

4761-2-03

**Board records.**

- (A) The board shall maintain an electronic register of applicants for licenses and permits to practice respiratory care. It shall include the name, school of respiratory care from which the applicant graduated, if applicant is such a graduate, method and date the licenses or permits were issued and any other data the board shall require. If the applicant took the examination, the dates of examination shall be shown and scores attained where possible.
- (B) The board shall maintain an electronically imaged or paper file containing the original license or limited permit application, verification of national credentialing in the profession of respiratory care, verification of previous or current licensing from other states, proof of successfully completing an accredited program in respiratory care, and any other documentation deemed necessary by the board for the issuance of an initial license or limited permit. The electronically imaged or paper file will also include disciplinary action orders or consent agreements approved by the board. An electronic imaged record shall constitute the official and original record of the board if the original record has been destroyed in accordance with the board's records retention schedule.
- (C) A change in the name of the licensee, permit holder or applicant shall not be made on the board's records unless the request is accompanied by one of the following:
- (1) A notarized personal affidavit.
  - (2) A certified copy of a court record.
  - (3) A certified copy of a marriage certificate.

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4761-3-01

**Definitions of terms.**

The following definitions shall apply to the ~~Ohio respiratory care board~~ state medical board of Ohio for the practice of respiratory care:

- (A) "Board" means the ~~Ohio respiratory care board~~ state medical board of Ohio.
- (B) "Licensee" means a respiratory care professional issued a license under section ~~4761.04~~ 4761.05 of the Revised Code who can practice the full range of respiratory care as defined under division (A) of section 4761.01 of the Revised Code.
- (C) "Limited permit holder" or "permit holder" means a person who holds a limited permit issued under Chapter 4761. of the Revised Code.
- ~~(D) "Not in active practice" means that a licensee has notified the board that he is temporarily not engaging in the practice of respiratory care.~~
- ~~(D)~~ (D) "Designate" means any person or group authorized by the board as its agent to handle testing or other functions.
- ~~(E)~~ (E) "Under the supervision" as it is used under division (B) of section 4761.17 of the Revised Code means that the prescribing physician, physician assistant, or authorized nurse is available to provide direction to the respiratory care practitioner providing the respiratory care service.
- ~~(G) "Nonresident" as used under division (A)(4) of section 4761.11 of the Revised Code, means an individual holds a permanent residence outside the state of Ohio or holds a temporary residence within the state of Ohio for no more than thirty days in a year.~~
- ~~(F)~~ (F) "License", as it is used under division (A) of section 4761.05 of the Revised Code, means the license certificate or a notarized copy of the license certificate as issued by the board.
- ~~(G)~~ (G) "Conspicuous display" as it concerns the license certificate, means in a place accessible to the public during normal operating hours of the principal place of business.
- ~~(H)~~ (H) "National Board for Respiratory Care, Inc. (NBRC)" means the national credentialing board for pulmonary technology and respiratory therapy.
- ~~(K) "Lapsed" means a license or limited permit is no longer active according to the expiration date posted on the identification card.~~

~~(H)~~(I) "Licensure by endorsement" means the issuance of a license based upon board approval of an examination recognized by the board as meeting the requirements of division (A)(3) of section 4761.04 of the Revised Code.

~~(M)~~(J) "Licensure by Ohio examination" means the issuance of a license based upon successfully passing an examination offered to individuals who qualify for an educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly.

~~(N)~~(K) "A year" as the term is used in division (A)(4) of section 4761.11 of the Revised Code, means three hundred sixty five days from the approval date of the non-resident registration.

~~(O)~~(L) "A prescription or other order" means any verbal or written order or prescription for respiratory care services as defined under section 4761.01 of the Revised Code given in accordance with division (A) of section 4761.17 of the Revised Code.

~~(P)~~(M) "Organization" means any agency employing respiratory care providers.

~~(Q)~~(N) "Official transcript" means an official transcript from a respiratory care educational program approved by the board pursuant to rule 4761-4-01 of the Administrative Code which lists the courses taken to earn a degree or certificate of completion in respiratory care, the number of hours and grade earned for each course, and the date and type of degree or certificate of completion earned. The transcript must be marked "official" by the issuing institution.

~~(R)~~(O) "Minimal Sedation," as the term is used in rule 4761-7-05 of the Administrative Code, means a drug-induced state during which patients can respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular function are unaffected. "Minimal sedation" shall not include sedation achieved through intravenous administration of drugs.

~~(S)~~(P) "Moderate sedation/analgesia," as the term is used in rule 4761-7-05 of the Administrative Code, means a drug-induced depression of consciousness during which patients can respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained.

~~(T)~~(Q) "Deep sedation/analgesia," means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patient

airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

~~(U)~~(R) "General anesthesia," a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiopulmonary function may be impaired.

~~(V)~~(S) "Off-site supervision," means that the authorized prescriber must be continuously available for direct communication with the respiratory care professional and must be in a location that under normal conditions is not more than sixty minutes travel time from the respiratory care professional's location.

~~(W)~~(T) "Direct supervision," means that that the authorized prescriber is actually in sight of the respiratory care professional when the respiratory care professional is administering a medication to induce moderate sedation/analgesia in accordance with paragraph (B)(3)(c) of rule 4761-7-05 of the Administrative Code. Although the prescriber may be performing some other task at the same time, the prescriber is physically present in the same room, so that the prescriber may immediately provide direction or assume the performance of the task if difficulties arise. This does not require that the prescriber is watching "over the shoulder" of the respiratory care professional as would be required during the training period to ensure that the respiratory care professional is competent to perform the task.

~~(X)~~(U) "Authorized prescriber" or "prescriber," means an individual authorized to order or prescribe respiratory care pursuant to section 4761.17 of the Revised Code.

~~(Y)~~(V) "Regular employment" as the term is used in paragraph (A) of rule 4761-5-01 of the Administrative Code means having employment in the practice of respiratory care equaling no less than an average of twenty-five hours per week for a period of fifty-two weeks during the three consecutive years prior to the date of application for an initial license.

~~(Z)~~(W) "Active duty military service," means currently serving in the branches of the armed forces as defined in section 145.30 of the Revised Code.

~~(AA)~~(X) "Veteran," means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

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4761-4-01

**Approval of educational programs.**

The board hereby approves respiratory care educational programs that:

- (A) Have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization(s) that permits the respiratory care educational program to continue to enroll and/or graduate students; and
- (B) Require a minimum of an associate degree with a major in respiratory care.

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4761-4-02**Monitoring of Ohio respiratory care educational programs.**

- (A) Annually, each respiratory care educational program in Ohio shall submit proof of compliance with the accreditation standards developed by the commission on accreditation for respiratory care (CoARC) or their successor organization(s). At minimum, Ohio respiratory care programs shall provide the following:
- (1) A copy of the annual report submitted to CoARC.
  - (2) A copy of CoARC's response letter.
  - (3) A copy of any plan of corrective action for program deficiencies issued by CoARC in response to an official site visit or annual report.
- (B) Each respiratory care program in Ohio shall also annually submit a current letter of good standing issued by CoARC.
- (C) The respiratory care advisory council may be responsible for advising the board on educational policy and issues affecting respiratory care educational programs in Ohio. The respiratory care advisory council may review documentation filed by Ohio respiratory care educational programs in accordance with paragraph (A) of this rule. The respiratory care advisory council may make recommendations to the board regarding the educational programs including a recommendation to survey and investigate a respiratory care educational program. Survey and investigation findings shall be reported to the board. The board may contract independent expert services as needed to assist the respiratory advisory council and the board.

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4761-6-01

**Limited permit application procedure.**

(A) ~~Limited permit – the board may issue a limited permit, to any applicant who is of good moral character, files an initial limited permit application form approved by the board, and pays the initial application fee prescribed by the board. An applicant for a limited permit shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board. Application fees are not refundable.~~

(1) An applicant for a limited permit must provide proof of meeting one of the following requirements:

(a) Is enrolled in and is in good standing in a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code; or

(b) Is a graduate of a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code and is making application within one year of such graduation date; or

(c) Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989, as provided by division (B)(1)(b) of section 4761.05 of the Revised Code.

(2) An applicant meeting the requirements of paragraph (A)(1)(a) of this rule shall file with the application a verification of education form provided by the board as proof of his/her enrollment and good standing in an approved educational program.

(3) An applicant meeting the requirements of paragraph (A)(1)(b) of this rule shall submit an official transcript.

(4) An applicant meeting the requirements of paragraph (A)(1)(c) of this rule shall submit proof of his/her record of employment as a provider of respiratory care in this state.

(5) A person issued a limited permit under paragraph (A)(1)(a) or (A)(1)(b) of this rule shall practice respiratory care only under the supervision of a respiratory care professional until whichever of the following occurs first:

(a) Three years after the date the limited permit is issued; or

(b) until the holder discontinues enrollment in the educational program; or

(c) one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program;

~~(B)~~ A person issued a limited permit under paragraph (A)(1)(a) or (A)(1)(b) of this rule may petition the board to extend the effective term of a limited permit in cases of unusual hardship. An unusual hardship will be considered invalid if the events leading to the hardship did not occur within a reasonable timeframe from the date of petition for extension of the limited permit. A limited permit holder seeking an extension of a limited permit must file a written petition that describes the unusual hardship. The board may extend the term of a limited permit for periods of time deemed appropriate for the circumstances associated with the petition for extension.

~~(B)~~ The respiratory care services which may be performed by the holders of a limited permit issued under paragraph (A)(1)(a) of this rule are limited to only those services which have been successfully completed by such persons as part of the curriculum of their respiratory care educational program, as certified by the director of the respiratory care educational program on the verification of education form filed with the board. A copy of the board approved verification of education form will be provided to the holder of a limited permit. The limited permit holder must provide a copy of the board approved verification of education form to all employers of respiratory care services. An updated verification of education form may be filed with the board upon successful completion of additional clinical courses.

~~(C)~~ A person issued a limited permit under paragraph (A)(1)(c) of this rule shall practice respiratory care only under the supervision of a respiratory care professional and may practice for not more than three years, unless the holder has been employed as a provider of respiratory care for an average of not less than twenty-five hours per week for a period of not less than five years by a hospital certified or accredited pursuant to section 3727.02 of the Revised Code.

~~(D)~~ Incomplete applications will be held open for ninety days following notification of incomplete requirements by regular mail. After sixty days, a final notice of incomplete application will be mailed by certified mail, return receipt requested. If, by the end of the ninety day period, the application remains incomplete, it will be considered abandoned. After ninety days, if desired, the applicant must submit a new application, including fee. If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.

~~(F)~~(E) A person issued a limited permit in accordance with this rule must file a completed supervisor registration form within fifteen days of the beginning date of employment in the practice of respiratory care. A limited permit holder must file a new form for any change in respiratory care employment or upon being employed by more than one respiratory care employer. If the application process extends for a period longer than six months, the board may require updated information as it deems necessary

(F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.

(G) A person issued a limited permit in accordance with this rule must file a completed supervisor registration form within fifteen days of the beginning date of employment in the practice of respiratory care. A limited permit holder must file a new form for any change in respiratory care employment or upon being employed by more than one respiratory care employer.

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4761-7-01

**Original license or permit , identification card or electronic license verification.**

- (A) The board shall prepare and provide to each initial license or permit holder a certificate stating the name of the license or limited permit holder, the license or limited permit number assigned and the initial issuance date. ~~Additionally, the board may issue an identification card as proof of current authorization to practice. In lieu of an identification card, the~~The board may permit the electronic verification of the each license or limited permit holder through a web-based verification system. An ~~identification card or~~ electronic verification shall contain the person's name, license or permit number, information as to the type of authorization under which they practice, and date of expiration.
- (B) Official license or permit certificates shall be signed by the board president and secretary and ~~be affixed with the attested by its seal of the board. Official identification cards, if used, shall bear the signature of the board president and/or the executive director.~~ Electronic verification of license or limited permit status shall be considered a primary source verification. ~~For the purpose of conspicuous display as set forth under division (A) of section 4761.05 of the Revised Code, a holder may make a notarized copy of the license or permit certificate. A written statement must be found on the document attesting that the certificate is a true copy.~~
- (C) Neither the holder nor anyone else shall make any alterations on a certificate or identification card issued by the board.
- (D) Regardless of the original issue date, all licenses shall expire on June thirtieth of each even numbered year, unless other limitations pursuant to law, board order, or consent agreement are in effect.
- (E) Regardless of the original issue date, all limited permits will expire on June thirtieth of each year, unless other limitations pursuant to law, board order, or consent agreement are in effect.
- (F) ~~Identification cards or electronic~~ Electronic verification ~~are~~ is valid proof of current authorization.
- (G) In accordance with division (C) of section 4761.05 of the Revised Code, holders of licenses and permits ~~must display in a conspicuous place on their persons the information as to the type of authorization under which they practice. This information shall include the holder's name, title, and the type of authorization under which they practice, which shall state no less than "R.C.P." for a licensed respiratory care professional or "limited permit holder" for a limited permit holder.~~ may display a wall certificate in their office or place where the majority of the holder's practice is conducted.

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4761-9-01

**Definition of respiratory care continuing education.**

(A) "Respiratory care continuing education" (hereafter referred to as RCCE), as required under section 4761.06 of the Revised Code, means post-licensure learning experiences which are approved by the ~~Ohio respiratory care board~~ state medical board of Ohio (hereafter referred to as the board) and which enhance or build upon the licensee's current knowledge or educational background as it pertains to the practice of respiratory care, as set forth in section 4761.01 of the Revised Code.

(B) For the purposes of this chapter, the following definitions shall apply:

- (1) "Post-licensure" means the period following the granting of a license under section 4761.04 of the Revised Code or a limited permit issued under division (B) of section 4761.05 of the Revised Code.
- (2) "Learning experiences" means activities or programs which allow respiratory care providers to obtain or enhance skills, knowledge, or behavior needed to provide respiratory care.
- (3) "Approved by the ~~Ohio respiratory care board~~ state medical board of Ohio" means that the RCCE program or activity qualifies for official recognition by the board in accordance with one of the approval mechanisms set forth in rule 4761-9-05 of the Administrative Code.
- (4) "Licensee" means the holder of a license issued under section 4761.04 of the Revised Code or a limited permit issued under division (B)(1)(b) of section 4761.05 of the Revised Code.
- (5) "Contact hour" means fifty or sixty minutes of planned classroom, clinical, or provider-directed independent study.
  - (a) Calculation of contact hours from credit hours earned in an academic institution shall be done using the following formula:
    - (i) Quarter system: one credit hour = ten contact hours;
    - (ii) Trimester system: one credit hour = twelve contact hours;
    - (iii) Semester system: one credit hour = fifteen contact hours.

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4761-9-03

**Activities which do not meet the Ohio RCCE requirements.**

(A) Activities which do not meet the Ohio RCCE requirement shall include but not be limited to:

- (1) Basic life support (hereafter referred to as BLS) and cardiopulmonary resuscitation (hereafter referred to as CPR) provider courses;
- (2) Repetition of any educational activity with identical objectives and content within the same reporting period;
- (3) Employer specific orientation or inservice programs which do not significantly enhance the practice of respiratory care or related technologies;
- (4) Self-directed independent study such as reading of texts or journal articles which have not been approved by any of the mechanisms listed under rule 4761-9-05 of the Administrative Code.
- (5) Participation in clinical practice or research that is not part of an approved RCCE activity;
- (6) Personal development activities not taken for the purpose of meeting RCCE requirements;
- (7) Professional meetings and conventions except for those portions designated as approved RCCE activities;
- (8) Community service and volunteer practice;
- (9) Membership in a professional organization;
- (10) RCCE contact hours ordered by the board, above and beyond the prescribed contact hours, as set forth under rule 4761-9-03 of the Administrative Code.

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4761-9-04

**Ohio respiratory care law and professional ethics course criteria.**

- (A) An acceptable course in Ohio respiratory care law or professional ethics shall meet the following criteria and be awarded or approved through an activity meeting the requirements of rule 4761-9-05 of the Administrative Code:
- (1) The course shall be at least one contact hour in length; and
  - (2) The course content shall include one of the following:
    - (a) Standards of respiratory care practice and ethical conduct; or
    - (b) Acts that constitute violations of the respiratory care practice law under section 4761.09 of the Revised Code; or
    - (c) Obligations to report alleged violations of Chapter 4761. of the Revised Code or rules adopted thereunder; or
    - (d) Medical ethics.

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4761-9-05

**Approved sources of RCCE.**

(A) Applicants for renewal shall successfully complete the required number of RCCE contact hours according to rule 4761-9-02 of the Administrative Code. RCCE earned from any combination of the following sources may be applicable towards meeting RCCE requirements:

- (1) Relevant college credit awarded by an academic institution accredited by its regional accrediting association.
- (2) RCCE contact hours awarded by respiratory care educational programs approved by the board in accordance with rule 4761-4-01 of the Administrative Code.
- (3) The successful completion of advanced life support programs and/or instructors for life support programs will qualify to meet the RCCE requirement. Those meeting this requirement are, but may not be limited to advanced cardiac life support (ACLS), pediatric advanced life support (PALS), neonatal resuscitation program (NRP), and advanced trauma life support (ATLS). The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.
- (4) Recertification for ACLS, PALS, NRP, or ATLS. The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.
- (5) All or portions of a continuing education activity relevant to the practice of respiratory care which meet the requirements of paragraph (A) of rule 4761-9-01 of the Administrative Code and which have been approved by a professional organization or association awarding continuing education contact hours, including, but not limited to the American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), and the American association of critical care nurses (A.A.C.C.N.).
- (6) Relevant education and training provided by a branch of the U.S. military for active duty military service members.

- (7) Professional ethics or Ohio respiratory care law continuing education programs approved by the ~~Ohio respiratory care board~~ state medical board of Ohio for the purposes of meeting the requirements of rule 4761-9-04 of the Administrative Code. Providers must file a written request for approval with the ~~Ohio respiratory care board~~, including a description of the course and qualifications of the course instructors. The ~~Ohio respiratory care board~~, in its discretion, may approve or reject any course offering.

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4761-10-01

**Ethical and professional conduct.**

A licensee and a permit holder shall provide professional services with objectivity and with respect for the unique needs and values of the health care recipient, as follows:

- (A) A licensee or permit holder shall not discriminate on the basis of factors that are irrelevant to the provision of professional services including, but not limited to race, creed, sex, national origin, age or medical condition.
- (B) Prior to a licensee or permit holder entering into a contractual relationship with a health care recipient, the licensee or permit holder shall provide sufficient information to enable the health care recipient to make an informed decision to enter into a contractual relationship. Sufficient information shall include any fees and arrangements for payment which might affect the decision.
- (C) A licensee or permit holder shall not mislead the public and colleagues about services and shall not advertise in a misleading manner.
- (D) A licensee or permit holder shall not engage in any activities that seek to meet their personal needs at the expense or detriment of the health care recipient.
- (E) A licensee or permit holder shall not leave an assignment without being properly relieved by appropriate personnel.
- (F) A licensee or permit holder shall not receive or give a commission or rebate or any other form of direct or indirect remuneration or benefit for the referral of patients/clients for professional services.
- (G) A licensee or permit holder shall disclose to health care recipients any interest in commercial respiratory care enterprises which the licensee promotes for the purpose of direct or indirect personal gain or profit.
- (H) A licensee or permit holder shall not accept gratuities for any reason including but not limited to preferential consideration of the health care recipient.
- (I) A licensee or permit holder shall practice respiratory care within the scope of respiratory care as set forth in division (A) of section 4761.01 of the Revised Code and in accordance with acceptable and prevailing professional standards or guidelines and shall not endeavor to extend his/her practice beyond his/her competence and the authority vested in him/her under division (B) of section 4761.01 of the Revised Code.
  - ~~(1) The board may determine adherence to acceptable and prevailing professional standards and guidelines for respiratory care practice by using:~~
    - ~~(a) Current respiratory care literature recognized by the board;~~

~~(b) Position statements, standards of practice, or guidelines for respiratory care written by the board or other recognized national respiratory care professional organizations;~~

~~(c) Board member expertise;~~

~~(d) An expert witness;~~

(J) A licensee shall not employ, direct, or supervise a person who is not authorized to practice respiratory care under this chapter in the performance of respiratory care procedures.

(K) A licensee or permit holder shall cooperate to the extent permitted by law with other licensed health care professionals responsible for providing care to cardiopulmonary patients, including:

(1) Consulting with appropriate licensed practitioners responsible for prescribing therapy, treatment, or diagnostic services;

(2) Notifying other care givers and the prescribing practitioner when a prescribed therapy, treatment, or diagnostic service is not administered due to reasons contained in paragraph (L) of this rule;

(3) Recommending to other care givers and the prescribing practitioner when prescribed therapy, treatment, or diagnostic service needs to be altered to obtain optimal patient care.

(L) A licensee or permit holder shall not implement an order that the respiratory care professional or limited permit holder believes or should have reason to believe is:

(1) Inaccurate;

(2) Not properly authorized;

(3) Harmful, or potentially harmful to a health care recipient; or

(4) Contraindicated by other documented information.

(M) A licensee or permit holder shall disclose health care recipient information only with other health care professionals responsible for providing care to the health care recipient with whom the licensee or permit holder is responsible. At all other times, a licensee or permit holder shall hold as confidential all patient information which the licensee or permit holder has knowledge.

- (N) A licensee or permit holder shall access only health care recipient information which is necessary and relevant to their function and authority as a respiratory care provider.
- (O) A licensee or limited permit holder shall not falsify any health care recipient record or any other document prepared or utilized in the course of treating or rendering respiratory care.
- (P) A licensee or limited permit holder shall not engage in fraudulent billing for respiratory therapy or treatment.
- (Q) A licensee or permit holder shall not engage in behavior that may cause physical, verbal, mental, or emotional abuse to a health care recipient.
- (R) A licensee or permit holder shall not engage in behavior that may be reasonably interpreted as physical, verbal, mental, or emotional abuse to a health care recipient.
- ~~(S) A licensee or permit holder shall not:~~
- ~~(1) Engage in sexual conduct with a health care recipient under their care;~~
  - ~~(2) Engage in conduct in the course of practice that may be reasonably interpreted as sexual conduct;~~
  - ~~(3) Engage in verbal behavior in the course of practice that is seductive, or sexually demeaning to a health care recipient.~~

Effective: 2/28/2019

Five Year Review (FYR) Dates: 11/15/2018 and 02/28/2024

CERTIFIED ELECTRONICALLY

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Certification

02/13/2019

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Date

Promulgated Under: 119.03  
Statutory Authority: 4761.03  
Rule Amplifies: 4761.03  
Prior Effective Dates: 03/10/1990, 01/01/1996, 05/19/1997, 09/21/1998,  
07/11/2003, 08/15/2008, 03/31/2014

4761-15-01**Miscellaneous provisions.**

For purposes of Chapter 4761. of the Revised Code and rules promulgated thereunder:

- (A) An adjudication hearing held pursuant to the provisions of Chapter 119. of the Revised Code shall be conducted in conformance with the provisions of Chapter 4731-13 of the Administrative Code.
- (B) The provisions of Chapters 4731-4, 4731-8, 4731-13, 4731-15, 4731-16, 4731-17, 4731-26, and 4731-28 of the Administrative Code are applicable to the holder of a license or limited permit issued pursuant to Chapter 4761. of the Revised Code, as though fully set forth in Chapter 4761 of the Administrative Code.

Effective: 2/28/2019

Five Year Review (FYR) Dates: 02/28/2024

CERTIFIED ELECTRONICALLY

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Certification

02/13/2019

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Date

Promulgated Under: 119.03  
Statutory Authority: 4761.03  
Rule Amplifies: 4761.03