

Oregon

Requires Licensure for Sleep Technologists

Chapter 688: Therapeutic and Technical Services: Physical Therapists; Medical

Sections 688.800 to 688.840- Respiratory Therapists and Polysomnographic Technologists

SECTION 1. ORS 688.800 is amended to read:

688.800. As used in ORS 688.800 to 688.840:

- (1) 'Polysomnographic technologist' means a person licensed under section 8 of this 2011 Act.
- (2) 'Polysomnography' means the treatment, management, diagnostic testing, education and care of patients with disorders related to sleep. 'Polysomnography' includes, but is not limited to:
 - (a) The use of the following during treatment, management, diagnostic testing, education and care of patients with disorders related to sleep:
 - (A) Supplemental low-flow oxygen therapy, using up to six liters per minute of oxygen;
 - (B) Continuous or bilevel positive airway pressure titration on spontaneously breathing patients using a mask or oral appliance, if the mask or oral appliance does not extend into the trachea or attach to an artificial airway;
 - (C) Capnography;
 - (D) Cardiopulmonary resuscitation;
 - (E) Pulse oximetry;
 - (F) Sleep staging, including surface electroencephalography, surface electrooculography and submental surface electromyography;
 - (G) Electrocardiography;
 - (H) Respiratory effort monitoring, including thoracic and abdominal movement monitoring;
 - (I) Plethysmography blood flow monitoring;
 - (J) Snore monitoring;
 - (K) Audio or video monitoring of movement or behavior;
 - (L) Body movement monitoring;
 - (M) Nocturnal penile tumescence monitoring, when performed in a facility approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board;
 - (N) Nasal and oral airflow monitoring;
 - (O) Body temperature monitoring; or
 - (P) Portable monitoring devices and other medical equipment used to treat sleep disorders;
 - (b) Analyzing data for the purpose of assisting a physician who diagnoses and treats disorders related to sleep;
 - (c) Implementation and monitoring of durable medical equipment used in the treatment of sleep disorders; and
 - (d) Educating patients and immediate family members of patients regarding testing and treatment of sleep disorders.
- (3) 'Qualified medical director for polysomnography' means the medical director of an inpatient or outpatient polysomnography facility who is a physician licensed under ORS chapter 677, has special interest and knowledge in the diagnosis and treatment of sleep disorders and is actively practicing in the field of sleep disorders.
- (4) 'Qualified medical director for respiratory care' means the medical director of any inpatient or outpatient respiratory care service, department or home care agency who is a physician

licensed under ORS chapter 677 and who has special interest and knowledge in the diagnosis and treatment of respiratory problems.

(5) 'Respiratory care' means the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.

'Respiratory care' includes, but is not limited to:

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

(b) Transcription and implementation of the written or verbal orders of a physician pertaining to the practice of respiratory care;

(c) Observing and monitoring signs and symptoms, reactions, general behaviors, general physical responses to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, general behaviors or general physical responses exhibit abnormal characteristics;

(d) Implementation based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state; and

(e) The initiation of emergency procedures under the rules of the board or as otherwise permitted under ORS 688.800 to 688.840.

(6) 'Respiratory care practitioner' means a person licensed under ORS 688.815.

(7) 'Respiratory care services' means cardiopulmonary care services including, but not limited to, the diagnostic and therapeutic use of the following:

(a) Except for the purpose of anesthesia, administration of medical gases, aerosols and humidification;

(b) Environmental control mechanisms and hyperbaric therapy;

(c) Pharmacologic agents related to respiratory care procedures;

(d) Mechanical or physiological ventilatory support;

(e) Bronchopulmonary hygiene;

(f) Cardiopulmonary resuscitation;

(g) Maintenance of the natural airway;

(h) Maintenance of artificial airways;

(i) Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures and flows, collection of specimens of blood and blood gases, expired and inspired gas samples, respiratory secretions and pulmonary function testing; and

(j) Hemodynamic and other related physiologic measurements of the cardiopulmonary system.

SECTION 2. ORS 688.805 is amended to read:

- (1) Nothing in ORS 688.800 to 688.840 is intended to limit, preclude or otherwise interfere with the practices of other persons and health providers licensed by appropriate agencies of this state.
- (2) Nothing in ORS 688.800 to 688.840 prohibits:
 - (a) The practice of respiratory care by a student enrolled in a respiratory care education program approved by the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education or their successors or equivalent organizations, as approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board.
 - (b) The practice of polysomnography by a student who is:
 - (A) Enrolled in an educational program for polysomnography approved by the board; and
 - (B) In the physical presence of a supervisor approved by the board.
 - (c) Self-care by a patient, or gratuitous care by a friend or family member who does not claim to be a respiratory care practitioner.
 - (d) Respiratory care services rendered in the course of an emergency.
- (3) Persons in the military services or working in federal facilities are exempt from the provisions of ORS 688.800 to 688.840 when functioning in the course of assigned duties.
- (4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice of medicine by a person licensed to practice respiratory care or polysomnography unless the person is also licensed to practice medicine.
- (5) The practice of respiratory care :
 - (a) May be performed in any clinic, hospital, skilled nursing facility, private dwelling or other setting approved by the board.
 - (b) Must be performed in accordance with the prescription or verbal order of a physician and shall be performed under a qualified medical director for respiratory care .
- (6) The practice of polysomnography:
 - (a) May be performed in a clinic, hospital, skilled nursing facility, sleep center, sleep laboratory, physician's office, private dwelling or other setting approved by the board.
 - (b) Must be performed in accordance with the prescription or verbal order of a physician or physician assistant licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375 to 678.390 and under the direction of a qualified medical director for polysomnography.

SECTION 3. ORS 688.810 is amended to read:

- 688.810. (1) A respiratory care practitioner may use the title 'Licensed Respiratory Care Practitioner' and the abbreviation 'LRCP. '
- (2) A polysomnographic technologist may use the title ' Licensed Polysomnographic Technologist' and the abbreviation ' LPSGT. '

SECTION 4. ORS 688.815 is amended to read:

- 688.815. (1) An applicant for a license to practice respiratory care shall:
- (a) Submit to the Oregon Health Licensing Agency written evidence that the applicant:
 - (A) Is at least 18 years of age;
 - (B) Has completed an approved four-year high school course of study or the equivalent as determined by the appropriate educational agency; and
 - (C) Has completed a respiratory care education program approved by the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy

Education or their successors or equivalent organizations, as approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board; and

(b) Pass an examination approved by the board.

(2) The agency may issue a license to practice respiratory care by endorsement or reciprocity to:

(a) 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 agency to be equivalent to those required in this state; or

(b) 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.

(3) Except as provided in subsection (7) of this section, all licenses expire on the last day of the month, one year from the date of issuance.

(4) To renew a license to practice respiratory care, a licensee must submit to the agency a completed renewal application, required renewal fee and satisfactory evidence of completion of any required continuing education credits on or before the expiration date of the license as specified by agency rule.

(5) The agency shall adopt by rule requirements for late renewal of a license, reactivation of an expired license or reinstatement of a license that has been expired for more than three consecutive years.

(6) If the license of a respiratory care practitioner has been denied, suspended or revoked for commission of a prohibited act under ORS 676.612, the agency may refuse to issue or renew the license for up to one year from the date of denial, suspension or revocation.

(7) The agency may vary the date of license renewal by giving the applicant written notice of the renewal date being assigned and by making prorated adjustments to the renewal fee.

SECTION 5. Sections 6 to 9 of this 2011 Act are added to and made a part of ORS 688.800 to 688.840.

SECTION 6. A person may not practice respiratory care or claim to be a respiratory care practitioner unless the person is licensed under ORS 688.815.

SECTION 7. A person may not practice polysomnography or claim to be a polysomnographic technologist unless the person is licensed under section 8 of this 2011 Act.

SECTION 8. (1) An applicant for a polysomnographic technologist license shall:

(a) Submit to the Oregon Health Licensing Agency written evidence that the applicant:

(A) Is at least 18 years of age;

(B) Has completed an approved four-year high school course of study or the equivalent as determined by the appropriate educational agency; and

(C) Has completed a polysomnography education program approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board; and

(b) Pass an examination approved by the board.

(2) The agency may issue a polysomnographic technologist license by endorsement or reciprocity to:

- (a) An applicant who is currently licensed to practice polysomnography under the laws of another state, territory or country if the qualifications of the applicant are considered by the agency to be equivalent to those required in this state; or
- (b) An applicant holding an active credential approved by the board.
- (3) Except as provided in subsection (7) of this section, all licenses expire on the last day of the month, one year from the date of issuance.
- (4) To renew a polysomnographic technologist license, a licensee must submit to the agency a completed renewal application, required renewal fee and satisfactory evidence of completion of any required continuing education credits on or before the expiration date of the license as specified by agency rule.
- (5) The agency shall adopt by rule requirements for late renewal of a license, reactivation of an expired license or reinstatement of a license that has been expired for more than three consecutive years.
- (6) If a polysomnographic technologist license has been denied, suspended or revoked for commission of a prohibited act under ORS 676.612, the agency may refuse to issue or renew the license for up to one year from the date of denial, suspension or revocation.
- (7) The agency may vary the date of license renewal by giving the applicant written notice of the renewal date being assigned and by making prorated adjustments to the renewal fee.
- (8) The agency may issue a temporary permit to practice polysomnography in accordance with rules adopted by the agency.

SECTION 9. Notwithstanding ORS 688.805:

- (1) ORS 688.800 to 688.840 do not prohibit a respiratory care practitioner from practicing polysomnography in accordance with the prescription or verbal order of a physician and under the direction of a qualified medical director for respiratory care or for polysomnography.
- (2) A polysomnographic technologist may not practice respiratory care without a license issued under ORS 688.815, unless the act is within the scope of practice of a polysomnographic technologist.

SECTION 10. ORS 688.820 is amended to read:

- 688.820. (1) There is established within the Oregon Health Licensing Agency the Respiratory Therapist and Polysomnographic Technologist Licensing Board. The board consists of seven members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state.
- (2) Of the members of the board:
- (a) Three must be respiratory care practitioners;
 - (b) Two must be individuals who practice polysomnography;
 - (c) One must be a qualified medical director for polysomnography or for respiratory care; and
 - (d) One must be a member of the general public.
- (3) Board members required to be respiratory care practitioners or individuals who practice polysomnography must have engaged in the practice of respiratory care or polysomnography for a period of five or more years immediately preceding appointment to the board.
- (4)(a) Board members may be selected by the Governor from a list of three to five nominees for each vacancy, submitted by the Oregon Society for Respiratory Care or another professional organization representing respiratory care practitioners or polysomnographic technologists .

(b) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to:

(A) Geographic areas of this state; and

(B) Ethnic group.

(5)(a) The term of office of each member of the board is four years, but a member serves at the pleasure of the Governor. The terms must be staggered so that no more than two terms end each year. Vacancies shall be filled by the Governor by appointment for the unexpired term. A member shall hold the member's office until the appointment and qualification of a successor. A member is eligible for reappointment. If a person serves two consecutive full terms, a period of at least four years must elapse before the person is again eligible for appointment to serve on the board.

(b) A board member shall be removed immediately from the board if, during the member's term, the member:

(A) Is not a resident of this state;

(B) Has been absent from three consecutive board meetings, unless at least one absence is excused;

(C) Is not a respiratory care practitioner or a retired respiratory care practitioner whose license was in good standing at the time of retirement, if the member was appointed to serve as a respiratory care practitioner; or

(D) Is not an individual who practices polysomnography, if the member was appointed to serve as an individual who practices polysomnography.

(6) A member of the board is entitled to compensation and expenses as provided in ORS 292.495. The agency may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495.

SECTION 11. ORS 688.825 is amended to read:

688.825. (1) The Respiratory Therapist and Polysomnographic Technologist Licensing Board shall select one of its members as chairperson and another as vice chairperson, for those terms and with duties and powers necessary for the performance of the functions of those offices as the board determines.

(2) A majority of the members of the board constitutes a quorum for the transaction of business.

(3) The board shall meet at times and places specified by the call of the chairperson or of a majority of the members of the board.

SECTION 12. ORS 688.830 is amended to read:

688.830. (1) The Oregon Health Licensing Agency shall:

(a) Determine the qualifications and fitness of applicants for licensure, renewal of license and reciprocal licenses under ORS 688.800 to 688.840.

(b) Adopt rules that are necessary to conduct its business related to, carry out its duties under and administer ORS 688.800 to 688.840.

(c) Examine, approve, issue, deny, revoke, suspend and renew licenses to practice respiratory care and polysomnography under ORS 688.800 to 688.840.

(d) Maintain a public record of persons licensed by the agency to practice respiratory care and polysomnography.

(2) The Respiratory Therapist and Polysomnographic Technologist Licensing Board shall:

- (a) Establish standards of practice and professional responsibility for persons licensed by the agency.
- (b) Establish continuing education requirements for renewal of a license.
- (c) Provide for waivers of examinations, grandfathering requirements and temporary licenses as considered appropriate.

SECTION 13. ORS 688.834 is amended to read:

688.834. (1) The Oregon Health Licensing Agency shall establish by rule and collect fees and charges for the following related to respiratory care practitioners and polysomnographic technologists :

- (a) Application;
 - (b) Examinations;
 - (c) Original license;
 - (d) License renewal;
 - (e) License reactivation;
 - (f) Replacement or duplicate license;
 - (g) Delinquent renewal;
 - (h) Reciprocity; and
 - (i) Providing copies of official documents or records and for recovering administrative costs associated with compiling, photocopying or preparing and delivering the records.
- (2) All moneys received by the agency under subsection (1) of this section shall be paid into the General Fund of the State Treasury and credited to the Oregon Health Licensing Agency Account, and are appropriated continuously to and shall be used by the agency as authorized by ORS 676.625.

SECTION 14. ORS 688.836 is amended to read:

688.836. In the manner prescribed in ORS chapter 183 for contested cases, the Oregon Health Licensing Agency may impose a form of discipline specified in ORS 676.612 against any person practicing respiratory care or polysomnography for any of the grounds listed in ORS 676.612 and for any violation of the provisions of ORS 688.800 to 688.840, or the rules adopted thereunder.

SECTION 15. ORS 688.838 is amended to read:

688.838. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a respiratory care practitioner or polysomnographic technologist who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150.

SECTION 16. ORS 688.840 is amended to read:

688.840. The Respiratory Therapist and Polysomnographic Technologist Licensing Board and its members and the Oregon Health Licensing Agency and its employees and contractors are immune from any civil liability arising from good faith actions taken pursuant to ORS 688.800 to 688.840.

Oregon Health Licensing Agency
Chapter 331
Respiratory Therapist and Polysomnographic Technologists
Licensing Board

Division 705 – General Administration

331-705-0050

Definitions

The following definitions apply to OAR 331-705-0000 through 331-720-0020:

- (1) "Affidavit of Licensure" means an original document or other approved means of verifying an authorization to practice (certification, licensure or registration) status and history, including information disclosing all unresolved or outstanding penalties and/or disciplinary actions. Refer to OAR 331-030-0040.
- (2) "Agency" means the Oregon Health Licensing Agency.
- (3) "AASM" means the American Academy of Sleep Medicine.
- (4) "A-STEP" means the Accredited Sleep Technology Education Program.
- (5) "BRPT" means Board of Registered Polysomnographic Technologists.
- (6) "CAAHEP" means Commission on Accreditation of Allied Health Education Programs.
- (7) "CoARC" means Commission on Accreditation for Respiratory Care.
- (8) "CRT" means Certified Respiratory Therapist.
- (9) "NBRC" means the National Board for Respiratory Care.
- (10) "Official transcript" means an original document authorized by the appropriate office in the Oregon Department of Education and certified by a college or university indicating applicant identity information, hours and types of course work, examinations and scores that the student has completed. Original documents must be submitted directly to the Agency from the college or university by United States Postal Service mail or other recognized mail service providers in a sealed envelope; or
- (11) "RPSGT" means Registered Polysomnographic Technologists.
- (12) "RRT" means Registered Respiratory Therapist.

(13) “Qualified Medical Director for Polysomnography” has the definition set forth in ORS Chapter 688.800.

(14) “Qualified Medical Director for Respiratory Care” has the definition set forth in ORS Chapter 688.800.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-705-0072

Sleep Lab Exemption

This rule is in effect through January 1, 2013, upon requirement for licensure for polysomnographic technologists.

(1) The following are exempt from the definition of Respiratory Care Services under ORS 688.800(7) when performed in a sleep lab environment:

- (a) Positive airway pressure titration on spontaneously breathing patients;
- (b) Supplemental low-flow oxygen therapy during polysomnogram (up to 6 liters per minute);
- (c) Capnography during polysomnogram;
- (d) Cardiopulmonary resuscitation;
- (e) Pulse oximetry;
- (f) Electrocardiography;
- (g) Respiratory effort including thoracic and abdominal;
- (h) Plethysmography blood flow;
- (i) Nasal and oral airflow monitoring;
- (j) Monitoring the effects positive airway pressure, used to treat sleep-related breathing disorders, has on sleep patterns, provided that the device does not extend into the trachea;
- (k) Monitoring the effect on sleep patterns of an oral device that does not extend into the trachea and that is used to treat sleep apnea;

- (l) Maintenance of nasal and oral airways that do not extend into the trachea;
 - (m) The use of continuous positive airway pressure and bi-level modalities;
 - (n) Set-up for use of durable medical equipment; and
 - (o) Long term follow-up care.
- (2) For the purpose of this rule, "sleep lab" is:
- (a) A physical space, including any commercial space, used by a hospital for conducting sleep testing and under the supervision of a medical director; or
 - (b) A facility accredited by the American Academy of Sleep Medicine (AASM) or the Joint Commission for conducting sleep testing under the supervision of a medical director.
 - (c) A facility provisionally accredited by the AASM for conducting sleep testing under the supervision of a medical director.
- (3) For purpose of this rule, "medical director" means the medical director of any inpatient or outpatient facility or department who is a physician licensed by the State of Oregon and who has special interest and knowledge in the diagnosis and treatment of sleep disorders.
- (4) For the purpose of this rule, "sleep lab" does not include the home environment.
- (5) The exemption under this rule does not include partial or full ventilatory support services involving tidal volume regulation or which require the setting of respiratory back-up rates unless these services are for the treatment of central and mixed sleep apnea.
- (6) All documentation and information regarding the provisional accreditation or accreditation through the AASM must be made available to the Agency if requested.
- (7) All policies, procedures and protocols for unlicensed individuals related to positive airway pressure treatment and titration including but not limited to central and mixed sleep apnea must be made available to the Agency if requested.

Stat. Auth.: ORS 676.606, 676.607, 676.611, 676.615, 688.830

Stats. Implemented: ORS 688.800, 688.805

Hist.: HLA 13-2011(Temp), f. & cert. ef. 11-22-11 thru 5-10-12; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-705-0080

Licensure Exemption for Supervisors and Polysomnography Students

(1) Students actively enrolled in the following education programs are exempt from polysomnographic technologist licensure pursuant to ORS 688.805(2)(b)(A):

(a) Associate's degree program in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college, or university; or

(b) Polysomnography course of study from a CAAHEP accredited institution;

(2) In accordance with ORS 688.805(2)(b)(B) to be exempt from licensure students in subsection (1) of this rule must be supervised by one of the following:

(a) A licensed polysomnographic technician;

(b) A qualified medical director for polysomnography; or

(c) Respiratory therapist who holds a Sleep Disorder Specialty credential through the NBRC.

(3) Direct supervision, for the purpose of this rule, is supervision of a student in polysomnography by an approved supervisor who is physically present with the student while the student is working. The supervisor must exercise direction and control over the student's work. An approved supervisor supervising a student may not supervise more than one student per shift.

Stat. Auth.: ORS 676.606, 676.607, 676.611, 676.615, 688.830

Stats. Implemented: ORS 688.800, 688.805

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Division 710 –Application for Licensure

331-710-0000

Training

Training, or formal education, required for licensure is a planned sequence of instruction of specific content, pursuant to ORS 688.815(1)(c), structured to meet stated curriculum objectives which includes evaluation of attainment of those objectives, and offered by a post-secondary educational institution accredited by the *Committee On Accreditation For Respiratory Care*, or its successors, or recognized by the *National Board for Respiratory Care*.

Stat. Auth.: ORS 676.605, 676.615, 688.815, 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815, 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

331-710-0005

Respiratory Therapist License

(1) A respiratory therapist license holder, licensed under ORS 688.815, may perform respiratory care services and polysomnography services defined under ORS 688.800.

(2) A respiratory therapist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0010

Application Requirements for a Respiratory Therapist License

An individual applying for licensure to practice respiratory care must:

(1) Meet the requirements of OAR 331 division 30.

(2) Submit a completed application form prescribed by the Agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees.

(3) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or military/government identification;

(5) Submit proof of having a high school diploma or equivalent; and

(6) Submit current certification in cardiopulmonary resuscitation from an Agency approved provider; and

(7) Submit documentation of qualification for licensure through one of the following pathways:

(a)(A) License Pathway One — National Credentialing: An applicant for licensure through national credentialing must submit:

(B) An official documentation demonstrating that the applicant has successfully passed the Board approved examination listed under OAR 331-712-0000, within two years before the date of application. The documentation of a passing score must be mailed by the organization to the Agency. Copies of examination results or other documentation provided by the applicant are not acceptable.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

(b) License Pathway Two — Reciprocity. An applicant for licensure through reciprocity must submit:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040, from every state where the applicant has been licensed as a respiratory therapist, including an affidavit of licensure demonstrating proof of a current respiratory therapist license from another state, obtained through qualifications substantially equivalent to Oregon's requirements. At least one of the applicant's out-of-state licenses must be active and all of the applicant's out-of-state licenses must not be subject to current or pending disciplinary action, and must be free from disciplinary history for three years before the date of application for Oregon respiratory therapist licensure;

(B) Official documentation demonstrating that the applicant has successfully passed the Board approved examination listed under OAR 331-712-0000. The documentation of a passing score must be mailed by the organization to the Agency. Copies of examination results or other documentation provided by the applicant are not acceptable.

NOTE: The applicant is responsible for payment of any service fee the originating jurisdiction may assess for producing the Affidavit of Licensure.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLO 10-2004(Temp), f. & cert. ef.

11-8-04 thru 3-31-05; HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0015

Temporary Respiratory Therapist Licensure

- (1) A respiratory therapist temporary license authorizes a holder to practice respiratory care under supervision and pending passage of the qualifying examination.
- (2) For the purpose of this rule supervision means the required presence of a licensed respiratory therapist or qualified Medical Director for respiratory care within the work location at the same time as the respiratory therapist temporary license holder.
- (3) A respiratory therapist temporary license holder must notify the Agency within 10 calendar days of changes in employment status or supervisor.
- (4) A respiratory therapy temporary license is valid for six months and may not be renewed.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0020

Application Requirements for a Temporary Respiratory Therapist License

To qualify for a respiratory therapist temporary license for the applicant must:

- (1) Meet the requirements of OAR 331 division 30;
- (2) Submit a completed application form prescribed by the Agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees;
- (3) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;
- (4) Be at least 18 years of age, and provide official documentation confirming the applicant's date of birth, such as a copy of the birth certificate, driver's license, or passport;
- (5) Submit current certification in cardiopulmonary resuscitation from an Agency approved provider;

(6) Submit a statement, signed by the Registrar or a Dean of a college or university and sent directly to the Agency from that college or university, verifying the applicant has completed all work necessary to obtain a degree in respiratory care; and

(7) Submit documentation identifying approved supervisor on a form prescribed by the Agency.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0040

Polysomnographic Technologists Grandfathering Requirements

(1) Pursuant to Oregon Laws 2011, Chapter 715, Sections 7 and 9, polysomnographic technologists must be licensed by January 1, 2013. A polysomnographic technologist license is valid for one year and becomes inactive on the last day of the month one year from the date of issuance.

(2) An individual applying for licensure who does not meet the requirements listed in Oregon Laws 2011, Chapter 715, Section 8, may be grandfathered into licensure by meeting the requirements of this rule on or before January 1, 2013. An applicant applying for licensure to practice polysomnography through the grandfathering process must:

(a) Meet the requirements of OAR chapter 331 division 30;

(b) Submit a completed application form prescribed by the Agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees;

(c) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(d) Be at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the applicant's birth certificate, driver's license, or passport;

(e) Submit proof of having a high school diploma or equivalent; and

(f) Submit current certification in cardiopulmonary resuscitation by an Agency approved provider;

(g) Submit proof of having obtained national credential as an RPSGT from the BRPT. Proof of national credentialing must be mailed to the Agency directly from the BRPT; copies of national credentialing mailed by the applicant are not acceptable;

(h) Submit official documentation verifying current registration with the BRPT at the time of application for Oregon licensure;

(i) Submit documentation of having work experience listed under OAR 331-710-0110 in polysomnography for at least 18 months of the last five years, on an Agency prescribed form.

(j) Submit examination fees;

(k) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(l) Submit appropriate licensing fees.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0045

Polysomnographic Technologist License

(1) A polysomnographic technologist, licensed under ORS 688.815, may perform polysomnography services defined under ORS 688.800.

(2) A polysomnographic technologist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0050

Application Requirements for Polysomnographic Technologist License

(1) Provisions of this rule become effective October 15, 2012. Pursuant to Oregon Laws 2011, Chapter 715, Sections 7 and 9, polysomnographic technologists must be licensed by January 1, 2013.

(2) An individual applying for licensure to practice polysomnography who does not meet the grandfathering requirements or who applies for licensure after January 1, 2013 must:

(a) Meet the requirements of OAR chapter 331 division 30;

(b) Submit a completed application form prescribed by the Agency, containing the information listed in OAR 331-030-0000 and accompanied by payment of the required application fees;

(c) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(d) Be at least 18 years of age, and must provide documentation, confirming date of birth, such as a copy of the birth certificate, driver's license or passport;

(e) Submit proof of having a high school diploma or equivalent;

(f) Submit current certification in cardiopulmonary resuscitation by an Agency approved provider; and

(3) Submit documentation of qualification through one of the following pathways:

(a) **License Pathway One — Academic Degree:** An applicant under pathway one must:

(A) Submit official transcripts defined under OAR 331-705-0050 showing successful completion of an Associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution;

(B) Submit satisfactory evidence of passage a Board approved examination listed under OAR 331-712-0010(1) within two years before the date of application. Examination results must be submitted to the Agency directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable;

(C) Submit examination fees;

(D) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(E) Submit licensing fees.

(b) **License Pathway Two — Polysomnographic Technologist Temporary Licensee:** applying for permanent licensure must:

(A) Submit documentation showing completion of 18 months of work experience pursuant to OAR 331-710-0110, obtained under polysomnographic technologist temporary-DS licensure (See 331-710-0060) and temporary-IS licensure (See 331-710-0080), including verification by an approved supervisor pursuant to 331-710-0100, and certification of successful completion and satisfactory performance of such experience by a qualified medical director for polysomnography, all on forms provided by the Agency;

(B) Submit satisfactory evidence of passage of a Board approved examination listed under OAR 331-712-0010(1) or (2) within two years before the date of application. Examination results must be submitted to the Agency directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable;

(C) Submit examination fees;

(D) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(E) Submit licensing fees.

(c) **License Pathway Three — Reciprocity:** An applicant for licensure by reciprocity must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040, from every state where the applicant has been licensed as a polysomnographic technologist, including an affidavit of licensure demonstrating proof of a current polysomnographic technologist license from another state, obtained through qualifications substantially equivalent to Oregon's requirements. At least one of the applicant's out-of-state licenses must be active and all of the applicant's out-of-state licenses must not be subject to current or pending disciplinary action, and must be free from disciplinary history for three years before the date of application for Oregon polysomnographic licensure;

(B) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(C) Submit licensing fees.

(d) **License Pathway Four — Endorsement: An applicant may qualify for licensure by endorsement if the applicant holds a qualifying professional credential in another field.** An applicant for licensure by endorsement must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of a current license, which is active with no current or pending disciplinary action, and no disciplinary history for the three years before the date of application for Oregon polysomnographic licensure, as a:

(B) Physician (Doctor of Medicine or Doctor of Osteopathy) licensed under ORS Chapter 677;

(C) Respiratory therapist licensed under ORS chapter 688 with the RPSGT credential from the BRPT; or

(D) CRT or RRT who holds a Sleep Disorder Specialty credential through NBRC;

(E) Submit examination fees;

(F) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(G) Submit licensing fees.

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0060

Polysomnographic Technologist Temporary-DS (Direct Supervision) Licensure

(1) Provisions of this rule become effective October 15, 2012. A polysomnographic technologist Temporary-DS license authorizes the holder to temporarily practice polysomnography under direct supervision by an approved supervisor.

(2) Direct supervision is supervision of the Temporary-DS licensee by an approved supervisor who is *immediately physically present* with the Temporary-DS licensee while the Temporary-DS licensee is working, and who exercises direction and control over the Temporary-DS licensee's work.

(3) A polysomnographic technologist Temporary-DS license holder must notify the Agency within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-DS license is valid for six months and may not be renewed.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830

Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0070

Application Requirements for Polysomnographic Technologist Temporary-DS License

Provisions of this rule become effective October 15, 2012. An applicant for a polysomnographic technologist Temporary-DS license must:

(1) Meet the requirements of OAR chapter 331 division 30;

(2) Submit a completed application form prescribed by the agency, containing the information listed in OAR 331-030-0000 and accompanied by payment of the required application fees;

(3) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age, and must provide documentation confirming date of birth, such as a copy of the birth certificate, driver's license, or passport;

- (5) Submit current certification in cardiopulmonary resuscitation from an Agency approved provider;
- (6) Submit proof of having a high school diploma or equivalent; and
- (7) Submit official transcripts defined under OAR 331-705-0050 or documentation approved by the Agency which shows a minimum of proof of successful completion of an Emergency Medical Technician Basic Program, Certified Nursing Assistant Level One Program or A-STEP Introductory Course; OR
- (8) Submit official transcripts defined under OAR 331-705-0050 or documentation approved by the Agency which shows proof of successful completion of 80 clock hours of professional or post-secondary coursework, provided by an in-person or real-time remote instructor, in two or more of the following: Human Anatomy and Physiology, Medical Law and Ethics, Basic Electrocardiogram, Introduction to Health Services, Chemistry for Health Occupations, Health Care Systems, Medifecta Healthcare Training Course, Polysomnographic Technologist Online Audiovisual Content, Basic Allied Health Classes and other courses approved by the agency; AND must
- (9) Submit a certificate of completion for the AASM A-STEP Self Study Modules;
- (10) Submit information identifying the applicant's approved supervisor pursuant to OAR 331-710-0100, on a form prescribed by the Agency;
- (11) Submit appropriate licensing fees.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830

Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0080

Polysomnographic Technologist Temporary-IS (Indirect Supervision) Licensure

- (1) Provisions of this rule become effective October 15, 2012. A polysomnographic technologist Temporary-IS license authorizes the holder to temporarily practice polysomnography under indirect supervision by an approved supervisor, after successfully completing Temporary-DS licensure.
- (2) Indirect supervision is supervision of the Temporary-IS licensee by an approved supervisor who is physically present and onsite, but may not be immediately accessible at the sleep facility when the Temporary-IS licensee is working, who reasonably oversees the work of the Temporary-IS licensee, and who is available for questions and assistance when needed.
- (3) A polysomnographic technologist Temporary-IS license holder must notify the agency within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-IS license is valid for one year and may be renewed once.

(5) A Temporary-IS licensee is prohibited from performing services on persons 12 and under.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830

Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0090

Application Requirements for Polysomnographic Temporary-IS Licensure

Provisions of this rule become effective October 15, 2012. An applicant for a polysomnographic technologist Temporary-IS license must:

(1) Meet the requirements of OAR chapter 331 division 30;

(2) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(3) Submit a completed application form prescribed by the Agency, containing the information listed in OAR 331-030-0000 and accompanied by payment of required fees;

(4) Submit documentation of qualification through one of the following pathways:

(a) **Temporary License-IS Pathway One: Temporary Licensee-DS:** applying for Temporary-IS licensure must:

(A) Submit documentation of successful completion of 30 sleep tests as a polysomnographic technologist Temporary-DS licensee, which includes the signatures of an approved supervisor and certification by a qualified medical director for polysomnography of successful completion of 30 sleep studies and satisfactory performance;

(B) Submit examination fees;

(C) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;

(D) Submit information identifying the applicant's approved supervisor on a form prescribed by the Agency; and

(E) Submit appropriate licensing fees.

(b) **Temporary License-IS Pathway Two: An individual with qualified experience received prior to January 1, 2013,** applying for Temporary-IS licensure must:

(A) Submit form prescribed by the Agency documenting completion of 30 sleep studies within the last six months which were prior to January 1, 2013. The form must be signed by a qualified medical director for polysomnography. The agency may accept up to six months of work experience if received prior to January 1, 2013.

(B) Submit examination fees;

(C) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;

(D) Submit information identifying the applicant's approved supervisor on a form prescribed by the Agency; and

(E) Submit appropriate licensing fees.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830

Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0100

Supervision of a Temporary Polysomnographic Technologist

(1) Provisions of this rule become effective October 15, 2012. To be approved as a supervisor of a polysomnographic temporary licensee, an individual must:

(a) Hold a valid polysomnographic technologist license under ORS chapter 688 or provide proof of being a "qualified medical director for polysomnography" as defined in ORS 688.800(3);

(b) Have no current or pending disciplinary action imposed by the Agency or other regulatory body; and

(c) Submit proof of having been actively practicing polysomnography for at least three years prior to requesting approval as a supervisor; and

(d) Submit a completed request for approval on a form prescribed by the Agency;

(2) A polysomnography supervisor shall not supervise a temporary licensee until all Agency required documentation has been completed and submitted to the Agency and the supervisor has received Agency approval.

(3) A supervisor may supervise up to four patients per shift; whether they are the supervisor's own patients or patients of temporary DS or IS licensees.

(4) An approved supervisor of a Temporary-DS licensee must be *immediately physically present* with the Temporary-DS licensee while the Temporary-DS licensee is working, and must exercise direction and control over the Temporary-DS licensee's work.

(5) An approved supervisor of a Temporary-IS licensee must be *physically present and onsite, but may not be immediately accessible* at the sleep facility when the Temporary-IS licensee is working, and must reasonably oversee the work of the Temporary-IS licensee, and be available for questions and assistance when needed.

(6) An approved supervisor must notify the Agency in writing within 10 calendar days if a temporary polysomnographic technologist licensee is no longer being supervised, and must provide the number of hours of training completed on a form prescribed by the Agency.

(7) A designated supervisor must exercise management, guidance, and control over the activities of the temporary polysomnographic technologist and must exercise professional judgment and be responsible for all matters related to the polysomnography.

(8) Approval of a temporary polysomnographic technologist's work experience under OAR 331-710-0110 must be documented by the handwritten signature of the approved supervisor, the supervisor's license number, and date of supervisor's review, placed beside the temporary polysomnographic technologist's signature, on a form prescribed by the agency.

(9) An approved supervisor's Agency approval may be withdrawn if the supervisor provides incomplete or inadequate training during supervision or falsifies documentation.

NOTE: This rule is not intended for or required of purely administrative supervisors.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830

Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0110

Work Experience Requirements for Polysomnography

(1) Provisions of this rule become effective October 15, 2012. Work experience for polysomnography applicants must involve all of the following:

- (a) Patient interaction & professional behavior;
- (b) Patient assessment;
- (c) Polysomnography theory;
- (d) Performing polysomnography preparation and setup;

- (e) Performing polysomnography recording and monitoring;
- (f) Scoring sleep studies;
- (g) Artifacts, and arrhythmias;
- (h) Sleep related breathing disorders;
- (i) Positive airway pressure and oxygen;
- (j) Evaluation of sleepiness;
- (k) Movement disorders: disorders involving arousal and seizures;
- (l) Scoring waveforms;
- (m) Scoring sleep stages;
- (n) Scoring respiratory events;
- (o) Scoring arousals, electroencephalography abnormalities, movements and cardiac events;
- (p) Sleep deprivation;
- (q) Insomnia;
- (r) Medications and sleep;
- (s) Circadian sleep and shift work
- (t) Arrhythmia recognition;
- (u) Emergency procedures and care;
- (v) Patient education and mask fitting;
- (w) Pediatric sleep; and

(2) For the purpose of this rule “Artifact” means an extraneous electrical signal in a recording channel on a polysomnograph, which originates from the patient, equipment, or external sources, and which may mask or interfere with the desired signal (E.g., snores that appear on the EEG channel, pulses of hypertensive patients that appear on the chin EMG channel, etc.).

NOTE: A Temporary-IS licensee is prohibited from performing services on persons 12 and under. See OAR 331-710-0080.

Division 712 – Examinations

331-712-0000

Respiratory Care Approved Examination

The Board has selected the CRT or RRT examination administered by the NBRC as its minimal qualifying examination for licensure. Individual applicants are responsible for payment of all NBRC application, examination, national certification or other fees directly to NBRC.

NOTE: An applicant is responsible for direct payment to the NBRC of all application, examination, national certification or other fees associated with the NBRC.

Stat. Auth.: ORS 676.607, 676.615, 688.830, OL 2011, Ch. 715

Stats. Implemented: ORS 676.606, ORS 676.607, ORS 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836, OL 2011, Ch. 715

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-712-0010

Polysomnography Approved Examinations

The Board has approved the following examinations for qualification as a licensed polysomnographic technologist:

- (1) The RPSGT “registration examination” administered by the BRPT;
- (2) The SDS examination administered by the NBRC; and
- (3) The Oregon Laws and Rules examination for polysomnography administered by the Agency.

NOTE: An applicant is responsible for direct payment to the organization of all application, examination, national certification or other fees associated with any examination.

Stat. Auth.: ORS 676.607, 676.615, 688.830 & 2011 OL Ch. 715

Stats. Implemented: ORS 676.606, ORS 676.607, ORS 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836 & 2011 OL Ch. 715

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-712-0020

General Examination Information

- (1) To be eligible for examination administered by the Agency, an applicant must meet identification requirements listed under OAR 331-030-0000.
- (2) The examination is administered in English only, unless an Agency approved testing contractor or vendor provides the examination in languages other than English.
- (3) Examination candidates may be electronically monitored during the course of testing.
- (4) Examination candidates must adhere to the maximum time allowance for each section of the examination, as established by the Board.
- (5) Notes, notetaking, textbooks, notebooks, electronic equipment and communication devices, such as personal computers, pagers and cellular telephones or any other devices deemed inappropriate by the Agency, are prohibited in the examination area.
- (6) Candidate conduct that interferes with the examination may result in the candidate's disqualification during or after the examination, the candidate's examination being deemed invalid, and forfeiture of the candidate's examination fees. Such conduct includes but is not limited to:
 - (a) Directly or indirectly giving, receiving, soliciting, attempting to give, receive or solicit aid during the examination process;
 - (b) Violations of subsections (1), (5), or (6) of this rule;
 - (c) Removing or attempting to remove any examination-related information, notes or materials from the examination site;
 - (d) Failing to follow directions relative to the conduct of the examination; and
 - (e) Exhibiting behavior that impedes the normal progress of the examination.
- (7) If the candidate is disqualified from taking the examination or the candidate's examination is deemed invalid for reasons under subsection (6) of this rule, the candidate may be required to reapply, submit additional examination fees, and request in writing to schedule a new examination date, before being considered for another examination opportunity.

Stat. Auth.: ORS 676.607, 676.615, 688.830, OL 2011, Ch. 715

Stats. Implemented: ORS 676.606, ORS 676.607, ORS 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836, OL 2011, Ch. 715

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Division 715 – Renewal

331-715-0000

License Display and Posting Requirements

- (1) A licensee must show proof of valid license with the agency upon request or post the license document in public view at the licensee's primary workplace.
- (2) A licensee may temporarily conceal the address printed on the license document with a covering that is removable.
- (3) A licensee must carry the license identification card (pocket card) with them, or post in plain view, the official license anytime services are being provided.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 1-1998(Temp), f. & cert. ef. 3-20-98 thru 4-1-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HDLP 2-2001, f. & cert. ef. 5-1-01; HDLP 3-2001, f. 6-29-01, cert. ef. 7-1-01; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLA 7-2010, f. & cert. ef. 11-1-10

331-715-0010

License Issuance and Renewal

- (1) A licensee is subject to the provisions of OAR Chapter 331, division 30 regarding the renewal of a license, and provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.
- (2) License renewal under this rule is valid for one year.
- (3) LICENSE RENEWAL: To avoid delinquency penalties, license renewal must be made prior to the license entering inactive status. The licensee must submit the following:
 - (a) Renewal application form;
 - (b) Payment of required renewal fee pursuant to OAR 331-705-0060;
 - (c) Attestation of having obtained required biannual continuing education under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the Agency, whether license is current or inactive; and
 - (d) Information, on a form prescribed by the Agency, permitting the Agency to perform a state criminal background check pursuant to OAR 331-030-0004;

(4) **INACTIVE LICENSE RENEWAL:** A license may be inactive for up to three years. A licensee who is inactive is not authorized to practice. When renewing after entering inactive status, the licensee must submit the following:

(a) Renewal application form;

(b) Payment of delinquency and license fees pursuant to OAR 331-705-0060;

(c) Attestation of having obtained required biannual continuing education under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the Agency, whether license is current or inactive;

(d) Information, on a form prescribed by the Agency, permitting the Agency to perform a state criminal background check pursuant to OAR 331-030-0004;

(5) **EXPIRED LICENSE:** A license that has been inactive for more than three years is expired and the licensee must reapply for licensure and meet the requirements listed in OAR 331-710-0010 or 331-710-0050.

(6) A licensee failing to meet continuing education requirements listed under OAR 331-720-0010 or 331-720-0015 is considered to have an expired license and must reapply and meet requirements pursuant to OAR 331-710-0010 or 331-710-0050.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 1-1998(Temp), f. & cert. ef. 3-20-98 thru 4-1-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLO 10-2004(Temp), f. & cert. ef. 11-8-04 thru 3-31-05; HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Division 718 – Standards of Practice

331-718-0000

Standards of Practice for Respiratory Care

- (1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the American Association of Respiratory Care (AARC) Statement of Ethics and Professional Conduct effective March 2000 as its professional standards model. Documents are available on the AARC Website at <http://www.aarc.org/>.
- (2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.
- (3) A licensee must comply with the following safety and infection control requirements:
 - (a) All devices or items that come into direct contact with a client must be cleaned, sanitized or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;
 - (b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;
 - (c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;
 - (d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged and pre-sterilized;
 - (e) All high-level and low-level disinfecting agents must be EPA registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity;
 - (f) Before use, disposable prepackaged products and sterilized re-usable instruments must be stored in clean, sterilized containers that can be closed between treatments to maintain effective sterilization of the instrument until removed from the container.
- (4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

Stat. Auth.: ORS 676.607, 676.615, 688.830, OL 2011, Ch. 715
Stats. Implemented: ORS 676.606, 676.607, 676.612, 676.615, 676.625, 688.815 & 688.830,
688.834, 688.836, OL 2011, Ch. 715
Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-718-0010

Pharmacological Agents for Respiratory Care

(1) A licensee administering intravenous narcotics, paralytics and opioids under ORS 688.800(3)(a) is prohibited from monitoring the patient and must have another qualified licensed individual present to monitor the patient throughout procedures with intravenous narcotics, paralytics and opioids.

(2) All policies, procedures and protocols for respiratory therapists related to administration of intravenous pharmacological agents must be made available to the Agency if requested.

Stat. Auth.: ORS 676.607, 676.615, 688.830, OL 2011, Ch. 715
Stats. Implemented: ORS 676.606, 676.607, 676.612, 676.615, 676.625, 688.815 & 688.830,
688.834, 688.836, OL 2011, Ch. 715
Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-718-0020

Standards of Practice for Polysomnography

(1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the BRPT Standards of Conduct as its professional standards model. Documents are available on the BRPT Website at <http://www.brpt.org>.

(2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.

(3) A licensee must comply with the following safety and infection control requirements:

(a) All devices or items that come into direct contact with a client must be cleaned or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;

(b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;

(c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;

(d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged, pre-sterilized and within the expiration date listed on the label of the disinfecting solution;

(e) All high-level and low-level disinfecting agents must be EPA registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity;

(f) Before use, disposable prepackaged products and sterilized re-usable instruments must be stored in clean containers that can be closed between use to maintain effective cleanliness until removed from the container.

(g) Masks must be disinfected before each use on a client by removing foreign and completely saturating the mask with a high level disinfectant solution, spray or foam used to manufacturer's instructions.

(4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Division 720 – Continuing Education

331-720-0010

Continuing Education Requirements for Respiratory Care

- (1) A licensee is required to complete 15 hours of Board approved continuing education every two years. At least two-thirds of the required continuing education hours must be related to clinical practice of respiratory care.
- (2) To renew the license, evidence of required continuing education must be provided at the time of renewal by means of a prescribed self-attestation statement certifying participation in approved continuing education. To ensure that adequate proof of attainment of required continuing education is available for audit or investigation by the Agency, the licensee must maintain a record of attendance for two years following the two-year continuing education cycle and renewal of the license.
- (3) Continuing education is acceptable if provided by:
 - (a) A medical organization or association accredited by the Oregon Medical Association, the Oregon Osteopathic Association, the American Medical Association Continuing Medical Education, the American Osteopathic Association, the American Nurses Association, the American Association for Respiratory Care, and its affiliates, to provide continuing education to physicians, nurses, or respiratory therapists;
 - (b) A hospital not accredited to provide continuing education but the continuing education provided meets the following requirements:
 - (A) The content of the course or program must be relevant to the scope of practice of respiratory care as defined in ORS 688.800(7);
 - (B) The faculty must be knowledgeable in the subject matter as evidenced by a degree from an accredited college or university and verifiable experience in the subject matter or teaching and clinical experience in the same or similar subject matter;
 - (C) Educational objectives must be listed;
 - (D) The teaching methods must be described, e.g., lecture, seminar, audiovisual, simulation;
 - (E) Evaluation methods must document that the objectives have been met.
 - (c) An institution of higher education accredited by the Northwest Association of Secondary and Higher Schools or its successor, or the State Board of Higher Education, providing the course(s) meet the requirements of paragraph (a) of this subsection. Five hours of continuing education credit per course, and up to two-thirds of the continuing education requirement, can be obtained

by successfully completing the course(s) with a grade "C" or above, or a "pass" for a pass/fail course;

(d) A respiratory care educational program accredited by the American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Committee On Accreditation for Respiratory Care, or its successor, or the Commission on Accreditation for Allied Health Education Programs offering an Associate Degree in Respiratory Care;

(e) The NBRC through passing the examination for initial certification as a RRT, or Perinatal/Pediatric Respiratory Care Specialist (PPRCS), or the NBRC through passing the re-credentialing examination for a CRT, RRT, or PPRCS. Fifteen hours of continuing education can be obtained by passing these certification and re-credentialing examinations;

(f) The NBRC through passing the examination for initial certification as a Certified Pulmonary Function Technician (CPFT), or Registered Pulmonary Function Technician (RFPT). Seven and one-half hours of continuing education can be obtained by passing these certification examinations;

(g) Publication in a peer reviewed journal as the author or co-author of a clinical paper or abstract. A total of five credit hours will be accepted per biennium for the publication of articles or abstracts in professional journals;

(h) An established and approved organization conducting humanitarian activities in another state or country, that is providing respiratory care services as defined in ORS 688.800(7) under its auspices. The organization and services are subject to Board approval on a case-by-case basis for continuing education credit.

(4) A licensee who instructs continuing education courses may obtain the same number of continuing education hours for each initial course taught during the two-year continuing education cycle, in which the course is initially presented, as granted to course participants.

(5) A licensee is awarded continuing education credit once for completion of the initial certification course for Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) courses, and Neonatal Resuscitation Program (NRP). Up to four hours of continuing education credit may be obtained for each re-certification in ACLS, PALS, or NRP courses.

(6) Continuing education credit will not be granted for completion of the Basic Life Support (BLS) course.

(7) A licensee who does not meet continuing education requirements must reapply and meet requirements for licensure according to OAR 331-710-0010 at the time of application.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLO 10-2004(Temp), f. & cert. ef.

11-8-04 thru 3-31-05; HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-720-0015

Continuing Education Requirements for Polysomnography

(1) A licensee is required to complete 15 hours of Board approved continuing education every two years, related to clinical practice of polysomnography.

(2) To renew the license, evidence of required continuing education must be provided at the time of renewal by means of a prescribed self-attestation statement certifying participation in approved continuing education. To ensure that adequate proof of attainment of required continuing education is available for audit or investigation by the Agency, the licensee must maintain a record of attendance for two years following the two-year continuing education cycle and renewal of the license.

(3) Continuing education is acceptable if provided by:

(a) A medical organization or association accredited by the Board of Registered Polysomnographic Technicians, Oregon Medical Association, the Oregon Osteopathic Association, the American Medical Association Continuing Medical Education, the American Osteopathic Association, the American Nurses Association, the American Association for Respiratory Care, American Association of Sleep Technologists and its affiliates, to provide continuing education to physicians, nurses, respiratory therapists or polysomnographic technologists and other organizations approved by the Agency;

(b) A hospital not accredited to provide continuing education but the continuing education provided meets the following requirements:

(A) The content of the course or program must be relevant to the scope of practice of polysomnography as defined in ORS 688.800(2);

(B) The faculty must be knowledgeable in the subject matter as evidenced by a degree from an accredited college or university and verifiable experience in the subject matter or teaching and clinical experience in the same or similar subject matter;

(C) Educational objectives must be listed;

(D) The teaching methods must be described, e.g., lecture, seminar, audiovisual, simulation;

(E) Evaluation methods must document that the objectives have been met.

(c) An institution of higher education accredited by the Northwest Association of Secondary and Higher Schools or its successor, or the State Board of Higher Education, providing the course(s) meet the requirements of paragraph (a) of this subsection. Five hours of continuing education

credit per course, and up to two-thirds of the continuing education requirement, can be obtained by successfully completing the course(s) with a grade "C" or above, or a "pass" for a pass/fail course;

(d) A polysomnography educational program accredited by the American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Committee On Accreditation for Respiratory Care, or its successor, or the Commission on Accreditation for Allied Health Education Programs offering an Associate Degree in Polysomnography;

(e) An established and approved organization conducting humanitarian activities in another state or country, that is providing polysomnography services as defined in ORS 688.800(2) under its auspices. The organization and services are subject to Board approval on a case-by-case basis for continuing education credit.

(4) A licensee who instructs continuing education courses may obtain the same number of continuing education hours for each initial course taught during the two-year continuing education cycle, in which the course is initially presented, as granted to course participants.

(5) Continuing education credit will not be granted for completion of the Basic Life Support (BLS) course.

(6) A licensee who does not meet continuing education requirements must reapply and meet requirements for licensure according to OAR 331-710-0050 at the time of application.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-720-0020

Continuing Education: Audit, Required Documentation and Sanctions

(1) The Oregon Health Licensing Agency will audit a select percentage of licenses determined by the Board to verify compliance with continuing education requirements.

(2) If selected for audit the licensee must provide documentation within 30 days to substantiate they have obtained the required continuing education. Documentation must include:

(a) Certificate of completion, official transcript, statement or affidavit from the sponsor attesting to attendance or other documentation approved by the agency.

(b) Name of sponsoring institution/association or organization;

(c) Title of presentation and description of content;

(d) Name of instructor or presenter;

(e) Date of attendance and duration in hours; and

(f) Course agenda.

(3) If documentation of continuing education is incomplete, the licensee has 30 calendar days from the date of notice to submit further documentation to substantiate having completed the required continuing education.

(4) Failure to meet continuing education requirements shall constitute grounds for disciplinary action which may include but is not limited to assessment of a civil penalty, suspension, refusal to renew or revocation of the license.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLA 7-2010, f. & cert. ef. 11-1-10

Division 740 – Fees

331-740-0000

(1) An applicant or licensee are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding the payment of fees, penalties and charges.

(2) Fees established by the Oregon Health Licensing Agency pursuant to ORS 676.607 are as follows:

(a) Application:

(A) License: \$50.

(B) Temporary license: \$50.

(b) Examination — Oregon laws & rules: \$50.

(c) Original issuance of authorization to practice:

(A) License: \$50.

(B) Temporary license: \$50.

(C) Temporary six month license: \$50

(d) Renewals:

(A) Licenses: \$50.

(B) Online license: \$45

(C) Temporary license: \$50

(e) Delinquent (late) renewal of license: \$50 for each year in inactive status up to three years.

(f) Replacement of license, including name change: \$25.

(g) Duplicate license document: \$25 per copy with maximum of three.

(h) Affidavit of licensure for reciprocity: \$50.

(i) Information packets: \$10

(j) An additional \$25 administrative processing fee will be assessed if a NSF or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.