

Effective May 22, 2023, Plc 1500 reads as follows:

CHAPTER Plc 1500 RESPIRATORY CARE PRACTITIONERS

Statutory Authority: RSA 326-E:2

PART Plc 1501 PURPOSE AND APPLICABILITY; SENDING NOTICES AND LICENSES

Plc 1501.01 Purpose. The purpose of this chapter is to implement RSA 326-E relative to regulating respiratory care practitioners, by establishing requirements for:

- (a) Obtaining and renewing a license to practice respiratory care;
- (b) Obtaining the reinstatement of a license to practice respiratory care that has expired or otherwise been rendered inactive or invalid; and
- (c) Regulating the practices of licensed respiratory care practitioners.

Plc 1501.02 Applicability. This chapter shall apply to any individual who intends to practice or who does actually practice respiratory care in New Hampshire, subject to the exceptions in RSA 326-E:6, reprinted in Appendix C.

Plc 1501.03 Notifications; Issuance of Licenses.

- (a) All notifications sent to applicants and licensees and all licenses issued pursuant to this chapter shall be sent to the applicant's or licensee's designated email address.
- (b) All notifications and licenses sent to a designated email address for which the OPLC does not receive any indication that the email was not delivered shall be deemed to have been received by the individual who designated the email address.

PART Plc 1502 DEFINITIONS

Plc 1502.01 "Active in the profession" means engaging in respiratory care as a direct care provider, an educator, an administrator, or a respiratory care consultant.

Plc 1502.02 "Advisory board" means the advisory board of respiratory care practitioners established pursuant to RSA 326-E:5.

Plc 1502.03 "Certified pulmonary function technician (CPFT)" means "certified pulmonary function technician" as defined in RSA 326-E:1, II, reprinted in Appendix C.

Plc 1502.04 "Criminal records check" means the process undertaken by the NH department of safety (NHDOS) that requires live scanned prints to be taken digitally and submitted electronically to the NH criminal records unit and the FBI. The term includes a "criminal history record" but does not include an "online NH criminal conviction check".

Plc 1502.05 "Contact hour" means a unit of measure of continuing professional education that equals 60 minutes of time unless used as a time-equivalent, such as one contact hour per college credit as in Plc 1507.07(b) or 12 contact hours for passing a specialty exam as in Plc 1507.09(b).

Plc 1502.06 "Continuing professional education" means structured courses, activities, and experiences that are beyond entry-level preparation for professional licensing and designed to provide advanced or enhanced knowledge in the field of respiratory care. The term includes "continuing education".

Plc 1502.07 “Cooperate” means to provide information requested by an investigator during an investigation and to answer any questions posed by the investigator in order to enable the executive director to determine compliance with RSA 326-E and Plc 1500.

Plc 1502.08 “Designated email address” means the email address provided by an applicant or licensee as the address for the OPLC to use when sending notifications and licenses.

Plc 1502.09 “Direct supervision” means supervision through direct and continuous observation of the activities of the individual being supervised.

Plc 1502.10 “Executive director” means the executive director of the office of professional licensure and certification (OPLC) or designee.

Plc 1502.11 “Indirect supervision” means supervision through the supervisor’s review of the treatment progress notes made by the individual being supervised, telephone conversations between the supervisor and the individual being supervised, electronic correspondence between the supervisor and the individual being supervised, or any other form of supervision that is not direct supervision.

Plc 1502.12 “Investigator” means an individual authorized by the executive director to conduct an investigation into allegations of potential violations by a practitioner of applicable provisions in RSA 326-E or Plc 1500, or both.

Plc 1502.13 “License” means “license” as defined in RSA 541-A:1, VIII, namely “the whole or part of any agency permit, certificate, approval, registration, charter or similar form of permission required by law.” For purposes of providing information on professional activities in other jurisdictions, the term includes license, certificate, registration, or any other form of approval required to practice respiratory care in that jurisdiction.

Plc 1502.14 “Licensing bureau” means the organizational unit within the OPLC’s division of licensing and board administration that is responsible for accepting and processing applications.

Plc 1502.15 “Live programming” means educational programming presented by an instructor or by a panel of instructors that is available to attendees at the time it is being originally presented. The term includes a program attended remotely using a computer or other audio-visual telecommunications equipment, provided the attendee has an opportunity during the program to ask questions about the material presented that are answered by the instructor(s).

Plc 1502.16 “Military spouse” means an individual who is legally married to an individual who is on active military duty.

Plc 1502.17 “On active military duty” means on active duty in the U.S. armed forces. The term includes “active military”.

Plc 1502.18 “National Board for Respiratory Care, Inc. (NBRC)” means “National Board for Respiratory Care, Inc.” as defined in RSA 326-E:1, IV, reprinted in Appendix C.

Plc 1502.19 “Personal contact information” means an individual’s home or personal telephone number, designated email address, home physical address, and home mailing address if different.

Plc 1502.20 “Plan of correction” means a list of specific actions to be taken with a deadline for taking each action, to reflect how a licensee will correct a violation of, and come into compliance with, Plc 1500 and RSA 326-E.

Plc 1502.21 “Registered polysomnographic technologist (RPSGT)” means “registered polysomnographic technologist” as defined in RSA 326-E:1, VIII, reprinted in Appendix C.

Plc 1502.22 “Registered pulmonary function technologist (RPFT)” means “registered pulmonary function technologist” as defined in RSA 326-E:1, IX, reprinted in Appendix C.

Plc 1502.23 “Respiratory care” means “respiratory care” as defined in RSA 326-E:1, X, reprinted in Appendix C. The term includes “respiratory therapy”.

Plc 1502.24 “Respiratory care educational program” means “respiratory care educational program” as defined in RSA 326-E:1, XI, reprinted in Appendix C.

Plc 1502.25 “Respiratory care practitioner” means “respiratory care practitioner” as defined in RSA 326-E:1, XII, reprinted in Appendix C.

Plc 1502.26 “Working day” means any Monday through Friday, excluding days on which state offices are closed in observation of holidays.

PART Plc 1503 ADVISORY BOARD

Plc 1503.01 Advisory Board Members Appointment and Qualifications.

(a) As required by RSA 326-E:5, the executive director shall establish an advisory board of respiratory care practitioners consisting of 3 members, who shall be licensed respiratory care practitioners.

(b) As provided in RSA 326-E:5:

- (1) Each member shall be appointed to a term of 3 years; and
- (2) No member shall serve more than 2 consecutive full terms.

(c) Each of the licensed respiratory care practitioners appointed to the advisory board shall:

- (1) Have been certified by the National Board for Respiratory Care, Inc. (NBRC) for at least 3 years preceding the appointment;
- (2) Be currently licensed in New Hampshire when appointed and for the duration of the term; and
- (3) Have actively practiced in New Hampshire for at least one year immediately preceding appointment to the advisory board.

Plc 1503.02 Meetings and Records of Advisory Board.

(a) The advisory board shall meet at the call of the executive director.

(b) Meetings of the advisory board shall be held at the OPLC’s offices in Concord, NH, or in such location as the executive director determines will be most convenient for the largest number of anticipated attendees.

(c) Notice of meetings shall be provided as required by RSA 91-A.

(d) Records of the advisory board shall be maintained by the executive director as required by RSA 91-A.

Plc 1503.03 Responsibilities of Advisory Board.

(a) As provided in RSA 326-E:5, the advisory board shall advise the executive director regarding the implementation of RSA 326-E, including in particular by reviewing and commenting on proposed rules and proposed revisions to rules intended to implement RSA 326-E.

(b) If requested by the executive director based on a determination that the expertise of the advisory board members is needed, members of the advisory board shall sit as part of a panel for an adjudicative hearing conducted pursuant to applicable provisions in Plc 200 and RSA 541-A.

(c) If requested by the executive director based on a determination that the expertise of the advisory board members is needed, the advisory board shall assist with an investigation commenced pursuant to Plc 204 relative to complaints and investigations.

Plc 1503.04 Records of Predecessor Board. The records of the respiratory care practitioners governing board that existed prior to July 19, 2022, the effective date of Laws of 2022, ch. 72, shall be:

(a) Retained by the executive director in accordance with the retention schedule established pursuant RSA 310-A:1-d, II(e) and available in the frequently asked questions (FAQ) section of the OPLC website at <https://www.oplc.nh.gov>; and

(b) Available for public review as provided in Plc 100.

PART Plc 1504 INITIAL LICENSURE

Plc 1504.01 Statutory Qualifications.

(a) As required by RSA 326-E:3, I, to qualify for an initial license to practice respiratory care an applicant shall be of good professional character and:

(1) Be a graduate of a respiratory care educational program; or

(2) Have successfully completed and achieved a passing score for the entry level exam administered in English by the NBRC prior to July 31, 1977;

(b) As required by RSA 326-E:3, II and as further explained in Plc 1504.02, an applicant for initial licensure shall also pass a standardized national examination administered in English by the NBRC or by its successor organization.

(c) As required by RSA 326-E:3, III, an applicant for initial licensure shall certify under oath that the applicant is not under investigation by any professional licensing board and that the applicant's credentials have not been suspended or revoked by any professional licensing board.

(d) As required by RSA 326-E:3, IV, an applicant for initial licensure who has not practiced as a respiratory care practitioner for at least 500 hours per year during the 4 years prior to filing the application shall successfully complete continuing education and continuing competence requirements set forth in Plc 1505.01.

Plc 1504.02 Examination Required. To be eligible for licensure in New Hampshire, an individual shall:

(a) Pass the examination(s) administered in English by the NBRC to earn the certified respiratory therapist (CRT) credential or the registered respiratory therapist (RRT) credential; and

(b) Arrange for the individual's examination scores to be sent directly to the licensing bureau by the NBRC.

Plc 1504.03 Applying for Initial Licensure.

(a) Any individual who meets the statutory qualifications as reiterated in Plc 1504.01 and wishes to engage in the practice of respiratory care who is not already licensed in New Hampshire shall file an application for an initial license in accordance with this section.

(b) Each applicant for initial licensure shall submit to the licensing bureau:

- (1) A “Universal Application for Initial License” dated April 2023, as tailored for respiratory care licenses, that contains the information specified in Plc 304.03 and Plc 1504.04 and is signed and attested to as specified in Plc 304.05;
- (2) The documentation specified in Plc 304.04 and Plc 1504.05 as applicable; and
- (3) An application processing fee of \$165.

(c) Each applicant shall also complete the process established by the NHDOS for requesting a criminal records check, accessible via the NHDOS website at <https://www.nh.gov/safety/> or directly at <https://services.dos.nh.gov/chri/cpo/>, including paying any required fee and directing that the results be sent to the licensing bureau.

Plc 1504.04 Information Required for Initial License Application. In addition to the information required by Plc 304.03, the applicant for an initial license to practice respiratory care shall provide the following information:

(a) In addition to the required information about the applicant’s relevant education, whether the program was accredited by the American Medical Association’s Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education, by the Committee on Accreditation for Respiratory Care, or by the Commission on Accreditation of Allied Health Education Programs, or a successor organization to any of these organizations, if known;

(b) The date the applicant sat for one of the examinations required by Plc 1504.02(a) and the credential earned; and

(c) The number of hours the applicant has been active in the profession in each of the prior 4 consecutive 12-month periods.

Plc 1504.05 Documentation Required for Initial License Application. In addition to the information and documentation required by Plc 304.04, the applicant shall provide the following with an application for initial licensure:

(a) Documentation of current certification by the NBRC; and

(b) If the applicant is subject to conditional licensure pursuant to Plc 1504.08(c) based on RSA 326-E:3, IV, both a completed supervision form as described in Plc 1505.03 and the following proofs of having met the competency requirements of Plc 1505.01:

(1) For the courses described in Plc 1505.01(a) and (b), proofs of attendance showing:

- a. The name of the applicant;
- b. The name or main topic of the course;
- c. The beginning and ending dates of the course;
- d. The duration of the course in hours; and
- e. The signature of a representative of the course sponsor or provider; and

(2) For the NBRC self-assessment examination described in Plc 1505.01(c), the applicant’s scores sent directly to the licensing bureau by the NBRC.

Plc 1504.06 Initial Review of Applications for Initial Licensure; Abandonment.

(a) Within 30 days of receipt of an application for initial licensure submitted pursuant to Plc 1504.03, the licensing bureau shall process the application as provided in Plc 304.06.

(b) The application shall be subject to the abandonment provisions of Plc 304.06(h).

(c) If the application is abandoned, the application processing fee shall not be refunded.

Plc 1504.07 Withdrawal of Application for Initial Licensure.

(a) An applicant may withdraw an application for licensure at any time prior to being notified of a decision under Plc 1504.08, by proceeding in accordance with Plc 304.07.

(b) If the application is withdrawn, the application processing fee shall not be refunded.

Plc 1504.08 Review of Complete Applications for Initial Licensure; Decisions.

(a) After determining that an application is complete, the licensing bureau shall review the application to determine whether the applicant meets all criteria specified in applicable law for a license to practice respiratory care.

(b) Subject to (c), below, the licensing bureau shall approve an application for initial licensure and issue a license if the applicant:

(1) Has submitted an application that meets the requirements of Plc 1504.03; and

(2) Meets the statutory requirements for licensure reiterated in Plc 1504.01.

(c) The licensing bureau shall issue a conditional license that is subject to Plc 1505 to an applicant otherwise eligible for initial licensure if the applicant has been:

(1) Active in the profession fewer than 500 hours during each 12-month period for 4 consecutive 12-month periods and meets the competency requirements of Plc 1505.01; or

(2) Active in the profession fewer than 1750 hours after passing one of the examinations described in Plc 1504.02.

(d) The licensing bureau shall notify the applicant of the decision on the application in writing sent to the applicant's designated email address.

(e) If the licensing bureau determines that the applicant has not demonstrated that all requirements to obtain a license or a conditional license are met, then:

(1) The licensing bureau shall conditionally deny the application; and

(2) The notice sent pursuant to (d), above, shall inform the applicant that the denial shall become final in 30 days unless the applicant requests a hearing in writing within 30 days.

(f) If the application is denied in accordance with (e), above, the application processing fee shall not be refunded.

Plc 1504.09 Challenging a Conditional Denial of Initial Licensure. An applicant who wishes to challenge the conditional denial of an application for initial licensure shall do so as provided in Plc 304.10.

Plc 1504.10 Initial Licenses: Issuance and Duration.

- (a) Each initial license to practice respiratory care issued by the OPLC shall specify:
 - (1) The name of the licensee;
 - (2) The effective date of the license; and
 - (3) The license number.
- (b) An initial license that is not conditional shall:
 - (1) Be valid for 2 years from the month of issuance as provided in RSA 310-A:1-h, III, provided that the timely filing of a complete renewal application shall continue the validity of the license being renewed until final action is taken on the renewal application;
 - (2) Expire on the last day of the month in which the license was issued unless a timely and complete renewal application is filed or the license is sooner suspended or revoked in accordance with Plc 1510; and
 - (3) Be subject to renewal.
- (c) A conditional license shall be valid as provided in Plc 1505.02(b).
- (d) A conditional licensee shall at all times be subject to the same disciplinary sanctions as are holders of full licenses.

Plc 1504.11 Facilitated Licensing for Active Duty Military and Military Spouses.

- (a) An applicant for licensure who is on active military duty or who is a military spouse shall apply for licensure as provided in Plc 1504.03, except that no application processing fee shall be required.
- (b) Each applicant who applies for facilitated licensing under this section shall be eligible to obtain a facilitated license if the applicant:
 - (1) Meets the qualifications for licensure summarized in Plc 1504.01; or
 - (2) Is licensed or registered in another jurisdiction, provided that the other jurisdiction's licensure or registration requirements are substantially equivalent to, or more stringent than, New Hampshire's requirements as described in Plc 1504.01.
- (c) Any individual who obtains a facilitated license under this section shall comply with all license renewal requirements specified in Plc 1508 if the individual wishes to continue to work as a recreational therapist in New Hampshire after the term of the initial license.

Plc 1504.12 Temporary License.

- (a) An applicant for an initial license to practice respiratory care may apply for a temporary license as provided in Plc 305 or Plc 306, as applicable, if the individual is licensed and in good standing in another U.S. jurisdiction having requirements for respiratory care licensure that are substantially the same as, or more stringent than, New Hampshire's.
- (b) The holder of a temporary license shall comply with:
 - (1) All ethical and professional standards that apply to full licensees; and
 - (2) Plc 1507.01 relative to required notifications.

PART Plc 1505 CONDITIONAL LICENSES

Plc 1505.01 Competence Requirements for Conditional Licenses. To obtain a conditional license under Plc 1504.08(c)(1), the applicant shall, within the calendar year immediately preceding the submission of an application for initial licensure:

- (a) Complete 12 contact hours of professional respiratory care courses that are:
 - (1) Described by the course sponsors or providers as review courses; and
 - (2) Approved by:
 - a. The American Medical Association's Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education or its successor organization;
 - b. The Committee on Accreditation for Respiratory Care or its successor organization;
 - c. The Commission on Accreditation of Allied Health Education Programs or its successor organization; or
 - d. The American Association for Respiratory Care (AARC) or its successor organization;
- (b) Complete an additional 6 contact hours of continuing education in:
 - (1) Current treatment or management of infectious diseases;
 - (2) Advances in the pharmacologic treatment of the cardio-pulmonary system;
 - (3) New modes of respiratory care; or
 - (4) Any other current topics in respiratory care; and
- (c) Take and score in the passing range on all parts of the NBRC self-assessment examination designed for the highest NBRC credential the applicant has obtained.

Plc 1505.02 Conditional Licenses; Supervision.

- (a) A conditional license shall limit the licensee to practicing under the following supervision by one or more individuals who are licensed to practice respiratory care in New Hampshire without conditions or limitations:
 - (1) Direct supervision, as defined in Plc 1502.09, for not less than 10 percent of the hours worked each week; and
 - (2) Indirect supervision, as defined in Plc 1502.11, for not less than 10 percent of the hours worked each week.
- (b) A conditional license shall remain valid for no more than 26 weeks unless:
 - (1) Its validity is extended pursuant to Plc 1505.07 or Plc 1505.08; or
 - (2) It is sooner suspended or revoked in accordance with Plc 1505.09 or Plc 1510.

Plc 1505.03 Supervision Form.

(a) The supervision form required by Plc 1504.05(b) shall be the “Supervision of Respiratory Care Conditional Licensee” form dated January 2023, as further described in (e), below.

(b) The individual to be supervised shall:

- (1) Legibly complete part I of the form, entitled “To be completed by the Applicant/Conditional Licensee (individual to be supervised)”; and
- (2) Give the form to the individual who will provide supervision.

(c) The individual who intends to provide supervision shall:

- (1) Legibly complete part II of the form, entitled “To be completed by the Supervisor”;
- (2) Sign and date the form; and
- (3) Return the form to the licensing bureau.

(d) The signature required on the form by (c), above, shall constitute the supervisor’s attestation that the supervisor:

- (1) Is licensed to practice respiratory care in New Hampshire without limitation or restriction;
- (2) Has read and understands Plc 1505 governing the supervision;
- (3) Agrees to undertake the duties of supervision;
- (4) Agrees to take responsibility for the acts and omissions of any individual to whom the signer delegates the duties of supervision under Plc 1505.04; and
- (5) Understands that the failure of the signer or the signer’s delegate to follow the rules governing the supervision has the potential to subject the signer to disciplinary sanctions.

(e) The “Supervision of Respiratory Care Conditional Licensee” form dated January 2023 shall comprise 2 parts, as follows:

(1) Part I, entitled “To be completed by the Applicant/Conditional Licensee (individual to be supervised)”, shall require the applicant or conditional licensee to provide the following information:

- a. The individual’s full legal name;
- b. The date the application is being submitted; and
- c. If the individual’s place of employment is known, the name, address, and telephone number of the place of employment; and

(2) Part II, entitled “To be completed by the Supervisor”, shall require the supervisor to provide the following information:

- a. The supervisor’s full legal name and New Hampshire license number;
- b. The name, address, and telephone number of the supervisor’s employer;
- c. The name, location, and telephone number of the site where the supervision will occur; and

d. The date the supervision is anticipated to start and the date the supervision is anticipated to end.

(f) If the identified supervisor becomes unable to serve as the supervisor for any reason that is not temporary as provided in Plc 1505.04, the conditional licensee shall complete the steps in (b) through (d), above, with a new supervisor.

Plc 1505.04 Temporary Delegation of Supervisory Responsibilities.

(a) If a supervisor is unable for any reason to perform the responsibilities of supervision, the supervisor shall:

- (1) Delegate the responsibilities on a temporary basis to an individual who is licensed to practice respiratory care in New Hampshire without conditions or limitations, if the circumstances causing the need for the delegation are expected to exist for 5 or fewer days on which direct supervision or indirect supervision of the conditional licensee is scheduled; or
- (2) Inform the conditional licensee that a new supervisor will be needed, if the circumstances causing the need for the delegation are expected to exist, or actually do exist, for more than 5 days on which direct supervision or indirect supervision of the conditional licensee is scheduled and the schedule cannot be changed to accommodate the circumstances.

(b) The supervisor identified on the supervision form submitted to the OPLC shall retain the ultimate responsibility for the conditional licensee's supervision even if supervision is delegated pursuant to (a)(1), above.

(c) A licensee to whom responsibility has been delegated pursuant to (a)(1), above, shall not further delegate any supervisory responsibilities.

Plc 1505.05 Requirements for Full Initial Licensure of Conditional Licensees.

(a) In order to achieve full licensure, a conditional licensee shall, within the period of validity of the conditional license:

- (1) Practice under the supervision required by Plc 1505.03(a) for at least 12 weeks if practicing 32 hours or more each week or for at least 24 weeks if practicing fewer than 32 hours each week; and
- (2) Demonstrate competency as documented by at least one supervisory letter that complies with (b), below.

(b) Each supervisory letter demonstrating competency shall:

- (1) Be on business stationery, dated and signed by the supervisor;
- (2) Be submitted directly to the licensing bureau by the supervisor;
- (3) Include the statement that the requirements of Plc 1505.05(a)(1) were met; and
- (4) Include the statement that, in the opinion of the supervisor, the conditional licensee is competent to practice under full licensure.

Plc 1505.06 Administrative Obligations of Conditional Licensees.

(a) Before the beginning of supervision by each individual who will provide some or all of the supervision, a conditional licensee shall:

- (1) Give the individual a copy of Plc 1505 and the supervision form specified in Plc 1505.03;
- (2) Discuss the required supervision with the individual; and
- (3) Request the supervisor to complete the form and submit it to the licensing bureau.

(b) Whenever an individual providing supervision is replaced by another individual on other than a temporary basis as provided in Plc 1505.04(a)(1), a conditional licensee shall:

- (1) Notify the licensing bureau of the replacement; and
- (2) Take the actions required by (a), above.

Plc 1505.07 Extension of Conditional License When Supervised Practice is Incomplete or Supervisory Letter is Unavailable. The licensing bureau shall extend a conditional license for an additional period of no more than 26 weeks when:

- (a) The conditional license is currently valid;
- (b) The conditional licensee:
 - (1) Is unable to complete the practice required by Plc 1505.05(a)(1) due to loss of employment for any reason other than being terminated for cause or terminated during probationary employment because of incompetence; or
 - (2) Is unable to submit the supervisory letter required by Plc 1505.05(a)(2) for a reason unrelated to the supervisor's belief that the licensee is not competent to practice under full licensure; and
- (c) The conditional licensee submits to the executive director a written request for the extension explaining the details of the reason for the request as provided in (b), above.

Plc 1505.08 Extension of Conditional License Pursuant to Supervisor's Request. The licensing bureau shall extend a conditional license for an additional period of not more than 12 weeks when:

- (a) The conditional license is currently valid; and
- (b) The individual supervising the conditional licensee requests the extension to allow the conditional licensee to establish competence sufficient for full licensure.

Plc 1505.09 Expiration, Suspension, and Emergency Suspension of Conditional Licenses.

- (a) A conditional license not expired by the passage of time without fulfillment of the requirements to obtain full initial licensure shall expire when a final decision on full initial licensure is made.
- (b) The conditional licensee shall have the right to challenge the denial of full licensure through an adjudicative hearing.
- (c) The executive director shall suspend a conditional license after complying with (d), below, if it is demonstrated that the conditional licensee:

- (1) Practiced respiratory care without supervision;
- (2) Was terminated for cause from employment as a respiratory care practitioner;

(3) Was terminated from employment as a respiratory care practitioner for incompetence during a probationary period; or

(4) Violated RSA 326-E or Plc 1500.

(d) The executive director shall suspend a conditional license on one or more of the bases set forth in (c), above, only after:

(1) Giving the conditional licensee notice containing:

- a. A statement of the executive director's intent to suspend the conditional license;
- b. The facts on which the proposed suspension is based;
- c. The date the proposed suspension will take effect; and
- d. A statement that the conditional licensee has the right to request an adjudicative hearing to challenge the proposed suspension; and

(2) Providing the conditional licensee the opportunity to challenge the proposed suspension at an adjudicative hearing.

(e) The executive director shall suspend a conditional license on an emergency basis in the circumstances, and according to the procedures, set forth in RSA 541-A:30, III.

PART Plc 1506 RESPIRATORY CARE STUDENTS

Plc 1506.01 Purpose and Applicability.

(a) The purpose of this part is to formally acknowledge and give effect to the exemption from licensing under RSA 326-E:6, I(a) for students in approved respiratory care programs, to:

- (1) Allow students to satisfy supervised clinical education requirements; and
- (2) Reassure healthcare providers that students are authorized to work without being licensed.

(b) This part shall apply to:

- (1) Any educational institution that offers courses or programs that include internships to educate and train individuals who wish to become licensed respiratory care practitioners; and
- (2) Any individual who is enrolled in a course or program to be educated and trained in respiratory care.

Plc 1506.02 Internships Allowed. An individual may engage in activities normally undertaken by a licensed respiratory care practitioner as an internship, without obtaining a license under RSA 326-E or Plc 1500, if the individual is enrolled in a course or program to be educated and trained in respiratory care that meets the requirements of Plc 1506.03.

Plc 1506.03 Requirements for Approved Courses and Programs. To qualify as an approved course or program:

(a) The educational institution that offers the course or program shall be accredited to offer educational programs by the applicable accreditation authority in the jurisdiction in which the programs are offered or by a federal accrediting agency, or both; and

(b) The respiratory care course or program shall meet the definition of “respiratory care education program” in RSA 326-E:1, XI, reprinted in Appendix C.

PART Plc 1507 LICENSEE OBLIGATIONS; CONTINUING COMPETENCE

Plc 1507.01 Licensee Obligations for Notifications and Updates.

(a) Each licensee shall notify the licensing bureau within 10 working days when a change of name occurs.

(b) Each licensee shall update the OPLC’s records within 10 working days when a change of home or business address, personal telephone number, or designated email address occurs.

(c) Each licensee shall notify the licensing bureau within 10 working days of:

- (1) Any disciplinary action, including the imposition of fines or penalties, taken or in process of being taken against the licensee by another jurisdiction in which the licensee is licensed; and
- (2) The commencement of any civil action or insurance claim filed against the licensee that alleges malpractice and any decision(s) made in such civil actions or insurance claims.

(d) Each licensee shall know, and have available in the licensee’s office or other place of business, information regarding how complaints can be filed with the OPLC.

Plc 1507.02 Licensee Responsibilities for Renewal. Each licensee shall:

- (a) Know when the licensee’s license is due to expire; and
- (b) Except for holders of a temporary license or conditional license, file an application for renewal prior to the expiration of the current license in accordance with Plc 1508 if the licensee wishes to continue to practice in New Hampshire.

Plc 1507.03 Maintenance of NBRC Credential(s) Required.

- (a) Each licensee shall comply with the requirements for maintaining NBRC credential(s).
- (b) Each licensee shall maintain continuous NBRC credentials during a licensure period.
- (c) Any continuing education meeting the requirements of the NBRC shall qualify as meeting the continuing competence requirements in Plc 1507.04.
- (d) If a licensee’s NBRC credential(s) is or are revoked or suspended by the NBRC, or if the credential(s) expire(s), the licensee shall:

- (1) Notify the licensing bureau within 10 working days; and
- (2) Not engage in respiratory care practice for compensation in New Hampshire unless and until reobtaining NBRC credential(s) and a license under RSA 326-E and Plc 1500.

Plc 1507.04 Continuing Professional Competence Requirements.

(a) Unless receiving a waiver pursuant to Plc 1507.06 based on active military service, a licensee intending to renew licensure shall engage in continuing professional education by completing 24 contact hours of continuing competence activities for the 2-year license period in accordance with (b) through (d), below.

(b) At least half of the contact hours required by (a), above, shall relate directly and primarily to the clinical application of respiratory care.

(c) The balance of the contact hours required by (a), above, shall relate to:

- (1) How to teach respiratory care;
- (2) Respiratory care supervision and consultation skills;
- (3) Respiratory care curriculum development;
- (4) Trans-disciplinary issues or skills applicable to respiratory care;
- (5) Respiratory care administration and management;
- (6) Respiratory care research; and
- (7) Other continuing professional education similarly not related directly and primarily to the clinical application of respiratory care.

(d) Continuing competence credit shall be accumulated through participating in the following activities:

- (1) Successful completion of a college-level course related to respiratory care, as further described in Plc 1507.07;
- (2) Successful completion of live programming such as courses, programs, workshops and seminars, as further described in Plc 1507.08;
- (3) Passing specialty examinations, as further described in Plc 1507.09;
- (4) Public professional presentations relating to respiratory care, as further described in Plc 1507.10;
- (5) Participation in a respiratory care research project, as further described in Plc 1507.11;
- (6) Taking and passing courses for initial or renewal certification, as further described in Plc 1507.12;
- (7) Participation as an instructor or instructor trainee in one of the courses for initial or renewal certification that qualify under (6), above, as further described in Plc 1507.13;
- (8) Teaching a college-level course relating to respiratory care, as further described in Plc 1507.14;
- (9) Facility-based respiratory care in-service training, as further described in Plc 1507.15;
- (10) Publication of writing related to respiratory care, as further described in Plc 1507.16; and
- (11) Participation in the work of professional boards and committees, as further described in Plc 1507.17.

Plc 1507.05 Documentation Requirements; Audits.

(a) Upon being notified by the OPLC that an on-line system administered by a third-party organization is available to manage continuing competence compliance, each licensee shall use the on-line system to track and report the completion of continuing competence activities.

(b) Each licensee shall retain documentation of participating in continuing competence activities as described for the specific course or activity for not less than 3 years, provided that documentation may be retained in the on-line system once available.

(c) The executive director shall audit licensee participation in continuing competence activities by:

- (1) Randomly selecting 10% of licensees each year to be audited; and
- (2) Notifying each selected licensee of the audit by email sent to the licensee's designated email address.

(d) The notice sent pursuant to (c)(2), above, shall direct the licensee to submit documentation to support the continuing competence activities claimed by the licensee for the preceding 3 years to the executive director by a specified date, which shall be no sooner than 30 days from the date of the notice.

(e) In response to the notice, a licensee selected for audit shall submit the following to the executive director no later than the date specified in the notice:

- (1) The documentation required by Plc 1507.07 through Plc 1507.17, as applicable to the type of activity; or
- (2) For any time period covered by the on-line system, a copy of the on-line records, subject to (f), below.

(f) In lieu of submitting a copy of the on-line records, a licensee selected for audit may provide the executive director with direct access to the on-line records.

(g) Failure to submit documentation when directed to do so shall constitute a violation of these rules.

Plc 1507.06 Waivers of Continuing Professional Education Requirements for Active Military Service. The executive director shall issue the following waivers of the requirements of Plc 1507.04 for licensees on active military duty:

(a) A full waiver of all obligation set forth in Plc 1507.04 for a licensee who:

- (1) Is or will be on active military duty for 80% or more of the licensing period; and
- (2) Submits a written request for the waiver to the licensing bureau with proof of the obligation to serve active military duty in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>; and

(b) A waiver of half of the obligation set forth in Plc 1507.04 for a licensee who:

- (1) Is or will be on active military duty for more than 50% but less than 80% of the license period; and
- (2) Submits a written request for the waiver to the licensing bureau with proof of the obligation to serve active military duty in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

Plc 1507.07 College-Level Courses Relating to Respiratory Care.

(a) A licensee may claim credit towards the continuing competence requirement for successfully completing a college-level course relating to respiratory care, provided that:

- (1) The course is given as part of a program or curriculum with the potential to lead to an academic degree higher than that held by the licensee at the time of first eligibility for initial licensure;
 - (2) The course adds to the professional knowledge or skill of the licensee as shown in a written summary of the new information or skill the licensee acquired during the course; and
 - (3) The licensee achieves in the course a letter grade of C or better or a numerical grade of 2.00 or better on a 4-point scale, or the equivalent on any other point scale.
- (b) The licensee may claim one contact hour for each course credit awarded by the college or university.
- (c) Documentation of successful completion of a college-level course relating to respiratory care shall be:
- (1) An official transcript showing:
 - a. The name of the course;
 - b. The date of the course; and
 - c. The grade assigned to the licensee;
 - (2) One of the following descriptions of the course:
 - a. The description of the course copied from the college or university catalogue; or
 - b. The course syllabus; and
 - (3) The licensee's written summary of the new information or skill that the licensee acquired by taking the course.

Plc 1507.08 Courses, Programs, Workshops, and Seminars.

- (a) A licensee may claim credit towards the continuing competence requirement for successfully completing live programming such as courses, programs, workshops, and seminars that are:
- (1) Courses and other programs approved or sponsored by AARC;
 - (2) Non-AARC courses, workshops and seminars that are:
 - a. Related to respiratory care or related to diseases and conditions calling for respiratory care; and
 - b. Sponsored or provided by any statewide professional respiratory care organization; or
 - (3) Non-AARC courses that are:
 - a. Related to respiratory care or related to diseases and conditions calling for respiratory care; and
 - b. Approved by the accreditation council for continuing education of the American Medical Association.
- (b) The licensee may claim as credit for completing a course, program, workshop, or seminar described in (a), above, the same number of contact hours attributed to it by the provider or sponsor.

(c) Documentation of successful completion of a course or program described in (a), above, shall be a document showing:

- (1) The licensee's name;
- (2) The name and location of the course or program;
- (3) The name of the provider or sponsoring entity;
- (4) The beginning and ending date(s) of the course or program;
- (5) The name of each speaker or instructor;
- (6) The number of hours credited by the provider or sponsoring entity; and
- (7) The printed name and signature of the speaker, instructor, or representative of the provider or sponsoring entity.

(d) Documentation of successful completion of a workshop or seminar described in (a), above, shall be the licensee's certificate of completion.

Plc 1507.09 Specialty Examinations.

(a) A licensee may claim credit towards the continuing competence requirement for passing any of the following specialty examinations that the licensee has not previously passed, provided the examination is for credentials that are a more advanced category than the licensee currently holds:

- (1) Registered respiratory therapist examination;
- (2) Pulmonary function technologist examination;
- (3) Neonatal and pediatric respiratory care specialty examination;
- (4) Sleep disorders testing and therapeutic intervention respiratory care specialist examination; and
- (5) Adult critical care specialist examination.

(b) The licensee may claim 12 contact hours for each specialty examination passed.

(c) Documentation of passing one of the NBRC specialty examination described in (a), above, shall be the NBRC notification stating that the licensee passed the examination.

Plc 1507.10 Public Professional Presentations Relating to Respiratory Care.

(a) A licensee may claim credit towards the continuing competence requirement for public professional presentations relating to respiratory care, including at workshops, lectures, and in-service trainings.

(b) The licensee may claim 2 contact hours for each clock hour of a public presentation, to a maximum of 8 contact hours per renewal period, provided that if the licensee gives substantially the same public presentation more than once, the licensee shall claim credit for a single presentation only.

(c) Documentation of a public professional presentation relating to respiratory care shall be:

- (1) A copy of the official program of the presentation; or
- (2) Written verification signed by a representative of the program's sponsor showing:

- a. The title of the presentation;
- b. The name of the licensee as presenter;
- c. The name of the sponsor's representative who signed the verification;
- d. The date of the presentation;
- e. The hours during which the presentation took place; and
- f. The type of audience attending the presentation.

Plc 1507.11 Participation in a Respiratory Care Research Project.

(a) A licensee may claim credit towards the continuing competence requirement for the licensee's participation in a respiratory care research project.

(b) The licensee may claim one contact hour for every 4 clock hours spent on a research project, to a maximum of 8 contact hours per renewal cycle.

(c) Documentation of a licensee's participation in a respiratory care research project shall be a statement signed by either the principal investigator or a representative of the grant sponsor showing:

- (1) The name of the research project;
- (2) The name of the principal investigator;
- (3) The name of the grant sponsor;
- (4) The licensee's role in the research project;
- (5) The beginning and ending dates of the licensee's participation; and
- (6) The number of hours spent by the licensee in project participation.

Plc 1507.12 Taking and Passing Courses for Initial or Renewal Certification.

(a) A licensee may claim credit towards the continuing competence requirement for taking and passing one or more courses for initial or renewal certification in:

- (1) Basic life support for health care providers (BLS), comprising a course for health care providers sponsored by the American Heart Association in the techniques of cardio pulmonary resuscitation;
- (2) Advanced cardiac life support (ACLS), comprising a course sponsored by the American Heart Association in the therapeutic interventions used in cases of cardiac arrest;
- (3) Pediatric advanced life support (PALS), comprising a course in advanced techniques in the resuscitation of children sponsored by the American Academy of Pediatrics; or
- (4) Neonatal resuscitation program (NRP), comprising a course sponsored by the American Academy of Pediatrics in the techniques of resuscitation of newborn babies.

(b) The licensee may claim the following:

- (1) For taking and passing a BLS initial certification course, 8 contact hours;
- (2) For taking and passing a BLS renewal certification course, 4 contact hours;

- (3) For taking and passing an ACLS initial certification course, 16 contact hours;
 - (4) For taking and passing an ACLS renewal certification course, 8 contact hours;
 - (5) For taking and passing a PALS initial certification course, 16 contact hours;
 - (6) For taking and passing a PALS renewal certification course, 8 contact hours;
 - (7) For taking and passing an NRP initial certification course, 8 contact hours; and
 - (8) For taking and passing an NRP renewal certification course, 4 contact hours.
- (c) Documentation of taking and passing one of the courses listed in (a), above, shall be:
- (1) The certification card showing that the licensee has taken and passed the course; or
 - (2) A certificate of course completion issued by the course sponsor.

Plc 1507.13 Participation as an Instructor or Instructor Trainee in Courses for Initial or Renewal Certification.

(a) A licensee may claim credit towards the continuing competence requirement for participation as an instructor or instructor trainee in courses for initial or renewal certification in:

- (1) BLS;
 - (2) ACLS;
 - (3) PALS; or
 - (4) NRP.
- (b) The licensee may claim the following:
- (1) For participation as an instructor or instructor trainee in a BLS initial certification course, 8 contact hours;
 - (2) For participation as an instructor or instructor trainee in a BLS renewal certification course, 4 contact hours;
 - (3) For participation as an instructor or instructor trainee in an ACLS initial certification course, 16 contact hours;
 - (4) For participation as an instructor or instructor trainee in an ACLS renewal certification course, 8 contact hours;
 - (5) For participation as an instructor or instructor trainee in a PALS initial certification course, 16 contact hours;
 - (6) For participation as an instructor or instructor trainee in a PALS renewal certification course, 8 contact hours;
 - (7) For participation as an instructor or instructor trainee in an NRP initial certification course, 8 contact hours; and
 - (8) For participation as an instructor or instructor trainee in an NRP renewal certification course, 4 contact hours.

(c) Documentation of participation as an instructor in one of the courses listed in (a), above, shall be the course roster showing:

- (1) The dates the course was given;
- (2) Total number of hours of the course;
- (3) The name of each student participant;
- (4) The name of the sponsoring organization; and
- (5) The instructor's printed name and signature.

(d) Documentation of participation as an instructor trainee in one of the courses listed in (a), above, shall be:

- (1) The materials described in (c), above; and
- (2) One of the following documents issued by the sponsoring organization:
 - a. The certification card; or
 - b. The certificate of completion as a trainee.

Plc 1507.14 Teaching a College-Level Course Relating to Respiratory Care.

(a) A licensee may claim credit towards the continuing competence requirement for preparing to teach and teaching a college-level course relating to respiratory care as continuing professional education.

(b) The licensee may claim 2 contact hours for each hour of credit that would be awarded to a licensee taking the course for continuing professional education credit pursuant to Plc 1507.07, provided that the licensee shall claim credit only once for preparing and teaching the course unless the licensee substantially revises the course for later presentations.

(c) Documentation of teaching a college-level course relating to respiratory care shall be:

(d) A statement signed by an administrative official of the college or university that reports:

- (1) The name of the course;
- (2) Verification that the course was prepared and taught by the licensee; and
- (3) The credit hours given by the college or university to students successfully completing the course.

(e) One of the following descriptions of the course:

- (1) The description of the course copied from the college or university catalogue; or
- (2) The course syllabus.

Plc 1507.15 Facility-Based Respiratory Care In-Service Training.

(a) A licensee may claim credit towards the continuing competence requirement for participation in, or attendance at, a facility-based respiratory care in-service training consisting of a presentation or exchange of information at a meeting specifically scheduled as in-service training.

(b) The licensee may claim one contact hour for each clock hour of participation or attendance, to a maximum of 4 contact hours per renewal cycle.

(c) Documentation of participation in facility-based respiratory care in-service training shall be a memo signed by the respiratory care supervisor or general supervisor of the facility showing:

- (1) The licensee's name;
- (2) The name of the facility and the topic of the in-service training;
- (3) The name of the primary speaker or instructor; and
- (4) The date of the in-service training and the licensee's hours of attendance.

Plc 1507.16 Publication of Writing Related to Respiratory Care.

(a) A licensee may claim credit towards the continuing competence requirement for publication of writing related to respiratory care, including books, peer-reviewed and non-peer-reviewed chapters of books, and peer-reviewed and non-peer-reviewed articles.

(b) The licensee may claim no more than 12 contact hours per renewal cycle in accordance with the following:

- (1) For a book:
 - a. If the licensee was the sole or primary author, 12 contact hours; and
 - b. If the licensee was a co-author or secondary author, 6 contact hours;
- (2) For a peer-reviewed chapter of a book or a peer-reviewed article:
 - a. If the licensee was the sole or primary author, 6 contact hours; and
 - b. If the licensee was a co-author or secondary author, 3 contact hours; and
- (3) For a non-peer reviewed chapter or article:
 - a. If the licensee was the sole or primary author, 4 contact hours; and
 - b. If the licensee was a co-author or secondary author, 2 contact hours.

(c) Documentation of the publication of a writing related to respiratory care shall be any item showing:

- (1) The title of the writing;
- (2) The date of publication;
- (3) A statement of whether the writing was peer-reviewed; and
- (4) Whether the licensee was a sole or primary author of the published writing.

Plc 1507.17 Participation in the Work of Professional Respiratory Care Boards and Committees.

(a) A licensee may claim credit towards the continuing competence requirement for participating as a member of a board or committee of a professional respiratory care organization or government agency.

(b) The licensee may claim 2 contact hours per renewal cycle for each board or committee on which the licensee served for more than half of the renewal cycle, to a maximum of 6 hours per renewal cycle.

(c) Documentation of participation in the work of a professional respiratory care board or committee shall be a letter conforming to (d), below, that was issued by:

- (1) The authority appointing the licensee to the board or committee; or
 - (2) The chair or chair-equivalent of the board or committee, provided that if the licensee is the chair or chair-equivalent, the letter shall be signed by not less than 2 other members of the board or committee.
- (d) The letter shall:
- (1) State the date the licensee was appointed to the board or committee;
 - (2) Describe the purpose and function of the board or committee;
 - (3) Describe the extent of the licensee's participation in the meetings and activities of the board or committee;
 - (4) If the licensee's appointment has ended, state the ending date of the licensee's service; and
 - (5) Show the printed name of each individual who signs the letter.

PART Plc 1508 LICENSE RENEWAL AND REINSTATEMENT

Plc 1508.01 Eligibility for License Renewal. To be eligible for renewal of a license to practice respiratory care, an individual shall have:

- (a) Maintained NBRC credential(s);
- (b) Accrued 24 hours of continuing education as provided in Plc 1507.04;
- (c) Paid all monetary penalties imposed in New Hampshire, if any;
- (d) Not been determined through an adjudicative process of having violated this chapter or the licensure requirements of any other jurisdiction in which the licensee is currently licensed;
- (e) Not been convicted in the prior 27 months of any misdemeanor or felony arising from circumstances that demonstrate poor professional character; and
- (f) Meet the eligibility for renewal criteria specified in Plc 308.02.

Plc 1508.02 Notification of Pending License Expiration.

(a) At least 60 days prior to the expiration of a license issued pursuant to RSA 326-E and Plc 1500 or rules of the predecessor board, the licensing bureau shall:

- (1) Notify, in writing to the licensee's designated email address, each licensee whose license is expiring that:
 - a. The license is due to expire; and
 - b. Failure to file a complete and timely application for renewal shall result in the license expiring; and
- (2) Include with the notice a copy of the renewal application identified in Plc 1508.03(a) or, when the application becomes available on-line, a registration code for the licensee to use to renew on-line.

(b) A licensee who wishes to renew the license who does not receive an application or registration code shall contact OPLC customer support at CustomerSupport@oplc.nh.gov to obtain an application or code, as applicable.

(c) As provided in RSA 541-A:30, I and RSA 310-A:1-h, if a timely and complete renewal application is filed, the license shall continue as valid until final action is taken on the application for renewal.

(d) A licensee whose license has expired shall not practice respiratory care in New Hampshire until the license has been reinstated.

Plc 1508.03 Application for License Renewal. A licensee who wishes to renew the license shall submit to the licensing bureau:

(a) A completed “Universal Application to Renew License” dated April 2023, as tailored for respiratory care licenses, that provides the information required by Plc 308.06 and is signed and attested to as specified in Plc 308.08;

(b) The information and documentation required by Plc 308.07 and Plc 1508.04;

(c) The information and attestation relative to meeting continuing competence requirements, as specified in Plc 1508.05; and

(d) An application processing fee of \$165, provided that active duty military and military spouses shall not pay the renewal application fee.

Plc 1508.04 Documentation Required for Renewal Application. In addition to the information and documentation required by Plc 308.07, the applicant shall submit documentation of current NBRC credential(s).

Plc 1508.05 Information Relative to Continuing Competence.

(a) An applicant for renewal of a respiratory care practitioner license shall provide the following information relative to continuing competence:

(1) The total number of hours achieved by the applicant in continuing professional education courses or professional activities since the beginning of the current license term; and

(2) The following information for each continuing professional education course and professional activity for which credit is claimed:

- a. The name of the course or activity;
- b. The beginning and ending date(s) of the course or activity;
- c. The name of the sponsor or provider of the course or activity;
- d. The number of clinical hours claimed for the course or activity;
- e. The number of non-clinical hours claimed for the course or activity; and
- f. The total number of hours claimed for the course or activity.

(b) Submission of the information shall constitute the applicant’s attestation that the applicant has met all continuing competence requirements.

Plc 1508.06 Initial Review of Renewal Applications. Within 30 days of receipt of an application for license renewal submitted pursuant to Plc 1508.03, the licensing bureau shall process the application as provided in Plc 308.09.

Plc 1508.07 Withdrawal or Abandonment of Renewal Applications.

(a) An applicant may withdraw an application for license renewal at any time prior to being notified of a decision under Plc 1508.08 as specified in Plc 308.10.

(b) A renewal application shall be deemed to be abandoned if the applicant files an incomplete application and does not provide all information necessary to complete the application when directed to do so pursuant to Plc 308.09.

(c) If the application is withdrawn or abandoned, then:

(1) The individual shall not practice recreational therapy in New Hampshire after the last day of the month of expiration, unless and until the individual obtains license reinstatement as provided in Plc 1508.11; and

(2) The application processing fee shall not be refunded.

Plc 1508.08 Review of Complete Applications for Renewal Licensure; Decisions.

(a) The licensing bureau shall review complete applications as provided in Plc 308.11.

(b) The licensing bureau shall issue a renewal license if the applicant:

(1) Has submitted a renewal application in accordance with Plc 1508.03 that shows that the applicant meets the requirements for renewal stated in Plc 1508.01; and

(2) Has not been determined through an adjudicative proceeding of having violated any provision(s) of RSA 326-E and Plc 1500.

(c) The licensing bureau shall notify the applicant of the decision on the renewal application in writing sent to the applicant's designated email address.

(d) If the licensing bureau determines that the applicant has not demonstrated that all requirements to renew a license are met, then:

(1) The licensing bureau shall conditionally deny the application; and

(2) The notice sent pursuant to (c), above, shall inform the applicant that the denial shall become final in 30 days unless the applicant requests a hearing in writing within 30 days.

(e) If the application is denied, the license renewal application processing fee shall not be refunded.

Plc 1508.09 Challenging a Conditional Denial of License Renewal. An applicant who wishes to challenge the conditional denial of an application for license renewal shall do so as provided in Plc 308.12.

Plc 1508.10 Renewal Licenses: Issuance and Duration.

(a) Each renewal license to practice respiratory care issued by the OPLC shall specify:

(1) The name of the licensee;

- (2) The effective dates of the license; and
 - (3) The license number.
- (b) Renewal licenses shall:
- (1) Be valid for 2 years, provided that the timely filing of a complete renewal application shall continue the validity of the license being renewed until final action is taken on the renewal application;
 - (2) Expire on the last day of the month in which the license was issued unless a timely and complete renewal application is filed or the license is sooner suspended or revoked pursuant to Plc 1510; and
 - (3) Be subject to renewal biennially.

Plc 1508.11 Reinstatement of a License After Expiration.

(a) If a complete application for renewal is not received prior to the expiration date of the license, the license shall be expired pursuant to RSA 310-A:1-h, IV.

(b) An individual whose license has expired shall not practice in New Hampshire unless and until the individual has obtained a license in accordance with RSA 326-E and Plc 1500.

(c) An individual whose license has expired who wishes to obtain a license in New Hampshire shall apply for a renewal license in accordance with Plc 1508, including demonstrating that the applicant has met the requirements for continuing competence specified in Plc 1507.

Plc 1508.12 Reinstatement of a License Previously Suspended or Revoked.

(a) An individual whose license was suspended pursuant to Plc 1510, or whose license was suspended by the New Hampshire respiratory care practitioners governing board prior to July 19, 2022, who wishes to have the license reinstated shall:

(1) If the request is made before the expiration date of the suspended license, submit a written request to the licensing bureau that demonstrates compliance with all conditions of the suspension order and plan of correction, including completing any additional continuing competence activities and paying any monetary penalties imposed, but not paying an additional fee; or

(2) If the request is made after the expiration date of the suspended license:

a. Submit an application for renewal, including demonstrating that continuing competence requirements have been met;

b. Pay all monetary penalties imposed, if any;

c. Pay the costs associated with the suspension, if imposed pursuant to RSA 310-A:1-m, VI or other applicable law; and

d. Demonstrate that all conditions imposed in the suspension order have been met.

(b) An individual whose license was revoked pursuant to Plc 1510, or whose license was revoked by the New Hampshire respiratory care practitioners governing board prior to July 19, 2022, who wishes to have the license reinstated shall:

- (1) Submit an application for renewal licensure in accordance with Plc 1508.03, including demonstrating that the applicant has met the requirements for continuing competence;
 - (2) Pay all monetary penalties imposed, if any;
 - (3) Pay the costs associated with the revocation, if imposed pursuant to RSA 310-A:1-m, VI or other applicable law; and
 - (4) Demonstrate that all conditions imposed in the revocation order and plan of correction have been met.
- (c) If the executive director makes a preliminary determination based on the materials submitted by the applicant that the applicant does not qualify for a license or does not qualify for an unrestricted license, the executive director shall initiate an adjudicative proceeding pursuant to Plc 200 to determine whether to deny the application or to reinstate the license with conditions.
- (d) A license shall not be granted to an individual who previously held a license whose license was suspended or revoked unless and until the individual has:
- (1) Complied with each requirement that is part of the suspension or revocation order;
 - (2) Paid all monetary penalties imposed and the costs associated with the suspension or revocation, if imposed pursuant to RSA 310-A:1-m, VI or other applicable law; and
 - (3) Demonstrated that all other requirements for a renewal license have been met.

PART Plc 1509 ETHICAL AND PROFESSIONAL STANDARDS

Plc 1509.01 Applicability of Standards.

- (a) The standards in this part shall apply to each individual who applies to be licensed under RSA 326-E or who is licensed under RSA 326-E.
- (b) Violations of these standards shall constitute unprofessional conduct that subjects the violator to disciplinary proceedings pursuant to Plc 1510.

Plc 1509.02 AARC Statement of Ethics and Professional Conduct. Respiratory care practitioners licensed to practice in New Hampshire shall adhere to the AARC Statement of Ethics and Professional Conduct revised 04/15, available as noted in Appendix B.

Plc 1509.03 Additional Licensee Obligations. Each individual to whom these standards apply shall:

- (a) Comply with RSA 326-E, Plc 307.04 as effective May 1, 2023, reprinted in Appendix D, and Plc 1500;
- (b) Obey in good faith, and within any time periods specified, any disciplinary or remedial orders issued by the executive director;
- (c) Interact with colleagues and patients with honesty and integrity;
- (d) Not misrepresent professional qualifications or credentials;
- (e) Cooperate with inspections and with lawful investigations by the OPLC;
- (f) Treat all individuals with whom the person interacts in a professional capacity with respect and civility;

(g) Maintain sexual boundaries by:

- (1) Refraining from any behavior that exploits the practitioner-patient relationship in a sexual way; and
- (2) Avoiding any behavior that is sexual or sexually demeaning, or that could be reasonably interpreted as such, even when initiated by or consented to by a patient or colleague;

(h) Not engage in hazing or sexual, verbal, or physical harassment of any individual when interacting in a professional capacity; and

(i) Not discriminate based on age, sex, gender identity, race, creed, color, marital status, familial status, physical or mental disability, or national origin.

PART Plc 1510 PROCEDURES; DISCIPLINARY PROCEEDINGS

Plc 1510.01 Rules of Practice and Procedure. The rules in Plc 200 shall govern:

- (a) The receipt of misconduct complaints and the investigation thereof;
- (b) The conduct of disciplinary proceedings, including emergency proceedings;
- (c) Waivers of rules;
- (d) Voluntary surrender of licenses; and
- (e) Any other procedures not included in this chapter.

Plc 1510.02 Procedures for License Suspension or Revocation.

(a) If the executive director, after investigation conducted pursuant to Plc 200, determines that credible evidence exists that a licensee has violated a requirement of RSA 326-E or Plc 1500, the executive director shall initiate a disciplinary proceeding pursuant to Plc 200.

(b) After notice and an opportunity for a hearing, the executive director shall:

- (1) Require the licensee to participate in a program of continuing education in the area or areas in which the licensee was found to be deficient if, for each violation, the violation was committed unknowingly, the licensee has no prior history of violations, and no harm was threatened or caused by the violation;
- (2) Issue a reprimand and require the licensee to submit a plan of correction if, for each violation, the violation was committed negligently, the licensee has no prior history of violations, and no harm was threatened or caused by the violation;
- (3) Suspend the license, if any violation was committed negligently, no serious harm was threatened or caused by the violation, and the licensee has been found to have committed one or more additional violations within the preceding 2 years; or
- (4) Revoke the license, if:
 - a. Any violation was committed recklessly or knowingly;
 - b. Serious harm was caused by any violation; or
 - c. The licensee fails to comply with the conditions for the removal of a suspension within the time period specified in the suspension order.

Plc 1510.03 Conditions of License Suspension or Revocation.

(a) If a license is suspended or revoked, the licensee shall prepare and submit a plan of correction to address each violation that provided a basis for the disciplinary proceeding.

(b) The executive director shall review the submitted plan of correction and:

(1) Approve the plan, if it:

- a. Addresses each violation that provided a basis for the disciplinary proceeding; and
- b. Identifies one or more specific actions that the licensee will take and specifies a deadline for taking each action that is reasonable given the nature of the action to be taken; or

(2) Return the plan to the licensee for revision and resubmission if the plan does not meet the requirements for approval specified in (1), above.

(c) A licensee whose license was suspended may request the license to be reactivated after the conditions specified in the suspension order have been met in accordance with Plc 1508.12(a).

(d) An individual whose license has been revoked and who wishes to reapply for a license shall apply as for license reinstatement in accordance with Plc 1508.12(b).

(e) A license shall not be granted to an individual who previously held a license but whose license was revoked unless and until the individual has complied with the requirements on which the revocation was based and has paid the costs associated with the revocation, if imposed pursuant to RSA 310-A:1-m, VI or other applicable law.

PART Plc 1511 MANAGEMENT OF RESPIRATORY CARE EQUIPMENT

Plc 1511.01 Purpose. The purpose of this part is to implement RSA 326-E:9 by identifying the personnel other than licensed respiratory care practitioners who shall be authorized to manage respiratory care equipment.

Plc 1511.02 Definitions. For purposes of this part, the following definitions shall apply:

(a) “Health care organization” means any organization that provides health care services, including but not limited to a hospital, urgent care facility, hospice, home healthcare agency, nursing home, medical office, assisted living facility, or home medical equipment provider.

(b) “Management of respiratory care equipment” means the handling of respiratory care equipment prior to or after its use, or in conjunction with delivery of the equipment to a user, including but not limited to assembly, disassembly, cleaning, sterilizing, and maintenance;

(c) “Respiratory care equipment” means medical equipment and associated supplies designed for the treatment of respiratory and respiratory-related health problems and the administration of respiratory care, including but not limited to primary gas systems, gas regulating devices, oxygen controllers, humidifiers, nebulizers, oxygen administering devices, oxygen analyzers, manual resuscitators, and monitoring and measuring equipment; and

(d) “Respiratory equipment technician” means an individual who has been trained and competency assessed in the management of respiratory care equipment in accordance with requirements that meet Medicare, Medicaid, and other regulatory accreditation requirements applicable to the health care organization that employs the respiratory equipment technician. The term includes “respiratory assistant” and “respiratory aide”.

Plc 1511.03 Management of Respiratory Care Equipment.

(a) A respiratory equipment technician shall, within the scope of the individual's employment:

- (1) Engage in the management of respiratory care equipment; and
- (2) Deliver respiratory care equipment to the user of the equipment, including setting up the equipment and providing calibration or instruction, or both.

(b) The management of respiratory care equipment by a respiratory equipment technician shall not constitute the unauthorized practice of respiratory care.

PART Plc 1512 POLYSOMNOGRAPHIC TECHNOLOGISTS

Plc 1512.01 Practice Locations. Pursuant to RSA 326-E:6, I(e) a registered polysomnographic technologist shall engage in the limited scope of practice described in Plc 1512.02 only in a diagnostic laboratory or research setting.

Plc 1512.02 Registered Polysomnographic Technologist Limited Scope of Practice.

(a) Registered polysomnographic technologists shall monitor and record physiologic data during the evaluation of sleep-related disorders only in a diagnostic laboratory or research setting for the tasks described in paragraph (b), below.

(b) Registered polysomnographic technologists shall monitor and record physiologic data using the following tasks under the direct or indirect supervision of a New Hampshire licensed physician:

- (1) Supplemental oxygen therapy, less than 10 liters per minute utilizing nasal cannula, positive airway pressure (PAP), or bi-level positive airway pressure (BiPAP) during a polysomnogram;
- (2) Capnography or other measures of carbon dioxide during a polysomnogram;
- (3) Cardiopulmonary resuscitation;
- (4) Pulse oximetry;
- (5) Gastroesophageal pH monitoring;
- (6) Esophageal pressure monitoring;
- (7) Sleep staging, including surface electroencephalography, surface electrooculography, and surface submental electromyography;
- (8) Surface electromyography;
- (9) Electrocardiography;
- (10) Respiratory effort monitoring, including thoracic and abdominal movement;
- (11) Plethysmography blood flow;
- (12) Snore monitoring;
- (13) Audio or video monitoring of movement and behavior during sleep;
- (15) Nasal and oral airflow monitoring;
- (15) Body temperature monitoring;

(16) Monitoring the effects that a mask or oral appliance used to treat sleep disorders has on sleep patterns, provided that the mask or oral appliance does not extend into the trachea or attach to an artificial airway;

(17) Observing and monitoring physical signs and symptoms, general behavior, and general physical response to polysomnographic evaluation and determining whether initiation, modification, or discontinuation of a treatment regimen is warranted;

(18) Analyzing and scoring data collected during the monitoring described in (17), above, for the purpose of assisting a licensed physician in the diagnosis and treatment of sleep and wake disorders that result from developmental defects, the aging process, physical injury, disease, or actual or anticipated somatic dysfunction;

(19) Implementing a written or verbal order from a licensed physician in a sleep lab or sleep center which requires the practice of polysomnography; and

(20) Educating and training a patient regarding the treatment regimen to assist the patient in improving the patient's sleep.

APPENDIX A: STATE STATUTES IMPLEMENTED

Rule	State Statute(s) Implemented
Plc 1500 (see below for additional/specific provisions)	RSA 326-E
Plc 1503	RSA 326-E:5
Plc 1504	RSA 326-E:3
Plc 1505	RSA 326-E:3, IV
Plc 1506	RSA 326-E:6, I(a)
Plc 1507	RSA 326-E:10; RSA 326-E:11
Plc 1508	RSA 326-E:10
Plc 1509	RSA 326-E:2, VI
Plc 1510	RSA 326-E:2, VI
Plc 1511	RSA 326-E:9
Plc 1512	RSA 326-E:2, I

APPENDIX B: DOCUMENT INCORPORATED BY REFERENCE

Rule	Reference Incorporated	Available at:
Plc 1509.02	AARC Statement of Ethics and Professional Conduct revised 04/15	go to https://www.aarc.org/resources/professional-documents/position-statements/ then click on "AARC Statement of Ethics and Professional Conduct" under "Current Position Statements"

APPENDIX C: STATUTORY DEFINITIONS AND EXEMPTIONS FROM LICENSURE

326-E:1 Definitions

II. "Certified pulmonary function technician" or "CPFT" means a person having successfully completed and achieved a passing score on the entry level examination in pulmonary function and maintained the related credential issued by the National Board for Respiratory Care, Inc.

III. "Consultation by telecommunication" means that a respiratory care practitioner renders professional or expert opinion or advice via telecommunications or computer technology from another location. It includes the transfer of data or exchange of educational or related information by any means of audio, video, or data communications.

IV. "National Board for Respiratory Care, Inc." or "NBRC" means the national voluntary health certifying board that evaluates the professional competence of respiratory therapists and pulmonary function technicians, or its successor organization.

VIII. "Registered polysomnographic technologist" or "RPSGT" means a person having successfully completed and achieved a passing score on the comprehensive registry examination for polysomnographic technologists administered by the Board of Registered Polysomnographic Technologists or its successor organization.

IX. "Registered pulmonary function technologist" or "RPFT" means a person having successfully completed and achieved a passing score on the advanced level examination in pulmonary function and maintained the related credential issued by the National Board for Respiratory Care, Inc.

X. "Respiratory care" means the treatment, management, diagnostic testing and evaluation of responses to respiratory or medical treatment and care of individuals or groups of individuals either having deficiencies or abnormalities of the cardiopulmonary system or requiring support of the cardiopulmonary system. Respiratory care is given in accordance with the prescription of a physician, nurse practitioner, or physician assistant. Respiratory care includes the implementation of respiratory care strategies and modalities, and the administration of pharmacological, diagnostic, and therapeutic agents necessary to implement a treatment, disease or injury prevention, rehabilitative or diagnostic regimen. Respiratory care includes, but is not limited to: initiating emergency procedures; providing health counseling and teaching; assembly, repair, testing and maintenance of respiratory equipment; and those respiratory care activities that require a substantial amount of scientific knowledge or technical skill.

XI. "Respiratory care educational program" means a program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education, by the Committee on Accreditation for Respiratory Care, or by the Commission on Accreditation of Allied Health Education Programs, or their successor organizations.

XII. "Respiratory care practitioner" means a person who is:

- (a) Licensed in the practice or performance of respiratory care who has the knowledge and skill necessary to administer the functions defined in paragraph X of this section.
- (b) Capable of serving as a resource in relation to the clinical and technical aspects of respiratory care as to the safe and effective methods for administering respiratory care modalities.
- (c) Able to function in situations of unsupervised patient contact requiring individual judgment.
- (d) Capable of supervising, directing, and teaching less skilled personnel in the provision of respiratory care services.

Source. 2003, 310:2. 2005, 293:9. 2009, 54:5, eff. July 21, 2009. 2022, 72:15, eff. July 19, 2022.

RSA 326-E:6 Exemptions From Licensure. –

I. This chapter shall not prohibit:

(a) A person matriculated in an education program approved by the board who is pursuing a degree in respiratory care or respiratory therapy from satisfying supervised clinical education requirements related to the person's respiratory care education while under direct supervision of a respiratory care practitioner or physician.

(b) A respiratory care practitioner from practicing in the Armed Forces, federal public health services, or the Department of Veterans Affairs, pursuant to federal regulations of health care providers.

(c) A respiratory care practitioner who is licensed in another jurisdiction of the United States from providing consultation by telecommunication.

(d) A respiratory care practitioner who is licensed in another jurisdiction of the United States or foreign educated respiratory care practitioner credentialed in another country from practicing respiratory care in conjunction with teaching or participating in an educational seminar of no more than 60 days in a calendar year.

(e) Respiratory care performed as part of a limited scope of practice, as defined by the executive director, in consultation with the advisory board, by certified pulmonary function technicians (CPFT), registered pulmonary function technologists (RPFT) or registered polysomnographic technologists (RPSGT) in a diagnostic laboratory or research setting.

(f) Respiratory care rendered in an emergency.

(g) Self care by a patient or gratuitous care by family members or friends who do not represent themselves as respiratory care practitioners.

(h) A respiratory care practitioner who is licensed in another jurisdiction of the United States or foreign educated respiratory care practitioner credentialed in another country from practicing respiratory care in conjunction with the interfacility transport of a critically ill patient.

(i) A polysomnography trainee from fulfilling the training and experiential clinical requirements established by the Board of Polysomnographic Technologists for eligibility for the RPSGT examination, while working under the indirect supervision of a physician, a respiratory care practitioner, or a RPSGT.

II. This chapter shall not restrict a person licensed under any other law of this state from engaging in the profession or practice for which that person is licensed if that person does not represent, imply, or claim that he or she is a respiratory care practitioner or a provider of respiratory care.

Source. 2003, 310:2, eff. July 1, 2003. 2022, 72:16, eff. July 19, 2022.

APPENDIX D: PLC 307.04 AS EFFECTIVE MAY 1, 2023

Plc 307.04 Obligations of Persons Subject to These Rules.

(a) Each person subject to these rules shall comply with all applicable law.

(b) In any application or other document filed with, or statement made to, the licensing bureau or the applicable board, each person subject to these rules shall provide information that, to the best of the person's knowledge and belief, is true, complete, and not misleading.

(c) Each person subject to these rules shall cooperate with investigations and requests for information from the OPLC and the applicable board, wherein "cooperate" means to provide the information requested, answer any questions posed, and allow inspections in order to enable the OPLC or applicable board to determine compliance with applicable law.

(d) Each person subject to these rules shall provide honest and accurate information in reports prepared as part of practicing the profession in which the person is authorized to practice.

(e) Each person subject to these rules shall report evidence of professional misconduct on the part of another licensee when that conduct poses a potential threat to life, health, or safety.

(f) Each person subject to these rules shall maintain sexual boundaries by:

(1) Refraining from any behavior that exploits the professional-client or professional-patient relationship in a sexual way; and

(2) Avoiding any behavior that is sexual, seductive, suggestive, or sexually demeaning, or could be reasonably interpreted as such, even when initiated by or consented to by the target of the behavior.

(g) Each person subject to these rules shall be truthful in publicly representing or advertising himself or herself by avoiding the following:

- (1) False, deceptive, or misleading statements;
- (2) Unreasonable or exaggerated claims of success;
- (3) Guarantees of success;
- (4) Claims or implications of professional superiority or of training that cannot be substantiated; and
- (5) Unsubstantiated claims of expertise or certification of such in any specific areas of the scope of practice set forth in applicable law.

(h) Each person subject to these rules shall interact with colleagues and clients with honesty and integrity.

(i) No person subject to these rules shall misrepresent professional qualifications or credentials.

(j) Each person subject to these rules shall treat all individuals with whom the person interacts in a professional capacity with respect and civility.

(k) No person subject to these rules shall engage in hazing or sexual, verbal, or physical harassment of any individual when interacting in a professional capacity.

(l) No person subject to these rules shall discriminate based on age, sex, gender identity, race, creed, color, marital status, familial status, physical or mental disability, or national origin, or any additional class protected by law.