

KANSAS STATE BOARD

OF

HEALING ARTS



**KANSAS STATUTES
ANNOTATED**

AND

**KANSAS ADMINISTRATIVE
REGULATIONS**

Relating to the practice of

RESPIRATORY THERAPY

Revised July 2010

INDEX

FOREWORD

In 1986, the Kansas Legislature enacted the Respiratory Therapy Practice Act. The bill was included in the Kansas Statutes Annotated as K.S.A. 65-5501 *et seq.* The statute designated the Kansas State Board of Healing Arts as the agency responsible for registering respiratory therapists commencing July 1, 1987.

The 1999 Kansas Legislature made substantial changes to the respiratory therapy laws. Effective March 1, 2000, it became unlawful for any person not licensed under this act as a respiratory therapist to refer to themselves as a licensed respiratory therapist, or use the abbreviation of CRTT, RRT, RCP or the words “respiratory therapist,” “respiratory care practitioner”, or “inhalation therapist”. These changes made the practice of respiratory therapy without a license a class B misdemeanor.

The following is a compilation of the current statutes and rules and regulations pertaining to respiratory therapy.

If you have any questions concerning respiratory therapy, please contact the Board office.

KANSAS STATE BOARD OF HEALING ARTS
800 SW JACKSON, LOWER LEVEL-SUITE A
TOPEKA, KANSAS 66612
(785) 296-7413 or toll-free at 1-(888) 886-7205
E-Mail: healingarts@ksbha.ks.gov
Web Site Address: www.ksbha.org

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KANSAS STATUTES ANNOTATED

CHAPTER 65

Article 55. - RESPIRATORY THERAPY

K.S.A. 65-5501. Citation of act. K.S.A. 65-5501 to 65-5517, inclusive, shall be known and may be cited as the respiratory therapy practice act.

History: L. 1986, ch. 322, § 1; July 1.

K.S.A. 65-5502. Definitions. As used in K.S.A. 65-5501 to 65-5517, inclusive and amendments thereto:

(a) “Board” means the state board of healing arts.

(b) “Respiratory therapy” is a health care profession whose therapists practice under the supervision of a qualified medical director and with the prescription of a licensed physician providing therapy, management, rehabilitation, respiratory assessment and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated other systems functions. The duties which may be performed by a respiratory therapist include:

(1) Direct and indirect respiratory therapy services that are safe, aseptic, preventative and restorative to the patient.

(2) Direct and indirect respiratory therapy services, including but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory therapy procedures to implement a treatment, disease prevention or pulmonary rehabilitative regimen prescribed by a physician.

(3) Administration of medical gases, exclusive of general anesthesia, aerosols, humidification and environmental control systems.

(4) Transcription and implementation of written or verbal orders of a physician pertaining to the practice of respiratory therapy.

(5) Implementation of respiratory therapy protocols as defined by the medical staff of an institution or a qualified medical director or other written protocol, changes in treatment pursuant to

the written or verbal orders of a physician or the initiation of emergency procedures as authorized by written protocols.

(c) “Respiratory therapist” means a person who is licensed to practice respiratory therapy as defined in this act.

(d) “Person” means any individual, partnership, unincorporated organization or corporation.

(e) “Physician” means a person who is licensed by the board to practice medicine and surgery.

(f) “Qualified medical director” means the medical director of any inpatient or outpatient respiratory therapy service, department or home care agency. The medical director shall be a physician who has interest and knowledge in the diagnosis and treatment of respiratory problems. This physician shall be responsible for the quality, safety and appropriateness of the respiratory services provided and require that respiratory therapy be ordered by a physician who has medical responsibility for the patient. The medical director shall be readily accessible to the respiratory therapy practitioner.

History: L. 1986, ch. 322, § 2; L. 1999, ch. 87, § 7; Mar. 1, 2000.

K.S.A. 65-5503. Administration of act by state board of healing arts. The board, as hereinafter provided, shall administer the provisions of this act.

History: L. 1986, ch. 322, § 3; L. 1999, ch. 87, § 8; Mar. 1, 2000.

K.S.A. 65-5504. Respiratory care council established; appointment of members; compensation. (a) There is established a respiratory care council to advise the board in carrying out the provisions of this act. The council shall consist of seven members, all citizens and residents of the state of Kansas appointed as follows: One member shall be a physician appointed by the state board of healing arts; one member shall be the president of the state board of healing arts or a person designated by the president; two members shall be from the public sector who are not engaged, directly or indirectly, in the provision of health services appointed by the

governor; and three members shall be respiratory therapists appointed by the governor. The governor, insofar as possible, shall appoint persons from different geographical areas and persons who represent various types of respiratory therapy practice. If a vacancy occurs on the council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any. The Kansas respiratory care society shall recommend the names of respiratory therapists to the governor in a number equal to at least twice the positions or vacancies to be filled, and the governor may appoint members to fill the positions or vacancies from the submitted list. Members of the council appointed by the governor on and after the effective date of this act shall be appointed for terms of three years and until their successors are appointed, except that members appointed from the public sector shall be appointed for terms of two years and until their successors are appointed. The member appointed by the state board of healing arts shall serve at the pleasure of the state board of healing arts. A member designated by the president of the state board of healing arts shall serve at the pleasure of the president.

(b) Members of the council attending meetings of the council, or attending a subcommittee meeting thereof authorized by the council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto from the healing arts fee fund.

History: L. 1986, ch. 322, § 4; L. 1987, ch. 253, § 4; L. 1988, ch. 251, § 4; L. 1999, ch. 87, § 9; Mar. 1, 2000.

K.S.A. 65-5505. Duties of board. The board shall pass upon the qualifications of all applicants for examination and licensure, provide for all examinations, determine the applicants who successfully pass the examination, duly license such applicants and adopt rules and regulations as may be necessary to administer the provisions of this act. The board shall keep a record of all proceedings under this act and a roster of all individuals licensed under this act. Only an individual may be licensed under this act.

History: L. 1986, ch. 322, § 5; L. 1999, ch. 87, § 10; Mar. 1, 2000.

K.S.A. 65-5506. Application for licensure; requirements; rules and regulations criteria for educational programs. (a) An applicant applying for licensure as a respiratory therapist shall file a written application on forms provided by the board, showing to the satisfaction of the board that the applicant meets the following requirements:

(1) Education: The applicant shall present evidence satisfactory to the board of having successfully completed an educational program in respiratory therapy approved by the board.

(2) Examination: The applicant shall pass an examination as provided for in K.S.A. 65-5507 and amendments thereto.

(3) Fees: The applicants shall pay to the board all applicable fees established under K.S.A. 65-5509 and amendments thereto.

(b) The board shall adopt rules and regulations establishing the criteria for an educational program in respiratory therapy to obtain successful recognition by the board under paragraph (1) of subsection (a). The board may send a questionnaire developed by the board to any school or other entity conducting an educational program in respiratory therapy for which the board does not have sufficient information to determine whether the program should be recognized by the board and whether the program meets the rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the program to be considered for recognition. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about an educational program in respiratory therapy. In entering such contracts the authority to recognize an educational program in respiratory therapy shall remain solely with the board.

History: L. 1986, ch. 322, § 6; L. 1988, ch. 243, § 13; L. 1999, ch. 87, § 11; Mar. 1, 2000.

K.S.A. 65-5507. Examinations. (a) Each applicant for licensure under this act shall be examined by a written examination chosen by the board to test the applicant's knowledge of the basic and clinical sciences relating to respiratory therapy, and respiratory therapy theory and practice, including the applicant's professional skills and judgment in the utilization of respiratory therapy techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to practice.

(b) Applicants for licensure shall be examined at a time and place and under such supervision as the board may determine. Examinations shall be given at least twice each year at such places as the board may determine and the board shall give or cause to be given reasonable public notice of such examinations at least 60 days prior to their administration.

(c) Applicants may obtain their examination scores.

History: L. 1986, ch. 322, § 7; L. 1999, ch. 87, § 12; Mar. 1, 2000.

K.S.A. 65-5508. Waiver of examination and other requirements; when waived; special permits; temporary license.

(a) The board may waive the examination, education or experience requirements and grant licensure to any applicant who presents proof of current licensure or registration as a respiratory therapist in another state, the District of Columbia or territory of the United States which requires standards for licensure or registration determined by the board to be equivalent to the requirements for licensure under this act.

(b) At the time of making an application under this section, the applicant shall pay to the board the application fee as required under K.S.A. 65-5509, and amendments thereto.

(c) The board may issue a special permit to a student enrolled in an approved school of respiratory therapy who applies for such special permit on a form provided by the board and who pays to the board the special permit fee as required under K.S.A. 65-5509, and amendments thereto. The special permit shall authorize a student who is enrolled in an approved school of respiratory therapy and who holds such special permit

to practice respiratory therapy under the supervision of a licensed respiratory therapist. Such special permit shall expire 30 days after the date that the student graduates from an approved school of respiratory therapy or otherwise ceases to be enrolled in an approved school of respiratory therapy.

(d) The board may issue a temporary license to an applicant for licensure as a respiratory therapist who applies for temporary licensure on a form provided by the board, who meets the requirements for licensure or who meets all of the requirements for licensure except examination and who pays to the board the temporary license fee as required under K.S.A. 65-5509, and amendments thereto. Temporary licenses issued prior to July 1, 2010, shall expire one year from the date of issue or on the date that the board approves the application for licensure, whichever occurs first. Temporary licenses issued on or after July 1, 2010, shall expire six months from the date of issue or on the date that the board approves the application for licensure, whichever occurs first. No more than one such temporary license shall be permitted to any one person.

History: L. 1986, ch. 322, § 8; L. 1987, ch. 253, § 5; L. 1991, ch. 192, § 6; L. 1997, ch. 26, § 2; L. 1999, ch. 87, § 13; L. 2010, ch. 67, § 1; July 1.

K.S.A. 65-5509. Fees. (a) The board shall charge and collect in advance fees provided for in this act as fixed by the board by rules and regulations, subject to the following limitations:

Application fee, not more than	\$80
Temporary license fee, not more than	\$40
Special permit fee, not more than	\$80
License renewal fee, not more than	\$80
License late renewal fee, not more than.....	\$80
License reinstatement fee, not more than	\$80
Certified copy of license, not more than.....	\$40
Written verification of license, not more than....	\$25

(b) The board shall charge and collect in advance fees for any examination administered by the board under the respiratory therapy practice act as fixed by the board by rules and regulations in an amount equal to the cost to the board of the examination. If the

examination is not administered by the board, the board may require that fees paid for any examination under the respiratory therapy practice act be paid directly to the examination service by the person taking the examination.

History: L. 1986, ch. 322, § 9; L. 1987, ch. 253, § 6; L. 1989, ch. 202, § 1; L. 1997, ch. 94, § 5; L. 1999, ch. 87, § 14; Mar. 1, 2000.

K.S.A. 65-5510. Denial, revocation, limitation or suspension of license or refusal to renew license; unprofessional conduct; discipline; civil fines; procedure; reinstatement. (a) The board may deny, refuse to renew, suspend, revoke or limit a license or the licensee may be publicly or privately censured where the licensee or applicant for licensure has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Unprofessional conduct includes:

(1) Obtaining a license by means of fraud, misrepresentation or concealment of material facts;

(2) being guilty of unprofessional conduct as defined by rules and regulations adopted by the board;

(3) being convicted of a felony if the acts for which such person was convicted are found by the board to have a direct bearing on whether such person should be entrusted to serve the public in the capacity of a respiratory therapist;

(4) violating any lawful order or rule and regulation of the board; and

(5) violating any provision of this act.

(b) Such denial, refusal to renew, suspension, revocation or limitation of a license or public or private censure of a licensee may be ordered by the board after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act. Upon the end of the period of time established by the board for the revocation of a license, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement. An application for reinstatement of a revoked license shall be accompanied by the license renewal fee and

the license reinstatement fee established under K.S.A. 65-5509 and amendments thereto.

(c) The board, in addition to any other penalty prescribed in subsection (a), may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for unprofessional conduct in an amount not to exceed \$5,000 for the first violation, \$10,000 for the second violation and \$15,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

History: L. 1986, ch. 322, § 10; L. 1999, ch. 87, § 15; L. 2004, ch. 117, § 21; July 1.

K.S.A. 65-5511. Foreign trained respiratory therapists; requirements. Foreign trained respiratory therapists shall satisfy the examination requirements of K.S.A. 65-5506 and amendments thereto. The board shall require foreign trained applicants to furnish proof of completion of educational requirements, substantially equal to those contained in K.S.A. 65-5506 and amendments thereto prior to taking the examination.

History: L. 1986, ch. 322, § 11; L. 1999, ch. 87, § 16; Mar. 1, 2000.

K.S.A. 65-5512. Expiration of license; failure to renew; renewal; suspended license; fees. (a) Licenses issued under this act shall expire on the date of expiration established by rules and regulations of the board unless renewed in the manner prescribed by the board. The request for renewal shall be accompanied by the license renewal fee established pursuant to K.S.A. 65-5509, and amendments thereto. The board may establish additional requirements for license renewal which provide evidence of continued competency.

(b) At least 30 days before the expiration of a licensee's license, the board shall notify the licensee of the expiration by mail addressed to the licensee's last mailing address as noted upon the office records. If the licensee fails to pay the renewal fee by the date

of expiration, the licensee shall be given a second notice that the license has expired and the license may be renewed only if the renewal fee and the late renewal fee are received by the board within the thirty-day period following the date of expiration and that, if both fees are not received within the thirty-day period, the license shall be deemed canceled by operation of law without further proceedings for failure to renew and shall be reissued only after the license has been reinstated under subsection (c).

(c) Any license canceled for failure to renew as herein provided may be reinstated upon recommendation of the board and upon payment of the reinstatement fee and upon submitting evidence of satisfactory completion of any applicable continuing education requirements established by the board. The board shall adopt rules and regulations establishing appropriate continuing education requirements for reinstatement of licenses canceled for failure to renew.

(d) A person whose license is suspended shall not engage in any conduct or activity in violation of the order or judgment by which the license was suspended.

History: L. 1986, ch. 322, § 12; L. 1999, ch. 87, § 17; L. 2004, ch. 117, § 22; July 1.

K.S.A. 65-5513. Moneys received by board; disposition; healing arts fee fund. The board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the healing arts fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or by a person designated by the president of the board.

History: L. 1986, ch. 322, § 13; L. 2001, ch. 5, § 263; July 1.

K.S.A. 65-5514. Representation as respiratory therapist; prohibitions; misdemeanor; exclusions from the practice of respiratory therapy. (a) On and after March 1, 2000, it shall be unlawful for any person who is not licensed under this act as a respiratory therapist or whose license has been suspended or revoked to hold themselves out to the public as a licensed respiratory therapist, or use the abbreviation of CRTT, RRT, RCP or the words “respiratory therapist,” “respiratory care practitioner”, “inhalation therapist” or any other words, letters, abbreviations or insignia indicating or implying that such person is a respiratory therapist, or to practice the art and science of respiratory therapy as herein defined. A violation of this subsection (a) shall constitute a class B misdemeanor.

(b) Nothing in this act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and licensed, registered, credentialed or certified by appropriate agencies of the state of Kansas. The practice of respiratory therapy shall not be construed to include the following individuals:

- (1) Persons rendering assistance in the case of an emergency.
- (2) Members of any church practicing their religious tenets.
- (3) Persons whose services are performed pursuant to the delegation of and under the supervision of a respiratory therapist who is licensed under this act.
- (4) Health care providers in the United States armed forces, public health services, federal facilities and coast guard or other military service when acting in the line of duty in this state.
- (5) Licensees under the healing arts act, and practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed physician under subsection (g) of K.S.A. 65-2872 and amendments thereto.
- (6) Dentists practicing their professions, when licensed and practicing in accordance with the provisions of law.

(7) Nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under subsection (m) of K.S.A. 65-1124 and amendments thereto.

(8) Health care providers who have been formally trained and are practicing in accordance with the training or have received specific training in one or more functions included in this act pursuant to established educational protocols or both.

(9) Students while in actual attendance in an accredited health care occupational educational program and under the supervision of a qualified instructor.

(10) Self-care by a patient or gratuitous care by a friend or family member who does not represent or hold oneself out to the public to be a respiratory therapist.

(11) Monitoring, installation or delivery of medical devices, gases and equipment and the maintenance thereof by a non-licensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member.

(c) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed respiratory therapy must be performed by or pursuant to the delegation of a licensed respiratory therapist or other health care provider.

(d) Nothing in this act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon respiratory therapists to engage in any activity not conferred by this act.

History: L. 1986, ch. 322, § 14; L. 1999, ch. 87, § 18; Mar. 1, 2000.

K.S.A. 65-5515. Injunction. When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

History: L. 1986, ch. 322, § 15; July 1.

K.S.A. 65-5516. State agency adjudicative proceedings and judicial review; conduct. All state agency adjudicative proceedings under K.S.A. 65-5501 to 65-5517, inclusive, shall be conducted in accordance with the provisions of the Kansas administrative procedure act and shall be reviewable in accordance with the Kansas judicial review act.

History: L. 1986, ch. 322, § 16; L. 2010, ch. 17, § 165; July 1.

K.S.A. 65-5517. Invalidity of part. If any section of this act, or any part thereof, is adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder or any other section or part thereof.

History: L. 1986, ch. 322, § 17; July 1.

KANSAS ADMINISTRATIVE REGULATIONS

Article 55. - RESPIRATORY THERAPY

K.A.R. 100-55-1. Application. (a) Each applicant for licensure as a respiratory therapist shall submit a completed application on a form provided by the board. The application shall contain the following information in legible writing:

- (1) The applicant's full name;
- (2) the applicant's mailing address. If the applicant's mailing address is different from the applicant's residential address, the applicant shall also provide the residential address;
- (3) the applicant's social security number, driver's license number, nondriver identification number, or individual tax identification number if the applicant is advised that providing a social security number is voluntary pursuant to K.S.A. 74-139 and 74-148, and amendments thereto, and that if the social security number is provided, the agency may provide this number to the Kansas department of social and rehabilitation services for child support enforcement purposes and to the Kansas department of revenue's director of taxation;
- (4) information on any licenses, registrations, or certifications issued to the applicant to practice any health care profession;
- (5) information on any prior acts constituting unprofessional conduct, as defined in K.A.R. 100-55-5, that could constitute grounds for denial of the application;
- (6) the applicant's daytime telephone number;
- (7) the applicant's date and place of birth;
- (8) the name of each educational program recognized under K.A.R. 100-55-2 that the applicant attended, including the program from which the applicant graduated, the degree awarded to the applicant, and the date of graduation;
- (9) the number of times the applicant has taken the examination required by the board for licensure and the date that the applicant passed the examination; and
- (10) a notarized release authorizing the board to receive any relevant information, files, or records requested by the board in connection with the application.

(b) Each applicant shall submit the following with the application:

- (1) The fee required by K.A.R. 100-55-4;
 - (2) an official transcript that specifies the degree awarded from an educational program recognized by the board under K.A.R. 100-55-2;
 - (3) a verification on a form provided by the board of each license, registration, or certification issued to the applicant by any state or the District of Columbia relating to any health care profession;
 - (4) a current photograph, two by three inches in size, of the applicant's head and shoulders taken within 90 days before the date the application is received by the board; and
 - (5) evidence provided directly to the board from the testing entity recognized and approved under K.A.R. 100-55-3 that the applicant has passed the examination.
- (c) The applicant shall sign the application, under oath and have the application notarized. (Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5506; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000; amended June 4, 2010.)

K.A.R. 100-55-2. Education requirements. A list of approved educational programs in respiratory therapy shall be maintained by the board. In determining whether an educational program should be approved, accreditation by the committee on accreditation for respiratory care or its predecessor at the time of applicant's graduation may be considered by the board. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5506; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

K.A.R. 100-55-3. Examinations. (a) The examinations approved by the board to practice respiratory therapy, one of which shall be required for each applicant, shall be the following:

(1) The examination developed by the national board for respiratory care for credentialing as a certified respiratory therapist; and

(2) the examination developed by the national board for respiratory care for credentialing as a registered respiratory therapist.

(b) To pass the required and approved examination, each applicant shall achieve the minimum qualifying score established by the national board for respiratory care for certification or registration.

(c) Each applicant who has passed the required examination for a license and has not been in the active practice of respiratory therapy for more than one year, but less than five years shall provide one of the following:

(1) Evidence of completion of a minimum of 24 contact hours of continuing education; or

(2) proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted.

(d) Each applicant who has passed the required examination for a license and has not been in the active practice of respiratory therapy for five years or more shall provide proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5507; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

K.A.R. 100-55-4. Fees. The following fees shall be collected by the board:

- (a) Application for a license\$80
- (b) License renewal:
 - (1) Paper renewal.....\$75
 - (2) On-line renewal.....\$72
- (c) License late renewal:
 - (1) Paper late renewal.....\$80
 - (2) On-line late renewal.....\$77
- (d) License reinstatement.....\$80

(e) Certified copy of license\$15

(f) Special permit\$15

(g) Temporary license.....\$25

(Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5509; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended, T-100-10-17-89, Oct. 17, 1989; amended Feb. 5, 1990; amended Jan. 3, 1997; amended May 1, 1998; amended June 30, 2000; amended Sept. 29, 2000; amended Jan. 10, 2003; amended, T-100-3-19-04, March 19, 2004; amended July 23, 2004, amended March 7, 2008.)

K.A.R. 100-55-5. Unprofessional conduct; defined.

“Unprofessional conduct” means any of the following: (a) Using fraudulent or false advertisements;

(b) being addicted to intoxicating liquors or drugs;

(c) engaging in respiratory therapy under a false or assumed name or by impersonating another person licensed by the board as a respiratory therapist;

(d) practicing respiratory therapy without reasonable skill and safety because of any of the following:

(1) Illness;

(2) alcoholism;

(3) excessive use of drugs, controlled substances, chemicals, or any other type of material; or

(4) a result of any mental or physical condition;

(e) having a respiratory therapy license, registration, or certification revoked, suspended, or limited or an application for any of these denied by the proper regulatory authority of another state, territory, or country, or of District of Columbia;

(f) cheating or attempting to subvert the validity of the examination required for licensure;

(g) having been found to be mentally ill, disabled, not guilty by reason of insanity, or incompetent to stand trial by a court of competent jurisdiction;

(h) failing to furnish to the board, or to its investigators or representatives, any information legally requested by the board;

(i) being sanctioned or disciplined by a peer review committee or medical care facility for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or

revocation of a license under K.S.A. 65-5510 and amendments thereto;

(j) surrendering a license, registration, or certification to practice respiratory therapy in another state while disciplinary proceedings are pending for acts or conduct that would constitute grounds for denial, refusal to renew, suspension, or revocation of a license under K.S.A. 65-5510 and amendments thereto;

(k) being professionally incompetent, as defined in K.S.A. *65-2837 and amendments thereto;

(1) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;

(m) providing respiratory therapy to a patient without the consent of the patient or the patient's legal representative;

(n) willfully betraying confidential information;

(o) advertising the ability to perform in a superior manner any professional service related to respiratory therapy;

(p) using any advertisement that is false, misleading, or deceptive in a material respect;

(q) committing conduct likely to deceive, defraud, or harm the public;

(r) making a false or misleading statement regarding the licensee's skill;

(s) committing any act of sexual abuse, misconduct, or exploitation;

(t) obtaining any fee by fraud, deceit, or misrepresentation;

(u) charging an excessive fee for services rendered;

(v) failing to keep written records justifying the course of treatment of the patient;

(w) delegating respiratory therapy to a person who the licensee knows or has reason to know is not qualified by training or experience to perform it;

(x) willfully supervising the holder of a special permit when the holder is not currently enrolled in a recognized program of education;

(y) willfully allowing the holder of a special permit to perform tasks and procedures not verified by the respiratory therapy school on the holder's task proficiency list. (Authorized by and implementing K.S.A. 65-5510; effective, T-88-17, July 1, 1987;

effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000; amended May 23, 2003.)

K.A.R. 100-55-6. Licensure; renewal; late renewal and reinstatement. (a) Each license issued by the board shall expire on March 31 of each year.

(b) A license issued or reinstated from January 1 through March 31 shall expire on March 31 of the following year.

(c) Each license may be renewed annually. The request for renewal shall be on a form provided by the board and shall be accompanied by the following:

(1) The prescribed license renewal fee; and

(2) proof of satisfactory completion of a program of continuing education as required by the board.

(d) Licenses not renewed by March 31 may be renewed for a period of 30 days thereafter upon request of the licensee. The request for late renewal shall be on the same form as that required for renewal and shall be accompanied by the following:

(1) The prescribed license late renewal fee; and

(2) proof of satisfactory completion of a program of continuing education as required by the board.

(e) Any applicant may request reinstatement of a license that has expired for a period of more than 30 days. The request for reinstatement shall be on a form provided by the board and shall be accompanied by the following:

(1) The prescribed license reinstatement fee; and

(2)(A) Proof of satisfactory completion of a program of continuing education as required by the board; or

(B) proof that the licensee has passed one of the examinations for a license required under K.A.R. 100-55-3 within the past six months. (Authorized by K.S.A. 1999 Supp. 65-55-05; implementing K.S.A. 1999 Supp. 65-5512; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Dec. 27, 1993; amended Jan. 3, 1997; amended June 30, 2000.)

K.A.R. 100-55-7. Continuing education; license renewal. (a) Each licensee shall submit documented evidence of

completion of at least 12 contact hours of continuing education since April 1 of the previous year, before or with the request for renewal.

(b) Any licensee who suffered an illness or injury that made it impossible or extremely difficult to reasonably obtain the required contact hours may be granted an extension of not more than six months.

(c) Each respiratory therapist initially licensed after September 30 and before the following March 31 shall be exempt from the continuing education required by subsection (a) for the first renewal period.

(d) A contact hour shall be 50 minutes of instruction or its equivalent.

(e) The purpose of continuing education shall be to provide evidence of continued competency in the advancing art and science of respiratory therapy. All program objectives, curricular content, presenter qualifications, and outcomes shall be subject to review. Contact hours shall be determined based on program content, outcomes, and participant involvement.

(f) Continuing education shall be acquired from the following:

(1) Offerings approved by the American association of respiratory care. Any licensee may obtain all contact hours from any continuing education offerings approved by the American association of respiratory care and its state affiliates, subject to the limitations specified in paragraphs (f)(2) through (f)(8).

(2) Seminars and symposiums. At least six contact hours shall be obtained each reporting year from seminars or symposiums that provide for direct interaction between the speakers and the participants. A seminar shall mean directed advanced study or discussion in a specific field of interest. A symposium shall mean a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various speakers.

(3) Nontraditional or alternative educational programs. A nontraditional or alternative educational program shall be defined as one that is not presented in the typical conference setting. Educational programs may be provided by any print medium or presented through the internet or other electronic medium. The licensee shall submit proof of successful completion of a test

administered as part of the nontraditional or alternative educational program. A maximum of six contact hours each reporting year may be obtained from nontraditional or alternative educational programs.

(4) Clinical instruction. Clinical instruction shall mean the education and evaluation of a respiratory therapy student in the clinical setting. A maximum of three contact hours may be given for clinical instruction.

(5) Presentations of a seminar or a nontraditional or alternative program. Each licensee who presents a continuing education seminar or a nontraditional or alternative educational program shall receive two contact hours for each hour of presentation. No credit shall be granted for any subsequent presentations on the same subject content.

(6) Academic coursework. Successful completion of academic coursework shall mean obtaining a grade of at least C or the equivalent in any courses on respiratory care or other health-related field of study in a bachelor's degree program or higher educational degree program. One credit hour of academic coursework shall be equal to one contact hour of continuing education. A maximum of six contact hours may be obtained through academic coursework each reporting year.

(7) Advanced lifesaving courses. Contact hours shall be restricted to first-time attendees of advanced lifesaving courses and the associated instructor courses. Advanced lifesaving courses shall include neonatal resuscitation provider (NRP), pediatric advanced life support (PALS), neonatal advanced life support (NALS), and advanced cardiac life support (ACLS).

(8) Voluntary recredentialing. Each licensee who completes voluntary recredentialing shall receive the number of contact hours approved by the American association for respiratory care.

(g) The following shall not be eligible for continuing education credit:

(1) Learning activities in the work setting designed to assist the individual in fulfilling employer requirements, including in-service education and on-the-job training; and

(2) basic life support courses and cardiopulmonary resuscitation courses. (Authorized by K.S.A. 65-5505; implementing K.S.A. 2008 Supp. 65-5512; effective, T-88-17, July 1, 1987;

effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000; amended July 17, 2009; amended May 21, 2010.)

K.A.R. 100-55-8. Reinstatement; expired and revoked licenses. (a) Each applicant desiring to reinstate a license that has been expired for more than 30 days shall submit proof of continuing education as follows:

(1) If the time since the license expired has been one year or less, no continuing education in addition to that which would have been necessary had the license been renewed before expiration shall be required;

(2) If, since the date the license expired, the applicant has been in the active practice of respiratory therapy in another state or jurisdiction that requires a license, registration, or certification to practice, the applicant shall submit proof of the current license, registration, or certification, and compliance with the continuing education requirements of that jurisdiction.

(3) If the time since the license expired has been more than one year but less than five years, the applicant shall provide one of the following:

(A) Evidence of completion of a minimum of 24 contact hours of continuing education; or

(B) proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted.

(4) If the time since the license expired has been five years or more, the applicant shall provide proof that the applicant has passed one of the examinations required for a license within 12 months of the date the application was submitted.

(b) Each applicant seeking reinstatement of a revoked license shall successfully complete an individually tailored program approved by the board. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5512; effective, T-88-17, July 1, 1987; effective May 1, 1988; amended Jan. 3, 1997; amended June 30, 2000.)

K.A.R. 100-55-9. Special permits. (a) Each student who holds a special permit shall be identified as a student respiratory therapist or “student R.T.” by a name tag that includes the student’s job title.

(b) A special permit shall be valid for a period not to exceed 24 months and shall not be extended without additional proof that the student continues to be enrolled in an approved school of respiratory therapy.

(c) During February of each year, each student who holds a special permit shall provide the following to the board:

(1) Verification of current enrollment in an approved school of respiratory therapy; and

(2) a statement of the anticipated graduation date.

(d) Each special permit issued to a student who fails to meet the requirements under subsection (c) shall expire on March 31 of the year in which the verification and statement were to be provided.

(e) Each applicant for a special permit shall have a task proficiency list verified and submitted directly to the board by the school of respiratory therapy. The task proficiency list may be updated at the end of each session by the school of respiratory therapy. Each holder of a special permit shall perform only those tasks verified on the most recent task proficiency list that has been submitted directly to the board.

(f) Before engaging in any clinical assignments, each holder of a special permit shall present the current task proficiency list to the employer.

(g) Each licensed respiratory therapist responsible for the supervision of a student holding a special permit shall meet the requirements for supervision specified in K.A.R. 100-55-11(d). (Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5508; effective Jan. 3, 1997; amended June 30, 2000; amended May 23, 2003; amended May 15, 2009.)

K.A.R. 100-55-10. (Authorized by K.S.A. 65-5505; implementing K.S.A. 65-5508; effective Jan. 3, 1997; revoked May 1, 1998.)

K.A.R. 100-55-11. Delegation and supervision. (a) The delegation of respiratory therapy procedures by a licensed respiratory therapist to an unlicensed person may be made after the respiratory therapist has determined all of the following:

- (1) The health status and mental and physical stability of the individual receiving care;
- (2) the complexity of the procedures;
- (3) the training and competence of the unlicensed person;
- (4) the proximity and availability of the respiratory therapist when the procedures are performed;
- (5) the degree of supervision required for the unlicensed person; and
- (6) the length and number of times that the procedures may be performed.

(b) The procedures that may be delegated to an unlicensed person shall be only those that meet the following criteria:

- (1) Would be determined by a reasonable and prudent respiratory therapist to be within the scope of accepted respiratory therapy standards or practice;
- (2) can be performed properly and safely by an unlicensed person;
- (3) do not require the unlicensed person to perform an assessment or to alter care;
- (4) do not require the specific skills, evaluation, and judgment of a licensed respiratory therapist; and
- (5) do not allow an unlicensed person to perform either of the following:

- (A) Continue to perform the procedures on an ongoing basis;
- or
- (B) perform the same procedures on other individuals without specific delegation.

(c) The licensed respiratory therapist shall be responsible for the following:

- (1) The management and provision of care; and
- (2) the performance of the procedures in compliance with established standards of practice, policies, and procedures.

(d) The supervision of an unlicensed person by a licensed respiratory therapist shall include all of the following:

- (1) Providing clear directions for and expectations of how the procedures are to be performed;
- (2) being available for communication with the unlicensed person when the procedures are performed;
- (3) monitoring the performance of the procedures to assure compliance with established standards of practice, policies, and procedures;
- (4) intervening, as necessary;
- (5) ensuring that the unlicensed person makes appropriate documentation of the procedures that are performed;
- (6) reassessing, reevaluating, and altering care, as necessary; and
- (7) determining the appropriateness of continued delegation of the procedures. (Authorized by K.S.A. 1999 Supp. 65-5505; implementing K.S.A. 1999 Supp. 65-5514; effective June 30, 2000.)