



MINNESOTA BOARD OF MEDICAL PRACTICE

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RESPIRATORY THERAPIST Fact Sheet

History

Respiratory care practitioners (RCPs) were initially registered in Minnesota in 1991 and governed by rules promulgated by the Minnesota Department of Health. Effective August 1, 1997, a law was enacted to replace the rules and thereby enabling the RCPs to become statutorily legitimate. A subsequent law took effect August 1, 2009 changing registration to licensure and RCPs to RTs. The Board of Medical Practice enforces the requirements of the respiratory therapist licensure regulations and provides information to consumers and other interested persons.

Respiratory Care Advisory Council

The Respiratory Care Advisory Council is appointed to advise the Board of Medical Practice on issues regarding respiratory therapist licensure standards, enforcement of laws, and complaint review. The Council is composed of three respiratory therapists, two physicians with expertise in respiratory care and two public members.

Exemptions

No person shall practice respiratory care unless duly licensed to practice within the scope of that profession. A respiratory care license is not required for:

1. Students enrolled in a respiratory therapy or polysomnography technology education program accredited by CAAHEP
2. Respiratory therapists in the United States armed forces while performing official duties
3. Individuals employed by a durable medical equipment provider or home medical equipment provider who delivers, sets up, or maintains respiratory care equipment but does not perform assessment, education, or evaluation of the patient
4. Self-care by a patients or gratuitous care by a friend or relative who does not purport to be a licensed respiratory therapist
5. Individuals employed in a sleep lab or center as a polysomnographic technologist under the supervision of a licensed physician

Licensure Requirements

To establish eligibility for licensure, an applicant must successfully complete a respiratory therapy training program accredited by Commission on Accreditation of Allied Health Education Programs (CAAHEP), Commission on Allied Health Education and Accreditation (CAHEA), or a successor agency, Council on Accreditation for Respiratory Therapy Education (CoARTE), have a valid and current credential issued by the National Board for Respiratory Care (NBRC) or Canadian Society of Respiratory Therapists (CSRT). Applicants applying under general licensure must have taken the exam within 5 years prior to application for licensure. 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.

Unlicensed individuals are prohibited from using the titles "*Minnesota Licensed Respiratory Therapist*," "*Licensed Respiratory Therapist*," "*Respiratory Therapist*," "*Inhalation Therapist*," "*Inhalation Therapy Technician*" or using the letters "RT.," "L.R.T.," or any other words, letters, abbreviations, or insignia indicating or implying that the individual is eligible for licensure by the state under this statute. Respiratory therapists licensed in Minnesota shall wear a name tag identifying them as a respiratory therapist while in a professional setting. Licensees are given the exclusive right to use the protected titles.

Temporary Permit

A temporary permit is available to applicants who meet all the requirements for permanent licensure and wish to practice before final approval is granted by the Board. The temporary permit is valid from the date of approval until the next Board meeting at which a decision is made on the application.

Scope of Practice

The practice of respiratory care includes, but is not limited to, the services set forth in the law. The respiratory therapist provides these services for the assessment, treatment, management, evaluation, and care of patients with deficiencies, abnormalities, and diseases of the cardiopulmonary system under the guidance of a qualified medical direction and pursuant to a referral from a physician who has medical responsibility for the patient.

Continuing Education

Each licensed respiratory therapist must complete at least 24 contact hours of Board-approved continuing education every two years as a condition of licensure renewal. Newly licensed respiratory therapists commence their two year cycle on July 1 immediately following the date licensure was granted. Licensees are asked to attest to completion of continuing education by reporting to the Board at renewal time. Continuing education documentation must be retained by each licensee in the event they are selected for an audit.

Practice Requirement

Respiratory therapists must practice the equivalent of eight full weeks during the past five years in order to renew, reinstate following a lapse in licensure. Alternatively, respiratory therapists may successfully complete the credentialing exam.

Renewal Cycle

Licensure must be renewed annually before July 1 of each year. Renewal notices are sent approximately 45 days prior to expiration. It is the respiratory therapist's responsibility to keep the Board advised of their current address. The Board is obligated to mail the renewal application to the address on file. Failure to receive the renewal documents does not relieve respiratory therapists of their renewal obligation.

Individuals whose license status has lapsed for less than two years must submit evidence of continuing education compliance, eight weeks of practice during the past five years, and pay all back fees in order to regain licensure status. Effective July, 1999, the licensure of individuals whose license has lapsed more than two years will be cancelled due to nonrenewal. A licensee may request cancellation of licensure in good standing providing the Board is not investigating the person or begun disciplinary proceedings. Individuals with a cancelled license who wish to return to practice in Minnesota must apply for and meet the licensure requirements in existence at time of application.

If any part of this Fact Sheet conflicts with the Minnesota regulations, the regulations take precedence. It is your responsibility to understand and comply with the regulations. Please call the Board offices if you have any questions.