

<u>Program</u>	<u>Contact</u>	<u>Date Updated</u>
Respiratory Therapy	Trisha Miller	March 2022

State	Meets educational Requirements	Does not meet educational requirements	Undetermined	State	Meets educational Requirements	Does not meet educational requirements	Undetermined
Alabama	*			Nebraska	*		
Alaska			*	Nevada	*		
American Samoa			*	New Hampshire	*		
Arizona	*			New Jersey	*		
Arkansas	*			New Mexico	*		
California	*			New York	*		
Colorado	*			North Carolina	*		
Connecticut	*			North Dakota	*		
Delaware	*			Northern Mariana Islands			*
Florida	*			Ohio	*		
Georgia	*			Oklahoma	*		
Guam			*	Oregon	*		
Hawaii	*			Pennsylvania	*		
Idaho	*			Puerto Rico			*
Illinois	*			Rhode Island	*		
Indiana	*			South Carolina	*		
Iowa	*			South Dakota	*		
Kansas	*			Tennessee	*		
Kentucky	*			Texas	*		
Louisiana	*			US Virgin Islands			*
Maine	*			Utah	*		
Maryland	*			Vermont	*		
Massachusetts	*			Virginia	*		
Michigan	*			Washington	*		
Minnesota	*			West Virginia	*		
Mississippi	*			Wisconsin	*		
Missouri	*			Wyoming	*		
Montana	*						

Comments:

Today, 49 states regulate respiratory care practice, and they all recognize NBRC (National Board for Respiratory Care) credentials as the standards for licensure, forming the basis for reciprocity and enabling credentialed practitioners to relocate from one state to another with ease. Respiratory therapists are licensed in all states except Alaska; requirements vary by state.

## **RESPIRATORY THERAPY**

### *STATE AUTHORIZATION INFORMATION*

**REQUIREMENT:** Colleges offering Respiratory Therapy are required to provide general and direct disclosures to each student regarding the reciprocity of the program against other states.

#### **State Authorization Professional Licensure\Certification\Credentialing Requirements:**

Effective July 1, 2020 the U.S. Department of Education requires colleges to provide general and direct disclosures to students prior to making a financial obligation for all professional licensure and certification programs

#### **Respiratory Therapy Licensure\Certification \ Credentialing\ Information:**

Respiratory Therapists requirements vary by state and factor in other individual factors; including credentials, training, and job experience. It's important to note that not all states have the same agreements or requirements. Today, 49 states regulate respiratory care practice, and they all recognize NBRC (National Board for Respiratory Care) credentials as the standards for licensure, forming the basis for reciprocity and enabling credentialed practitioners to relocate from one state to another with ease.

Respiratory therapists are licensed in all states except Alaska; requirements vary by state. Student applications are reviewed on a case-by-case basis.

#### **Respiratory Therapy State Contacts:**

This workbook contains the individual state Respiratory Therapy program point(s) of contact, which include name, phone number, e-mail, and physical address.

Last Revised 3/23/2021

## **State Authorization Professional Licensure Information:**

### ***34 CFR 668.43(c) Direct Disclosures***

1. Prior to enrollment, students must be notified in writing (direct disclosure) if the program does not meet OR the institution has not made a determination whether the program meets education requirements for licensure and/or certification in the state where the student is located.
2. The regulations state "regarding the timing of these disclosures, the U. S. Department of Education (DOE) expects that the institution will provide this disclosure before a student enrolls into a program or in the event that an institution does not provide an enrollment agreement, before the student makes a financial commitment to the institution
3. If the student is enrolled in a program and the institution makes a determination that the program does not meet educational requirements in the state where the student is located, the institution has 14 calendar days to notify the student in writing.

**NOTE:** Be sure to document that that any required direct notifications (pre enrollment and/or address change) were sent. An easy way to do this is to ensure that a copy of the letter or email is kept within the student's academic record.

**Complete details can be found on the NCCCS Virtual Learning Community website.**

<https://vlc.nccommunitycolleges.edu/faculty/state-authorization/>

**Contact Name in State:** Alabama State Board of Respiratory Therapy - Elizabeth Utley Sheehan, Executive Director  
<http://www.asbrt.alabama.gov/>

**Contact Phone Number:** [334-265-7125](tel:334-265-7125) or [334.396.2332](tel:334-396-2332)

**Contact Email Address:** [board@asbrt.alabama.gov](mailto:board@asbrt.alabama.gov)

**Additional Information:** Reciprocity Requirement: A valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States, whose requirements for licensure are considered by the board substantially similar to those of Alabama and who otherwise meets the reciprocity requirements established by the board.

**Mailing Address:** Alabama State Board of Respiratory Therapy  
PO Box 303770  
Montgomery, AL 36130

**Contact Name in State:** Providence Alaska Medical Center  
<https://alaska.providence.org/locations/p/pkimc/respiratory-therapy>

**Contact Phone Number:** [907-562-2211](tel:907-562-2211)

**Contact Email Address:** [karen.good@providence.org](mailto:karen.good@providence.org) Karen Good RRT-NPS - Clinical Manager Respiratory Care Services

**Additional Information:** Respiratory therapists must be licensed in all U.S. states with the exception of Alaska. However, Alaska's respiratory therapists are still expected to complete a degree in respiratory therapy to be proficient in the field, and are encouraged to earn nationally recognized RT credentials as a way to remain competitive in the field.

**Mailing Address:** Providence Alaska Medical Center  
3200 Providence Drive  
Anchorage, AK 99508

**Contact Name in State:** Arizona Board of Respiratory Care Examiners - John Confer, Executive Director  
<https://respiratoryboard.az.gov/>

**Contact Phone Number:** [\(602\) 542-5995](tel:6025425995)

**Contact Email Address:** [info@rb.az.gov](mailto:info@rb.az.gov)

**Additional Information:** [Reciprocity](#): If you are applying for an Arizona License and you have practiced or have held a License in any other state you must provide a Letter of Verification from each state in which you pr

**Mailing Address:** Arizona Board of Respiratory Care Examiners  
1740 West Adams Street, Suite 3406  
Phoenix, AZ 85007

**Contact Name in State:** Arkansas State Medical Board - Amy E. Embry, Executive Director  
<http://www.armedicalboard.org/Professionals/RespiratoryTherapist.aspx>

**Contact Phone Number:** [\(501\) 296-1802](tel:5012961802)

**Contact Email Address:** [Juli.Carlson@armedicalboard.org](mailto:Juli.Carlson@armedicalboard.org)

**Additional Information:** [Reciprocity](#): The ASMB must have verification of all licenses ever held, even temporary licenses from other states, whether active or inactive. The applicant will be responsible for requesting and paying any fees. The Arkansas State Medical Board will escalate the license applications of current and former military service members, and their spouses. License renewal fees are waived for all active duty military service members.

**Mailing Address:** Arkansas State Medical Board  
1401 West Capitol Avenue, Suite 340  
Little Rock, AR 72201-2936

**Contact Name in State:** Respiratory Care Board of California - Ricardo Guzman, MA, RRT, RCP, President  
<https://www.rcb.ca.gov/>

**Contact Phone Number:** [\(916\) 999-2190](tel:(916)999-2190)

**Contact Email Address:** [rcbinfo@dca.ca.gov](mailto:rcbinfo@dca.ca.gov)

**Additional Information:** California does not have reciprocity with any states, therefore, you will need to apply for a Respiratory Care Practitioner (RCP) license issued by the Respiratory Care Board to practice in California. However, if you have already earned your RRT credential, you will not be required to retake an initial licensing exam. You will be required to have proof of your credential, out-of-state license, and education requirements sent

**Mailing Address:** California Respiratory Care Board  
3750 Rosin Court, Suite 100  
Sacramento, CA 95834



**Contact Name in State:** Colorado Division of Professions and Occupations - Jason D Sunstrom, Program Director  
<https://dpo.colorado.gov/RespiratoryTherapy>

**Contact Phone Number:** [\(303\) 894-5942](tel:3038945942)

**Contact Email Address:** [dora\\_dpo\\_hppp@state.co.us](mailto:dora_dpo_hppp@state.co.us) or [dora\\_respiratoryboard@state.co.us](mailto:dora_respiratoryboard@state.co.us)

**Additional Information:** Reciprocity: An applicant for a license to practice respiratory therapy shall submit to the director written evidence that he or she is credentialed with the national board for respiratory care as a certified or registered respiratory therapist and shall pay a fee as determined by the director. An applicant must be currently in possession of an unrestricted license in good standing to practice respiratory therapy under the laws of another state or territory of the United States or foreign country, if the qualifications of the applicant are deemed by the director to be substantially equivalent to those required by this state, and whether the applicant has ever had a disciplinary action taken in regard to the applicant's license to practice respiratory therapy in another state.

**Mailing Address:** Colorado Division of Professions and Occupations  
1560 Broadway, Ste. 1350  
Denver, CO 80202

**Contact Name in State:** RCP Licensure Committee - Latarsha Starling, Dept. of Public Health, RCP Licensure  
<https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/RCP/Respiratory-Care-Practitioner-Licensure-Requirements>

**Contact Phone Number:** [\(860\) 509-7603](tel:8605097603)

**Contact Email Address:** [oplcdph@ct.gov](mailto:oplcdph@ct.gov) or [dph.alliedhealth@ct.gov](mailto:dph.alliedhealth@ct.gov)

**Additional Information:** [Reciprocity](#): An applicant for licensure must have completed an educational program for Respiratory Therapists or Respiratory Therapy Technicians which, at the time of completion, was accredited by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs, in cooperation with the Joint Review Committee for Respiratory Therapy Education or was recognized by the Joint Review Committee for Respiratory Therapy Education; or the Committee on Accreditation for Respiratory Care; and Successfully completed either the Entry Level or Advanced Practitioner Respiratory Care examination administered by the National Board for Respiratory Care, and be currently credentialed by the National Board for Respiratory Care.

**Mailing Address:**  
Connecticut Department of Public Health  
RCP Licensure Committee  
410 Capitol Ave. MS# 12APP  
PO Box 340308  
Hartford, CT 06134

**Contact Name in State:** Delaware Department of State - Division of Professional Regulation - Shauna Slaughter, Executive Director  
<https://dpr.delaware.gov/boards/medicalpractice/>

**Contact Phone Number:** [\(302\) 744-4500](tel:3027444500)

**Contact Email Address:** [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**Additional Information:** [Reciprocity](#): The applicant must possess a current license in a state which has licensing requirements equal to or exceeding the requirements of Delaware subchapters, and there may not be any outstanding or unresolved complaints pending against the applicant; an applicant may not have been assessed any administrative penalties regarding the applicant's practice of respiratory care, or be under investigation for misconduct.

**Mailing Address:** Board of Medical Licensure & Discipline  
Cannon Bldg.  
861 Silver Lake Blvd., Suite 203  
Dover, DE 19904-2467

**Contact Name in State:** DC HEALTH - LaQuandra S Nesbitt, Director  
<https://dchealth.dc.gov/service/respiratory-care-licensing>

**Contact Phone Number:** [\(202\) 442-8336](tel:(202)442-8336)

**Contact Email Address:** [dcbosp@dc.gov](mailto:dcbosp@dc.gov)

**Additional Information:** Reciprocity requirements: Official transcript (with seal) showing successful completion of and educational course in respiratory care from an approved institution. May be sent directly from the school, but is that it accompany the application in a sealed envelope. A certified examination results from the National Board for Respiratory Care, Inc. The National Board for Respiratory Care. The applicant shall also sub verification of licensure from each jurisdiction where the applicant is or was licensed to practice respiratory care.

**Mailing Address:** DC Health  
899 North Capitol Street, NE,  
Washington, DC 20002

**Contact Name in State:** Florida Board of Respiratory Care - Joseph Frey, Chair  
<https://floridasrespiratorycare.gov/licensing/>

**Contact Phone Number:** [\(850\) 245-4444](tel:(850)245-4444) ext. 3476 or [\(850\) 245-4373](tel:(850)245-4373)

**Contact Email Address:** [mqa\\_respiratorytherapy@doh.state.fl.us](mailto:mqa_respiratorytherapy@doh.state.fl.us)

**Additional Information:** **Reciprocity & Endorsement:** The applicant holds the “Certified Respiratory Therapist” or the “Registered Respiratory Therapist” credential issued by the National Board for Respiratory Care or an equivalent credential acceptable to the Board; or the applicant holds certification, or the equivalent, to deliver respiratory care in another state and such certification was granted pursuant to requirements determined to be equivalent to, or more stringent than, the requirements in Florida.

**Mailing Address:** Florida Department of Health  
4052 Bald Cypress Way, BIN #C-05  
Tallahassee, FL 32399-3257

**Contact Name in State:** Georgia Respiratory Therapy Committee - LaSharn Hughes, MBA, Executive Director  
<https://medicalboard.georgia.gov/professionals/applications-center/respiratory-care-professional>

**Contact Phone Number:** [\(404\) 463-2292](tel:(404)463-2292)

**Contact Email Address:** [tara.edwards@dch.ga.gov](mailto:tara.edwards@dch.ga.gov) Tara Edwards, Application Specialist

**Additional Information:** **Reciprocity:** Any person who has been granted certification, registration, licensure or other to practice respiratory care in another state whose requirements for such to practice are substantially equal to or exceed the requirements for certification in this state may petition the Board for reciprocity in this State. Verification by oath of certification, registration, licensure or other to practice respiratory care must be submitted directly to the Board. Any application for certification by reciprocity must submit a notarized statement of reference from a physician, currently licensed in the state where the applicant has been practicing attesting to the fact that the applicant is qualified to practice respiratory care. Reciprocity applicants who have not practiced respiratory care in another state for 12 months or more will be required to prove to the Board's satisfaction that the applicant maintained knowledge, skill & proficiency in respiratory care.

**Mailing Address:** Georgia Composite Medical Board  
2 Peachtree St. NW, 36th Fl.  
Atlanta, GA 30303

**Contact Name in State:** Hawaii Department of Commerce and Consumer Affairs - Professional and Vocational Licensing Division - Keali'i S. Lopez, Director  
[http://cca.hawaii.gov/pvl/programs/respiratory/copy\\_of\\_index\\_html/](http://cca.hawaii.gov/pvl/programs/respiratory/copy_of_index_html/)

**Contact Phone Number:** [\(808\) 586-2850](tel:8085862850)

**Contact Email Address:** [rt@dcca.hawaii.gov](mailto:rt@dcca.hawaii.gov)

**Additional Information:** Reciprocity and Endorsements: A license through endorsement may be granted to applicants who hold CURRENT licenses in another state or jurisdiction that are in good standing, provided that the program's requirements at the time you were licensed in that state, are equivalent or higher than Hawaii's. In addition to the application and fee, you must request a "Verification of License - Respiratory Therapist form (Form RT- 05) be completed by the states where you are licensed and attach original with board's seal to your application form

**Mailing Address:**  
Department of Commerce and Consumer Affairs  
Professional and Vocational Licensing Division  
King Kalakaua Building  
335 Merchant Street  
Room 301  
Honolulu, Hawaii 96813

**Contact Name in State:** Idaho Board of Medicine - Allied Health Licensure  
<https://bom.idaho.gov/BOMPortal/BoardPage.aspx?Board=RES>

**Contact Phone Number:** [\(208\) 327-7000](tel:(208)327-7000)

**Contact Email Address:** [info@bom.idaho.gov](mailto:info@bom.idaho.gov)

**Additional Information:** Reciprocity: The person is licensed as a respiratory care practitioner or the equivalent, as determined by the board, in good standing in another state or the District of or in a territory of the United States; or The person is a certified respiratory therapy technician (CRTT) or registered respiratory therapist (RRT).

**Mailing Address:** Idaho Board of Medicine  
PO Box 83720  
Boise, Idaho 83720-0058



**Contact Name in State:** IL Department of Financial and Professional Regulation - Respiratory Care Board - Todd Robertson, Board Liason  
<https://www.idfpr.com/profs/RespCare.asp>

**Contact Phone Number:** [\(888\) 473-4858](tel:(888)473-4858)

**Contact Email Address:** [robert.gerton@illinois.gov](mailto:robert.gerton@illinois.gov) Board Liaison Health Services Section

**Additional Information:** [Reciprocity and Endorsement](#): Each application bt Reciprocity/Endorsement is reviewed on an individual basis. Supporting document(s) must be completed in it's entirety by the Dean of the respiratory care program from which you graduated with a school seal. Supporting document(s) must be completed by the juristicition of original licensure in which you are currently licensed and practicing.

**Mailing Address:** IL Department of Financial and Professional Regulation  
P.O. Box 7007,  
Springfield, Illinois 62791

**Contact Name in State:** Indiana Professional Licensing Agency - Respiratory Care Committee - David R. Burnworth, RCP, RRT, Chairman  
<https://www.in.gov/pla/professions/respiratory-care-committee/>

**Contact Phone Number:** [\(317\) 234-8800](tel:3172348800)

**Contact Email Address:** [cvaught@pla.in.gov](mailto:cvaught@pla.in.gov) or [pla14@pla.in.gov](mailto:pla14@pla.in.gov)

**Additional Information:** Reciprocity and Endorsement: Applicants must submit a "Verification of State Licensure" form, submitted to the Committee directly from the state, that you hold a current license, registration, or certification or applicant that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration or certification. This statement must be signed and dated by the applicant.

**Mailing Address:** Indiana Professional Licensing Agency  
402 W. Washington St. Rm W072  
Indianapolis, IN 46204

**Contact Name in State:** IDPH - Iowa Board of Respiratory Care and Polysomnography - Tony Alden, Board Executive  
<https://idph.iowa.gov/Licensure/Iowa-Board-of-Respiratory-Care>

**Contact Phone Number:** [\(515\) 281-0254](tel:5152810254)

**Contact Email Address:** [Tony.Alden@idph.iowa.gov](mailto:Tony.Alden@idph.iowa.gov) or [PLPublic@idph.iowa.gov](mailto:PLPublic@idph.iowa.gov)

**Additional Information:** Reciprocity and Endorsement: Applicants that have been previously licensed, registered or certified in any other state must provide official verification of licensure in the other state(s). The license verification must include license issue date, expiration date and any pending or past disciplinary action. The verification may be printed from another state licensing board's website if it contains all of the required information.

**Mailing Address:** Iowa Department of Public Health  
Lucas State Office Building  
321 E. 12th Street  
Des Moines, IA 50319-0075

**Contact Name in State:** Kansas Board of Healing Arts  
<http://www.ksbha.org/professions/RT.shtml>

**Contact Phone Number:** [\(785\) 296-7413](tel:(785)296-7413)

**Contact Email Address:** [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov)

**Additional Information:** [Reciprocity](#): Applicants should provide documents from all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. Verification fees may be applicable and are the applicant's responsibility.

**Mailing Address:** Kansas Board of Healing Arts  
Respiratory Care Advisory Committee  
800 SW Jackson, LL- Ste. A  
Topeka, KS 66612

**Contact Name in State:** Kentucky Board of Respiratory Care - Tamara McDaniel, RRT, Executive Director  
<https://kbrc.ky.gov/Pages/default.aspx>

**Contact Phone Number:** [\(859\) 246-2747](tel:8592462747)

**Contact Email Address:** [tamara.mcdaniel@ky.gov](mailto:tamara.mcdaniel@ky.gov) Tamara McDaniel, RRT as Ex. Director

**Additional Information:** [Reciprocity](#): Respiratory care practitioners duly authorized to practice in other states and in good standing and who have held a RRT or hold the CRT credential or its equivalent may be conferred a mandato certificate by the board if the requirements for licensure or certification in that state are substantially equal to the requirements of this section.

**Mailing Address:** Kentucky Board of Respiratory Care  
2365 Harrodsburg Rd., B 350  
Lexington, KY 40504-3335

**Contact Name in State:** Louisiana State Board of Medical Examiners  
<http://www.lsbme.la.gov/licensure/rules>

**Contact Phone Number:** [\(504\) 568-6820](tel:(504)568-6820) x235

**Contact Email Address:** [lsbme@lsbme.la.gov](mailto:lsbme@lsbme.la.gov)

**Additional Information:** Reciprocity: A person who possesses a current, unrestricted license to practice respiratory therapy issued by the medical licensing authority of another state, the District of Columbia, or a territory of the United States shall only be eligible for licensure in this state if the applicant meets all of the qualifications for licensure specified and satisfies the procedural and other requirements specified including but not limited to restrictions and/or limitations on the examination.

**Mailing Address:** Louisiana State Board of Medical Examiners  
Respiratory Therapy  
630 Camp Street  
New Orleans, LA 70130

**Contact Name in State:** Office of Professional and Occupational Regulation - Board of Respiratory Care Practitioners - Kristina Halvorsen, Administrator  
<https://www.maine.gov/pfr/professionallicensing/professions/board-respiratory-care-practitioners>

**Contact Phone Number:** [\(207\) 624-8674](tel:(207)624-8674)

**Contact Email Address:** [respcare.lic@maine.gov](mailto:respcare.lic@maine.gov)

**Additional Information:** [Reciprocity](#): The Maine Board of Respiratory Care Practitioners requires that a verification of every license be submitted with the application, even if that license is not currently active [\(Online verifications are acceptabl](#)

**Mailing Address:** Office of Professional and Occupational Regulation  
Board of Respiratory Care Practitioners  
35 State House Station  
Augusta, ME 04333

**Contact Name in State:** Maryland Board of Physicians - G. Felicia Wright, Allied Health Supervisor  
[https://www.mbp.state.md.us/licensure\\_ahapp\\_poly.aspx](https://www.mbp.state.md.us/licensure_ahapp_poly.aspx)

**Contact Phone Number:** [\(410\) 764-4764](tel:(410)764-4764)

**Contact Email Address:** [Felicia.Wright@maryland.go](mailto:Felicia.Wright@maryland.go) G. Felicia Wright, Allied Health Supervisor

**Additional Information:** Reciprocity: The Board will issue a license by reciprocity to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to Maryland's licensing requirements at the time the applicant received a license; and the other state offers a similar reciprocal licensure process to Maryland licensed physicians.

**Mailing Address:**  
Maryland Board of Physicians  
4201 Patterson Avenue  
Baltimore, Maryland 21215



**Contact Name in State:** Board of Respiratory Care - Martha DeSilva, Chair  
<https://www.mass.gov/orgs/board-of-respiratory-care>

**Contact Phone Number:** [\(800\) 414-0168](tel:(800)414-0168) or [\(617\) 973-0806](tel:(617)973-0806)

**Contact Email Address:** [Karen.Geoghegan1@state.ma.gov](mailto:Karen.Geoghegan1@state.ma.gov) or [Multiboard.Admin@state.ma.us](mailto:Multiboard.Admin@state.ma.us)

**Additional Information:** Reciprocity: Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have previously held any professional license or board cert  
The state or other jurisdictions must send verifications directly to the Board.

**Mailing Address:** Board of Respiratory Care  
239 Causeway St.  
Suite 500  
Boston, MA 02114-4499

**Contact Name in State:** Department of Licensing and Regulatory Affairs - Bureau of Professional Licensing - Orlene Hawks, Director  
[https://www.michigan.gov/lara/0,4601,7-154-89334\\_72600\\_72603\\_27529\\_29413--,00.html](https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_29413--,00.html)

**Contact Phone Number:** [\(517\) 335-0918](tel:5173350918) or [\(517\) 241-0199](tel:5172410199)

**Contact Email Address:** [bhpinfo@michigan.gov](mailto:bhpinfo@michigan.gov)

**Additional Information:** Reciprocity and Endorsement: Applicants for licensure by endorsement who were registered or licensed as a respiratory therapist in another state for 5 years or more immediately preceding the date of application must submit the following: Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for licensure by endorsement who have been registered or licensed as a respiratory therapist in another state for less than 5 years immediately preceding the date of application must complete the following: Arrange for official transcripts to be sent directly to this office confirming the completion of a 2-year associate's degree from an accredited college or university that meets the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA). Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States or province of Canada in which you hold a current license or ever held a license as a respiratory therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

**Mailing Address:** Department of Licensing and Regulatory Affairs  
Board of Respiratory Care  
P.O. Box 30670  
Lansing, Michigan 48909

**Contact Name in State:** Minnesota Board of Medical Practice - Respiratory Care Advisory Council - Ruth Martinez  
<https://mn.gov/boards/medical-practice/licensing/fact-sheets/?id=21-389049>

**Contact Phone Number:** [\(612\) 548-2144](tel:6125482144)

**Contact Email Address:** [Molly.Schwanz@state.mn.us](mailto:Molly.Schwanz@state.mn.us)

**Additional Information:** [Reciprocity: Applicants applying under reciprocity must have a current, unrestricted credential in another state and must have worked as a respiratory therapist at least eight weeks during the last five years.](#) [

**Mailing Address:** Board of Medical Practice  
University Park Plaza  
2829 University Ave. SE, Suite 500  
Minneapolis, MN 55414-3246

**Contact Name in State:** MS State Dept. of Health, Professional Licensure - Respiratory Care, Melissa Parker, Administrator, Licensure and Certification  
[https://msdh.ms.gov/msdhsite/\\_static/30,0,82,93.html](https://msdh.ms.gov/msdhsite/_static/30,0,82,93.html)

**Contact Phone Number:** [\(601\) 364-7360](tel:6013647360)

**Contact Email Address:** [volanda.morrow@healthyms.com](mailto:volanda.morrow@healthyms.com)

**Additional Information:** Reciprocity and Endorsement: An individual shall not be prohibited from performing such procedures for which he was tested, so long as the testing body offering the examination is certified by National Commission for Health Certifying Agencies or its equivalent, and so long as the individual is a licensed health care provider in the state of Mississippi.

**There appear to be no regulations permitting licensure based on reciprocity.**

**Mailing Address:** MS State Dept. of Health  
Professional Licensure - Respiratory Care  
PO Box 1700  
Jackson, MS 39215-1700

**Contact Name in State:** Missouri Division of Professional Registration, Missouri Board for Respiratory Care - Vanessa Beauchamp  
<https://pr.mo.gov/respiratorycare.asp>

**Contact Phone Number:** [\(573\) 522-5864](tel:5735225864)

**Contact Email Address:** [rcp@pr.mo.gov](mailto:rcp@pr.mo.gov)

**Additional Information:** [Reciprocity](#): A person who holds a valid current license issued by another state, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in su other jurisdiction, may submit an application for a license in Missouri in the same occupation or profession, and at the same practice level, for which he or she holds the current license.

<https://pr.mo.gov/boards/respiratory/375-1094.p> <- **Application for Licensure - Reciprocity**

**Mailing Address:** Missouri Board for Respiratory Care  
3605 Missouri Blvd  
PO Box 1335  
Jefferson City, MO 65102-1335

**Contact Name in State:** Board of Respiratory Care Practitioners - Missy Poortenga, Executive Officer  
<https://boards.bsd.dli.mt.gov/respiratory-care-practitioners/>

**Contact Phone Number:** [\(406\) 841-2360](tel:4068412360) or [\(406\) 841-2300](tel:4068412300)

**Contact Email Address:** [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

**Additional Information:** Reciprocity: The applicant is responsible for requesting official verification from their current state of licensure and ALL previous licenses held, regardless of status.

**Mailing Address:** Board of Respiratory Care Practitioners  
PO Box 200513  
301 S. Park, 4th Fl.  
Helena, MT 59620-0513

**Contact Name in State:** Dept. of Health & Human Services, Division of Public Health Licensure Unit -  
<http://dhhs.ne.gov/licensure/Pages/Respiratory-Care.aspx>

**Contact Phone Number:** [\(402\) 471-2115](tel:(402)471-2115)

**Contact Email Address:** [Claire.covertbybee@nebraska.gov](mailto:Claire.covertbybee@nebraska.gov)

**Additional Information:** **Reciprocity: If you hold or have held a health related license in any state (other than Nebraska), you must contact that state and request a verification of your license (do not send a copy of your license).**

**Mailing Address:** Division of Public Health Licensure Unit - Dept. of Health & Human Services  
301 Centennial Mall S.  
Attn: [Profession, Facility type, or Children's Services]  
PO Box 94986  
Lincoln, NE 68509-4986

**Contact Name in State:** Nevada State Board of Medical Examiners - Lynnette Daniels  
[http://medboard.nv.gov/Licensees/L\\_A\\_Main/](http://medboard.nv.gov/Licensees/L_A_Main/)

**Contact Phone Number:** [\(775\) 688-2559](tel:7756882559)

**Contact Email Address:** [lidsbme@medboard.nv.gov](mailto:lidsbme@medboard.nv.gov)

**Additional Information:** [Reciprocity/Endorsement](#): If a physician is licensed in another state and is in good standing, he/she may apply for medical licensure by endorsement from that state. (In the state of Nevada, endorsement is not re

**Mailing Address:** Nevada State Board of Medical Examiners



**Contact Name in State:** Office of Professional Licensure and Certification - Lindsey B. Courtney, J.D., Executive Director  
<https://www.oplc.nh.gov/respiratory-care-practitioners-governing-board>

**Contact Phone Number:** [603-271-8353](tel:603-271-8353)

**Contact Email Address:** [alliedhealth@oplc.nh.gov](mailto:alliedhealth@oplc.nh.gov)

**Additional Information:** [Reciprocity/Endorsement](#): Under the governor's declaration of emergency directive, any out-of-state health care practitioners may practice in New Hampshire to assist with the state's response to COVID-19 provided they are licensed and in good standing in their home state.

**Mailing Address:** Office of Licensed Allied Health Professionals  
Philbrook Building  
121 South Fruit Street  
7 Eagle Square  
Concord, NH 03301

**Contact Name in State:** Dept. of Law & Public Safety, Div. of Consumer Affairs, State Board of Respiratory Care - Renee Clark, Executive Director  
<http://www.njconsumeraffairs.gov/resp/Pages/default.aspx>

**Contact Phone Number:** [\(973\) 504-6485](tel:9735046485)

**Contact Email Address:** [askconsumeraffairs@dca.lps.state.nj.us](mailto:askconsumeraffairs@dca.lps.state.nj.us)

**Additional Information:** [Reciprocity/Endorsement](#): If you are required to submit proof that you are licensed in a state other than New Jersey, contact that out-of-state licensing board and request that it send a license verification letter directly to the New Jersey Board. The submission of a copy of your out-of-state license doesn't meet the requirements for license verification.

**Mailing Address:**  
State Board of Respiratory Care  
Dept. of Law & Public Safety, Div. of Consumer Affairs  
124 Halsey Street, 6th Floor  
P.O. Box 45031  
Newark, NJ 07101

**Contact Name in State:** Respiratory Care Advisory Board - Nicolas Alderete, Board Administrator  
[www.rld.state.nm.us/boards/Respiratory\\_Care.aspx](http://www.rld.state.nm.us/boards/Respiratory_Care.aspx)

**Contact Phone Number:** [\(505\) 476-4965](tel:5054764965)

**Contact Email Address:** [RespiratoryCareBd@state.nm.us](mailto:RespiratoryCareBd@state.nm.us)

**Additional Information:** [Reciprocity/Endorsement](#): Copies of other state professional licenses & verification of licensure forms sent directly from other state boards along with a résumé with employment information encompassing five years prior to th

**Mailing Address:**  
Respiratory Care Advisory Board  
2550 Cerrillos Road, Second Floor  
P.O. Box 25101  
Santa Fe, NM 87504

**Contact Name in State:** New York State Education Department, Office of the Professions - State Board for Respiratory Therapy  
<http://www.op.nysed.gov/prof/rt/#>

**Contact Phone Number:** [\(518\) 474-3817](tel:(518)474-3817) x120

**Contact Email Address:** [rtbd@nysed.gov](mailto:rtbd@nysed.gov)

**Additional Information:** Reciprocity/Endorsement: The Office of the Professions (OP) will accept electronic verifications of licensure, certification and examination completion from other licensing authorities located in the United States provided that the ( can independently authenticate that the verification is received directly from the licensing authority, and the applicant had no opportunity to directly access or alter the verification before it is sent or transmitted.

**Mailing Address:** State Board for Respiratory Therapy  
89 Washington Avenue, Second Floor  
Albany, NY 12234-1000

**Contact Name in State:** North Carolina Respiratory Care Board - William L. Croft, PhD, RRT, RCP, Executive Director  
<http://www.ncrcb.org/>

**Contact Phone Number:** [\(919\) 878-5595](tel:(919)878-5595)

**Contact Email Address:** [bcroft@ncrcb.org](mailto:bcroft@ncrcb.org)

**Additional Information:** [Reciprocity/Endorsement](#): If you currently hold or have held a health care provider license in any jurisdiction(s), have the licensing agency complete and send an official verification of license status to the N

**Mailing Address:** North Carolina Respiratory Care Board  
125 Edinburgh South Drive, Suite 100  
Cary, NC 27511

**Contact Name in State:** ND State Board of Respiratory Care - Nikki Owings or Jacinda Simmons  
<http://www.ndsbrc.com/>

**Contact Phone Number:** [\(701\) 222-1564](tel:(701)222-1564)

**Contact Email Address:** [ndsbrc@aptnd.com](mailto:ndsbrc@aptnd.com)

**Additional Information:** [Reciprocity](#): To apply for licensure by reciprocity, pay an \$80.00 Licensure Fee, submit an official verification of your license in all jurisdiction in which you hold and previously held a license(s). You will need to submit a letter of verification for each state and request either a letter of verification or the url for their on-line license verifications and have either forwarded to the NDSBRC Office. Submit to a statewide and nationwide criminal history re

**Mailing Address:** ND State Board of Respiratory Care  
PO Box 2223  
Bismarck, ND 58502

**Contact Name in State:** State Medical Board of Ohio  
<http://www.med.ohio.gov/Renew/Respiratory-Care-RC>

**Contact Phone Number:** [\(614\) 466-3934](tel:(614)466-3934)

**Contact Email Address:** [license@med.ohio.gov](mailto:license@med.ohio.gov)

**Additional Information:** No information on reciprocity/endorsement found.

**Mailing Address:** State Medical Board of Ohio  
30 E. Broad St, 3rd Floor  
Columbus, OH 43215

**Contact Name in State:** Oklahoma Board of Medical Licensure  
[http://www.okmedicalboard.org/respiratory\\_care\\_practitioners](http://www.okmedicalboard.org/respiratory_care_practitioners)

**Contact Phone Number:** [\(405\) 962-1400](tel:(405)962-1400)

**Contact Email Address:** [rhall@okmedicalboard.org](mailto:rhall@okmedicalboard.org)

**Additional Information:** Reciprocity/Endorsement: Yes, if currently licensed to practice respiratory care in another state, territory or country, if the qualifications of the applicant are deemed by the Board to be equivalent to those required in this state, the applicant may be eligible for reciprocity. However, reciprocity is not guaranteed. The Board may require the applicant to provide proof of reciprocity, such as a letter from the National Board for Respiratory Care (NBRC) or a letter from the Board of the other state, territory or country, and certification under oath that applicant's credentials have not been suspended or revoked; and certification under oath that applicant's credentials have not been suspended or revoked.

**Mailing Address:** Oklahoma Board of Medical Licensure  
Respiratory Care Advisory Committee  
PO Box 18256  
101 NE 51st St  
Oklahoma City, OK 73105-1821



**Contact Name in State:** Oregon Health Licensing Office - Sylvie Donaldson, Executive Director  
[www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT.aspx](http://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT.aspx)

**Contact Phone Number:** [\(503\) 378-8667](tel:5033788667)

**Contact Email Address:** [derek.j.fultz@state.or.us](mailto:derek.j.fultz@state.or.us)

**Additional Information:** [Reciprocity](#): An applicant who is currently licensed to practice respiratory care under the laws of another state, territory or country if the qualifications of the applicant are considered by the office to be equivalent to those required in this state; or An applicant holding an active credential conferred by the National Board for Respiratory Care as a Certified Respiratory Therapist (CRT) or as a Registered Respiratory Therapist (RRT), or both.

**Mailing Address:** Oregon Health Licensing Office  
700 Summer St. NE, Suite 320  
Salem, OR 97301-1287

**Contact Name in State:** Pennsylvania State Board of Osteopathic Medicine  
<http://www.dos.state.pa.us/>

**Contact Phone Number:** [\(717\) 783-4858](tel:(717)783-4858)

**Contact Email Address:** [ST-MEDICINE@PA.GOV](mailto:ST-MEDICINE@PA.GOV)

**Additional Information:** [Reciprocity](#): Respiratory therapists who hold the CRT or RRT credential from the NBRC and who are licensed in another state may apply for licensure in Pennsylvania. The process is virtually the same as for those individuals who are applying as a new graduate.

<https://www.psrc.net/obtaining-rt-license-for-out-of-sta> <- Full Instructions

**Mailing Address:** Pennsylvania State Board of Osteopathic Medicine  
PO Box 2649  
Harrisburg, PA 17105

**Contact Name in State:** Rhode Island Dept. of Health, Respiratory Care Practitioners Board, Division of Professional Regulation -  
Respiratory Care Licensing: Department of Health (ri.gov)

**Contact Phone Number:** [\(401\) 222-2828](tel:4012222828)

**Contact Email Address:** [doh.license@health.ri.gov](mailto:doh.license@health.ri.gov)

**Additional Information:** [Reciprocity](#): If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

**Mailing Address:** Division of Professional Regulation  
3 Capitol Hill, Room 105A  
Providence, RI 02908-5097

**Contact Name in State:** South Carolina Board of Medical Examiners, SC Department of Labor, Licensing & Regulation - Sheridan Spoon, Administrative Coordinator  
<https://llr.sc.gov/med/licensure.aspx>

**Contact Phone Number:** [\(803\) 896-4500](tel:(803)896-4500)

**Contact Email Address:** [Candace.Gunter@llr.sc.gov](mailto:Candace.Gunter@llr.sc.gov)

**Additional Information:** [Reciprocity: Verify all state licenses/certificates and all supporting documents.](#)

**Mailing Address:** South Carolina Board of Medical Examiners SC Department of Labor, Licensing and Regulation  
PO Box 11289  
Columbia, SC 29211-1289

**Contact Name in State:** South Dakota Board of Medical and Osteopathic Examiners  
sdbmoe.gov

**Contact Phone Number:** [605-367-7781](tel:605-367-7781)

**Contact Email Address:** [SDBMOE@state.sd.us](mailto:SDBMOE@state.sd.us)

**Additional Information:** [Reciprocity/Endorsement](#): The Board will issue a license by reciprocity to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to South Dakota's lic

**Mailing Address:** South Dakota Board of Medical and Osteopathic Examiners  
101 N. Main Avenue, Suite 301  
Sioux Falls, SD 57104

**Contact Name in State:** Tennessee Board of Respiratory Care, Office of Health Related Boards - Kimberly Wallace, Board Director  
[www.tn.gov/health/health-program-areas/health-professional-boards/rc-board.html](http://www.tn.gov/health/health-program-areas/health-professional-boards/rc-board.html)

**Contact Phone Number:** [\(615\) 532-5090](tel:6155325090)

**Contact Email Address:** [mary.v.webb@tn.gov](mailto:mary.v.webb@tn.gov)

**Additional Information:** Reciprocity: Completed application for correct profession (Certified or Registered), Fee \$160.00, Notarized Declaration of Citizenship form with 2 government issued support documents, Complete transcript all universities attended, (Must be received directly from institution), Verification of credentials sent to us from NBRC, Passport style Photo, Mandatory Practitioner profile, Background Check, Verification of Respiratory care licenses held regardless of current status, Verification of any medical license held regardless of status. Must come directly from the issuing state.

**Mailing Address:** Tennessee Board of Respiratory Care  
Office of Health Related Boards  
665 Mainstream Drive, 2nd Floor  
Nashville, TN 37243

**Contact Name in State:** Professional Licensing and Certification Unit, Texas Medical Board  
<https://www.tmb.state.tx.us/page/licensing-respiratory-care-practitioner>

**Contact Phone Number:** [\(512\) 305-7010](tel:(512)305-7010)

**Contact Email Address:** [TMBscreening@tmb.state.tx.us](mailto:TMBscreening@tmb.state.tx.us)

**Additional Information:** [Reciprocity: https://tmb.state.tx.us/docs/form](https://tmb.state.tx.us/docs/form) <-Link to Out-of-State Verification Form

**Mailing Address:** Professional Licensing and Certification Unit, Texas Medical Board  
PO Box 2029  
Austin, TX 78768-2029

**Contact Name in State:** State of Utah Division of Occupational & Professional Licensing, Respiratory Care Licensing Board - Bobby Loy, Board Secretary  
<https://dopl.utah.gov/resp/>

**Contact Phone Number:** [\(801\) 530-6159](tel:8015306159)

**Contact Email Address:** [DOPLWeb@utah.gov](mailto:DOPLWeb@utah.gov)

**Additional Information:** Reciprocity/Endorsement: Some applicants may qualify for an alternate pathway to licensure by endorsement. Applicants who have held a license in another state, district, or territory of the United States that has a similar scope of practice may request licensure by endorsement if after being licensed outside of this state, the person has at least one year of experience in the state, district, or territory of the United States where the license was issued.

To apply by endorsement, the following items are required to complete your application - \$60.00 non-refundable application-processing fee, made payable to "DOPL", supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire", Official verification of your Respiratory Care Practitioner license in another approved jurisdiction that meets the qualifications outlined above.

**Mailing Address:** State of Utah Division of Occupational & Professional Licensing, Respiratory Care Licensing Board  
160 East 300 South  
Salt Lake City, UT 84111-6741



**Contact Name in State:** Office of Professional Regulation - Brittney Utton, Licensing Administrator  
<https://www.sec.state.vt.us/professional-regulation/list-of-professions/respiratory-care-practitioners.aspx>

**Contact Phone Number:** [\(802\) 828-1502](tel:(802)828-1502)

**Contact Email Address:** [brittney.utton@sec.state.vt.us](mailto:brittney.utton@sec.state.vt.us)

**Additional Information:** Reciprocity: <https://sos.vermont.gov/opr/about-opr/covid-19-response/out-of-state-licensees-temporary-licensees-telehealth/>

**Mailing Address:** Office of Professional Regulation  
89 Main Street, 3rd Floor  
Montpelier, VT 05620-3402

**Contact Name in State:** Virginia Board of Medicine, Advisory Board on Respiratory Therapy - Daniel Gochenour  
<http://www.dhp.virginia.gov/medicine/advisory/rcp/>

**Contact Phone Number:** [\(804\) 367-4600](tel:8043674600)

**Contact Email Address:** [ashley.cota@sec.state.vt.us](mailto:ashley.cota@sec.state.vt.us)

**Additional Information:** Reciprocity: Virginia does not have reciprocity. An applicant must meet the education and examination requirements to become licensed.

**Mailing Address:** Virginia Board of Medicine  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

**Contact Name in State:** Dept. of Health, Respiratory Care Program  
<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/RespiratoryCarePractitioner.aspx>

**Contact Phone Number:** [\(360\) 236-4700](tel:3602364700)

**Contact Email Address:** [hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)

**Additional Information:** [Reciprocity](#); Applicants must list all states where they do or did hold credentials, including where the applicant applied but didn't receive a credential. The jurisdiction where the applicant is or was credentialed must complete and submit a verification form. The jurisdiction must send the completed form directly to the de

**Mailing Address:** Washington Dept. of Health - Respiratory Care Practitioner Program  
PO Box 47877  
Olympia, WA 98504-7877

**Contact Name in State:** West Virginia Board of Respiratory Care - Jordyn Chapman, Administrative Secretary  
www.wvborc.com

**Contact Phone Number:** [\(304\) 558-1382](tel:3045581382)

**Contact Email Address:** [wvborc@wv.gov](mailto:wvborc@wv.gov)

**Additional Information:** Reciprocity: "Letter of Good Standing" mailed direct to the WV Board of Respiratory Care from each state in which you have a current or have had a previous license, notarized copy of the certificate of completion (official transcript or diploma) of an approved respiratory care educational program, notarized copy of the original NBRC Credential Certificate or official "Statement of Credentials" from the NBRC direct to this board, (NBRC CREDENTIALS MUST BE VALID), 2 inch by 2 inch Photograph: professional, color, passport style (attach to application).

**Mailing Address:** West Virginia Board of Respiratory Care  
106 Dee Dr. Suite 1  
Charleston, WV 25311

**Contact Name in State:** Wisconsin Department of Safety and Professional Services, Wisconsin Respiratory Care Practitioners Examining Council - Tom Ryan, MPA, JD, Administrative Policy Advisor  
<https://dsps.wi.gov/Pages/Professions/RespiratoryCarePractitioner/Default.aspx>

**Contact Phone Number:** [\(608\) 251-3036](tel:6082513036)

**Contact Email Address:** [thomas.ryan@wisconsin.gov](mailto:thomas.ryan@wisconsin.gov)

**Additional Information:** Reciprocity: Certify that you are licensed in another state and you have taken the National Certification Examination for Respiratory Care, proof that the provider holds a current and valid license issued in another state, proof that the provider license has no restrictions or limitations placed on license issued by the credentialing state or other jurisdiction, proof that the provider is not currently under investigation. Any health care provider practicing must apply for a temporary or permanent health care license within ten (10) days of first working at the Wisconsin health care facility.

**Mailing Address:** Wisconsin Department of Safety and Professional Services  
P.O. Box 8935  
Madison, WI 53708-8935

**Contact Name in State:** Wyoming State Board for Respiratory Care - Carla Fleming, Licensing Specialist  
<https://respiratory.wyo.gov/>

**Contact Phone Number:** [\(307\) 777-5403](tel:3077775403)

**Contact Email Address:** [Carla.Fleming@wyo.gov](mailto:Carla.Fleming@wyo.gov) Carla Fleming, Licensing Specialist

**Additional Information:** Reciprocity/Endorsement: You can be eligible for licensure through endorsement if the credentials and qualifications you earned for licensure in your home state are equivalent to those required in Wyoming. There are two ways you can demonstrate this to Wyoming's Board for Respiratory Care: By submitting proof of your current license for evaluation by the Board or By holding current credentials as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT).

**Mailing Address:** Wyoming State Board for Respiratory Care  
Emerson Building  
2001 Capitol Avenue  
RM 105  
Cheyenne WY 82002

**Contact Name in State:**

**Guam Board of Allied Health Examiners**

<http://dphss.guam.gov/guam-board-of-allied-health-examiners/>

**Contact Phone Number:**

[\(671\) 735-7407](tel:(671)735-7407)

**Contact Email Address:**

[mae.pangelinan@dphss.guam.gov](mailto:mae.pangelinan@dphss.guam.gov)

**Additional Information:**

**Reciprocity:** [http://www.guamlegislature.com/Public\\_Laws\\_25th/P.L.%2025-190.pdf](http://www.guamlegislature.com/Public_Laws_25th/P.L.%2025-190.pdf) **(Unknown)**

**Mailing Address:**

Guam Board of Allied Health Examiners  
194 Hernan Cortez Ave,  
Terlaje Professional Building Suite 213,  
Hagatna, Guam 96910

**Contact Name in State:** Puerto Rico Examining Board for Respiratory Care - Amariyls Irizarry, President  
Couldn't find an address

**Contact Phone Number:** [\(201\) 565-2134](tel:(201)565-2134)

**Contact Email Address:** [amarilysirizarry@gmail.com](mailto:amarilysirizarry@gmail.com)

**Additional Information:** [Reciprocity: Undetermined by U.S. States as of March 2021.](#)

**Mailing Address:** Puerto Rico Examining Board for Respiratory Care  
PO Box 118  
Mayaguez, PR 00681



**Contact Name in State:** Virgin Islands Board of Medical Examiners - Department of Health  
<https://doh.vi.gov/programs/emergency-medical-services/vi-licensure>

**Contact Phone Number:** [\(340\) 713-6920](tel:3407136920) Deborah Richardson-Peter, Director, Professional Licensure & Health Planning

**Contact Email Address:** <https://doh.vi.gov/contact-u> Contact Us Form

**Additional Information:** Reciprocity: There is no reciprocity with any other state.

**Mailing Address:** Virgin Islands Board of Medical Examiners  
Department of Health  
1303 Hospital Ground, Suite 10  
St. Thomas, VI 00802

**Contact Name in State:** Commonwealth of the Northern Mariana Islands - Office of the Governor  
<https://governor.gov.mp/>

**Contact Phone Number:** [\(670\) 237-2200](tel:(670)237-2200)

**Contact Email Address:** <https://governor.gov.mp/contact/>

**Additional Information:** Reciprocity: To apply for a reciprocal license in CNMI one must satisfy the requirements that follow: Hold an active license from a substantially equivalent jurisdiction, Have five years of experience within the 10 years immediately preceding the date of application.

**Mailing Address:** Commonwealth of the Northern Mariana Islands - Office of the Governor  
Caller Box 10007  
Saipan, MP 96950