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**IDAPA 22  
TITLE 01  
Chapter 11**

**22.01.11 - RULES FOR LICENSURE OF RESPIRATORY THERAPISTS IN IDAHO**

**000. LEGAL AUTHORITY.**

Pursuant to Idaho Code, Section 54-4316, the Idaho State Board of Medicine is authorized to promulgate rules governing the practice of respiratory therapists. (4-28-93)

**001. TITLE AND SCOPE.**

These rules shall be cited as IDAPA 22.01.11, "Rules for Licensure of Respiratory Therapists in Idaho". (4-28-93)

**002. -- 009. (RESERVED).**

**010. DEFINITIONS.**

01. Act. The Respiratory Care Practice Act of 1991, Chapter 43, Title 54, Idaho Code. (4-28-93)
02. Applicant. A person who applies for a license or a temporary permit pursuant to this chapter. (4-28-93)
03. Board. The Idaho State Board of Medicine. (4-28-93)
04. Certified Pulmonary Function Technologist (CPFT). The professional designation earned by a person who has successfully completed the entry level pulmonary function certification examination administered by the National Board for Respiratory Care, Inc. (4-28-93)
05. Certified Respiratory Therapy Technician (CRTT). The professional designation earned by a person who has successfully completed the entry level examination administered by the National Board for Respiratory Care, Inc. (4-28-93)
06. Entry Level Examination. The certification examination for entry level respiratory therapy practitioners administered by the National Board for Respiratory Care, Inc., the successful completion of which entitles a person to the professional designation of "Certified Respiratory Therapy Technician" (CRTT). (4-28-93)
07. Licensure. The issuance of a license to an applicant under the provisions of this chapter. (4-28-93)
08. Licensure Board. The licensure board established by this chapter. (4-28-93)
09. National Board of Respiratory Care, Inc. The nationally recognized private testing, examining and credentialing body for the respiratory care profession. (4-28-93)
10. Performance of Respiratory Care. Respiratory care practiced or performed in accordance with the written, telephonic or verbal prescription of a licensed physician and includes, but is not limited to, the diagnostic and therapeutic use of the following: administration of medical gases, (except for the purpose of anesthesia), aerosols and humidification; environmental control mechanisms and hyperbaric therapy, pharmacologic agents related to respiratory care protocols, mechanical or physiological ventilatory support; bronchopulmonary hygiene, cardiopulmonary resuscitation; maintenance of the natural airway; insertion and maintenance of artificial airways; specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures and flows, collection, reporting and analysis of specimens of blood and blood gases, arterial punctures, insertion and maintenance of arterial lines, expired and inspired gas samples, respiratory secretions, and pulmonary function testing; and hemodynamic and other related physiologic measurements of the cardiopulmonary system, observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing and determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; implementation based on observed abnormalities of appropriate reporting or referral of respiratory care or changes in treatment regimen, pursuant to a prescription by a physician or the initiation of emergency procedures. (4-28-93)

11. Person. An individual. (4-28-93)
12. Practice of Respiratory Care. Means, but shall not be limited to, the provision of respiratory and inhalation therapy which shall include, but not be limited to: therapeutic and diagnostic use of medical gases, humidity and aerosols including the maintenance of associated apparatus; administration of drugs and medications to the cardiorespiratory system; provision of ventilatory assistance and ventilatory control; postural drainage, percussion, breathing exercises and other respiratory rehabilitation procedures; cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways; and the transcription and implementation of a physician's written, telephonic or verbal orders pertaining to the practice of respiratory care. It also includes testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment and research. This shall be understood to include, but not be limited to, measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing and hemodynamic and other related physiological monitoring of the cardiopulmonary system. The practice of respiratory care is not limited to the hospital setting but shall be performed under the general supervision of a licensed physician. (4-28-93)
13. Respiratory Care. Allied health profession responsible for the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, under the general supervision of a licensed physician. (2-23-94)
14. Supervision. The practice or provision of respiratory care by individuals holding a student or consulting and training exemption, or temporary permit shall be in direct association with a respiratory care practitioner or licensed physician who shall be responsible for the activities of the person being supervised and shall review and countersign all patient documentation performed by the individual being supervised. The supervising respiratory care practitioner or licensed physician need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the supervising or consulting respiratory care practitioner or licensed physician and the individual being supervised shall be determined by the competency of the individual, the treatment setting, and the diagnostic category of the client. (2-23-94)
15. Respiratory Care Practitioner. A person who has been issued a license by the board. (4-28-93)
16. Respiratory Care Protocols. Policies, procedures or protocols developed or instituted by health care facilities or institutions, through collaboration when appropriate or necessary with administrators, physicians, registered nurses, physical therapists, respiratory care practitioners and other licensed, certified or registered health care practitioners. (4-28-93)
17. Registered Pulmonary Function Technologist (RPFT). The professional designation earned by a person who has successfully completed the advanced pulmonary function certification examination administered by the National Board for Respiratory Care, Inc. (4-28-93)
18. Registered Respiratory Therapist (RRT). The professional designation earned by a person who has successfully completed the written registry and clinical simulation examinations administered by the National Board for Respiratory Care, Inc. (4-28-93)
19. Respiratory Therapist. A person who practices or provides respiratory care. (4-28-93)
20. Respiratory Therapy. The practice or performance of respiratory care, including but not limited to, inhalation therapy. (4-28-93)
21. Written Registry and Clinical Simulation Examinations. The certification examinations administered by the National Board of Respiratory Care, Inc., the successful completion of which entitles a person the professional designation of "Registered Respiratory Therapist" (RRT). (4-28-93)

**011. -- 030. (RESERVED).**

**031. GENERAL PROVISIONS FOR LICENSURE.**

01. Moral Character. An applicant must be of good moral character and shall meet the requirements set forth in Section 54-4306, Idaho Code. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-4312, Idaho Code, providing the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (2-23-94)

02. Office. Applications can be obtained from the central office of the Board, which will be in Boise, Idaho. The Board's mailing address, unless otherwise indicated, will be the Idaho State Board of Medicine, P.O. Box 83720, Boise, Idaho 83720-0058. The telephone number of the Board is (208) 334-2822. A TDD or telecommunications device for the deaf is available at (208) 377-3529. The Board's facsimile (FAX) number is (208) 334-2801. (2-23-94)

03. No Action On Application. An application upon which the applicant takes no further action will be held for no longer than one (1) year. (4-28-93)

**032. APPLICATION FOR LICENSURE.**

01. Application. Each applicant for licensure shall submit a completed written application to the Board on forms prescribed by the Board, together with the application fee. The application shall be verified and under oath and shall require the following information: (4-28-93)

a. Evidence that applicant has passed the entry level examination and is a Certified Respiratory Therapy Technician (CRTT) or has successfully completed the written registry and clinical simulation examinations and is a Registered Respiratory Therapist (RRT); or (2-23-94)

b. Is licensed as a respiratory care practitioner, or the equivalent at the discretion of the board, in another state, district or territory of the United States; and (2-23-94)

c. The disclosure of any criminal conviction or charges against the applicant other than minor traffic offenses; and (2-23-94)

d. The disclosure of any disciplinary action against the applicant by any state professional regulatory agency or professional organization; and (2-23-94)

e. The disclosure of the denial of registration or licensure by any state or district regulatory body; and (2-23-94)

f. Not less than two (2) certificates of recommendation from persons, other than relatives or individuals living with the applicant, who have personal knowledge of the applicant's character and the applicant's work as a respiratory therapist; and (2-23-94)

g. One (1) unmounted photograph of the applicant, no larger than three by four inch (3" x 4") (head and shoulders), taken not more than one (1) year prior to the date of the application; and (2-23-94)

h. Such other information as deemed necessary for the Board to identify and evaluate the applicant's credentials; (4-28-93)

i. Evidence that applicant is no less than eighteen (18) years of age; (2-23-94)

j. The Board may, at its discretion, require the applicant to appear for a personal interview; (2-23-94)

02. Temporary Permit. The Board may issue a temporary permit to an applicant who meets the requirements set forth by Section 54-4307, Idaho Code. A temporary permit shall authorize the practice of respiratory care under the supervision of a respiratory care practitioner or licensed physician. (2-23-94)

a. A temporary permit may be converted to a permanent license by providing to the Board, verification of appropriate certification as a Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT). (2-23-94)

- b. A temporary permit shall be effective for one (1) year from the date of issuance. (4-28-93)
- c. A temporary permit may be renewed one (1) time for a period of one (1) year, upon application to the Board. (4-28-93)

**033. LICENSURE EXEMPTION.**

The Board may grant licensure exemption to an applicant who meets the requirements set forth by Section 54-4308, Idaho Code. Individuals requesting exempt status must provide to the Board, satisfactory proof of the existence of facts entitling the person to the exemption. Conditions for which individuals may be granted exemptions include the following: (2-23-94)

01. Pulmonary Function Technologists. Certified or registered pulmonary function technologists who carry out only those professional duties and function for which they have been specifically trained. (2-23-94)

02. Respiratory Therapy Students. Individuals actively attending a full-time supervised course of study in an approved educational program leading to a degree or certificate in respiratory care. This exemption shall cease to exist if the individual fails to attend the approved course of study for a period of time in excess of one-hundred twenty (120) consecutive calendar days and immediately upon receipt of the degree or certificate for which such person pursued the course of study. The practice or provision of respiratory care by such individuals must be supervised by a respiratory care practitioner or licensed physician. (2-23-94)

03. Consulting and Training. For purposes of continuing education, consulting, or training for a period not to exceed (30) days in a calendar year, provided that the individual meets the requirements in Section 54-4308(1)(e), Idaho Code. The practice or provision of respiratory care by such individuals must be supervised by a respiratory care practitioner or licensed physician. (2-23-94)

**034. LICENSE EXPIRATION AND RENEWAL.**

All licenses shall expire on the 30th day of June following issuance or renewal and shall become invalid after that date unless renewed. (4-28-93)

01. Annual Renewal. Each license shall be renewed annually before July 1st by submitting a completed request for renewal form accompanied by payment of the renewal fee to the Board. Licenses not renewed by the expiration date shall be canceled. (4-28-93)

02. Reinstatement. Licenses canceled for nonpayment of yearly renewal fees may be reinstated by filing a completed request for renewal with the Board and paying a reinstatement fee, and back renewal fees. (2-23-94)

03. Reapplication. A person whose license has been canceled for a period of more than five (5) years, shall be required to make application to the Board as a new applicant for licensure. (2-23-94)

04. Continuing Education. Prior to renewal each applicant for renewal shall submit evidence of successfully completing no less than twelve (12) clock hours of continuing education acceptable to the Board. Continuing education for licensure renewal must be germane to the practice or performance of respiratory care. Appropriate continuing professional education activities include but are not limited to, the following: (2-23-94)

- a. Attending or presenting at conferences, seminars or inservice programs. (2-23-94)
- b. Formal course work in Respiratory Therapy related subjects. (2-23-94)

**035. DENIAL OR REFUSAL TO RENEW LICENSE OR SUSPENSION OR REVOCATION OF LICENSE:**

01. Discipline. A new or renewal application may be denied, and every person licensed pursuant to Title 54, Chapter 43, Idaho Code and these rules is subject to discipline, pursuant to the procedures and powers established by and set forth in Section 54- 4312, Idaho Code; the Administrative Procedures Act, and IDAPA

22.01.07, "Rules of Practice and Procedure in Contested Cases of the Board of Medicine". (2-23-94)

02. Impose Sanctions. The Board, upon recommendation of the Licensing Board, may refuse to issue a license or temporary permit, or to renew a license, or may suspend or revoke a license or permit, or may impose probationary conditions if the holder of a license or temporary permit or applicant for license or temporary permit has been found guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct includes, but is not limited to: (2-23-94)

a. Obtaining a license or temporary permit by means of fraud, misrepresentation or concealment of material facts; (4-28-93)

b. Being guilty of unprofessional conduct as defined by the rules of the Board, or violating the code of ethics adopted and published by the Board, a copy of which is attached to these rules; (2-23-94)

c. Being convicted of a crime which would have a direct and adverse bearing on the individual's ability to practice or perform respiratory care competently; (4-28-93)

d. The unauthorized practice of medicine; (4-28-93)

e. Violating any provisions of this chapter or any of the rules promulgated by the Board under the authority of this chapter; (4-28-93)

f. Being found mentally incompetent by a court of competent jurisdiction or unfit by the Board to provide respiratory care; (4-28-93)

g. Providing respiratory care which fails to meet the standard of health care provided by other qualified respiratory therapists or respiratory therapy technicians in the same community or similar communities; (2-23-94)

h. Using any controlled substance or alcohol to the extent that use impairs the ability to practice respiratory care at an acceptable level of competency; (2-23-94)

i. Employing, directing or supervising the unlicensed practice of respiratory care; (2-23-94)

j. Practicing in an area of respiratory care for which the individual is not trained; (2-23-94)

k. Failure to supervise the activities of individuals who hold exemptions or temporary permits; (2-23-94)

l. Delegation to an unqualified person of any services which require the skill, knowledge, and judgment of a respiratory care practitioner; (2-23-94)

m. In the case of practice as an individual entitled to exemption or temporary permit, practice respiratory care other than under the supervision of a respiratory care practitioner or licensed physician; (2-23-94)

n. Misrepresenting educational attainments. (2-23-94)

**036. -- 045. (RESERVED).**

**046. FEES.**

Actual fees shall be set to reflect real costs of Board administration. (4-28-93)

01. Initial Licensure Fee. The fee for initial licensure shall be no more than ninety dollars (\$90). (4-28-93)

02. Reinstatement Fee. The reinstatement fee for a lapsed license shall be the annual renewal for each year not licensed plus a fee of thirty-five dollars (\$35). (2-23-94)

03. Temporary Permit Fee. The fee for a temporary permit shall be no more than ninety dollars (\$90). (2-23-94)
04. Annual Renewal Fee. The annual renewal fee shall be no more than seventy dollars (\$70). (4-28-93)
05. General Fee Information. (4-28-93)
- a. Necessary fees shall accompany applications. (4-28-93)
- b. Fees shall not be refundable. (4-28-93)
- c. In those situations where the processing of an application requires extraordinary expenses, the Board may charge the applicant with reasonable fees to cover all or part of the extraordinary expenses. (4-28-93)

**047. CODE OF ETHICS.**

The licensure board has adopted the Code of Ethics of the American Association for Respiratory Care, as amended in 1985. (2-23-94)

**048. -- 050. (RESERVED).**

**051. EFFECTIVE DATE.**

These rules shall be effective August 31, 1991. Amendments to the rules shall be effective January 18, 1994. (2-23-94)

**052. -- 099. (RESERVED).**

**100. CODE OF ETHICS.**

01. Method of Treatment. The Respiratory Care Practitioner shall practice medically acceptable methods of treatment and shall not endeavor to extend his practice beyond his competence and the authority vested in him by the physician. (2-23-94)

02. Commitment to Self-Improvement. The Respiratory Care Practitioner shall continually strive to increase and improve his knowledge and skills and render to each patient the full measure of his ability. All service shall be provided with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. (2-23-94)

03. Confidentiality. The Respiratory Care Practitioner shall hold in strict confidence all privileged information concerning the patient and refer all inquiries to the physician in charge of the patient's medical care. (2-23-94)

04. Gratuities. The Respiratory Care Practitioner shall not accept gratuities for preferential consideration of the patient, he or she shall guard against conflicts of interest. (2-23-94)

05. Professionalism. The Respiratory Care Practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles. He or she should be familiar with existing state and federal laws governing the practice of respiratory care and comply with those laws. (2-23-94)

06. Cooperation and Participation. The Respiratory Care Practitioner shall cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the health needs of the public. (2-23-94)

**101. -- 999. (RESERVED).**