiction, proof that the provider is not currently under investigation. Any health care provider practicing must apply for a temporary or permanent health care license within ten (10) days of first working at the Wisconsin health care facility.</p>

State	Meets state educational Requirements	Does not meet educational requirements	Notes/Contact Information
Wyoming		X	<p>Phone: (307) 777-5403  Email: <a href="mailto:Carla.Fleming@wyo.gov">Carla.Fleming@wyo.gov</a>  Link: <a href="#">Wyoming Respiratory Care</a></p> <p>Reciprocity/Endorsement: You can be eligible for licensure through endorsement if the credentials and qualifications you earned for licensure in your home state are equivalent to those required in Wyoming. There are two ways you can demonstrate this to Wyoming's Board for Respiratory Care: By submitting proof of your current license for evaluation by the Board or by holding current credentials as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT).</p>