







b. Date of hearing or comment period:

7/1/99 - 7/30/99

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

N/A

d. Attach findings and determinations and reasons:

Attached N/A

**THE WEST VIRGINIA BOARD OF RESPIRATORY CARE  
COMMENTS RECEIVED ON AMENDMENTS TO RULE # 3**

**The following individuals commented on the rule:**

Dave Imhoff  
Jay Wildt

**Summary of attached comments:**

Both comments received were favorable to the proposed amendments.

**Action taken as a result of comments:**

None

**RECEIVED**

JUL 19 1999

W.V. BORC

Respiratory Care Service  
St. Mary's Hospital  
2900 First Ave  
Huntington WV 25702  
07/12/1999

State of West Virginia  
Board of Respiratory Care  
106 Dee Drive, Suite 1  
Charleston, WV 25311

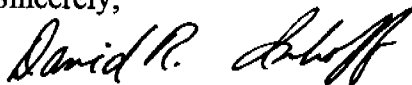
Members of the Board,

I am writing in response to the proposed changes in the WV Respiratory Care Act. I am glad to see many of the proposed changes, but I would like to see an additional change in regard to disciplinary action.

Upon reading the law, it does not specify that any person or institution is responsible for reporting questionable behavior. It appears that even though an employer may discharge a person for actions which obviously are in violation of the WV Respiratory Care Act, that employer nor co-workers who are licensed respiratory care practitioners are required to report the violation. Thus, a person who may have been found to have committed professional misconduct may, upon discharge from the first facility, be hired by a second facility without any difficulty if the first facility is not required to report the misconduct.

You may wish to ask some of the other boards, e.g. nursing, who is required to report misconduct.

Sincerely,



David R. Imhoff, RN, RRT, MBA

**Subject: FW: Rules Additions**

**Date:** Tue, 20 Jul 1999 09:39:37 -0400

**From:** "Stewart, Karen" <Karen.Stewart@Camcare.com>

**To:** "Massey, Nancy" <massen@wvnet.edu>

A comment from our comment period  
Karen J. Stewart, MS, RRT, LRTR  
Director Respiratory Care and Sleep Disorders Center  
e-mail karen.stewart@camcare.com  
304.348.4209

> -----Original Message-----

> From: Jay Wildt [SMTP:jay.wildt@mghwv.org]

> Sent: Monday, July 19, 1999 9:21 AM

> To: 'Stewart, Karen'

> Subject: Rules Additions

>

> I reviewed the changes and find them to be just fine. Good job Karen.

> I

> assume the changes in the reporting times are a result of the  
> difficulties

> with license renewals and CEU reporting occurring at the same time.

> Makes

> sense to me.

> Keep me posted about sponsorship of the managers reception. I

> appreciate

> The WVBORC's help. Thanks again.

> I think our JCAHO visit conflicts with the fall meeting, again. damn

**WEST VIRGINIA  
SECRETARY OF STATE  
KEN HECHLER  
... ADMINISTRATIVE LAW  
DIVISION**

Form #2

Do Not Mark In This Box

**NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE**

AGENCY: Board of Respiratory Care TITLE NUMBER: 30

RULE TYPE: Legislative CITE AUTHORITY: 30-34

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

TITLE OF RULE BEING AMENDED: Continuing Education Requirements

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: \_\_\_\_\_

TITLE OF RULE BEING PROPOSED: \_\_\_\_\_

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON July 30, 1999 8:00am AT O N L Y WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:

Board of Respiratory Care  
106 Dee Drive Suite 1  
Charleston, WV 25311

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.

558-1382

*Karen Stewart*  
Authorized Signature



ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

The Board of Respiratory Care establishes a comment period for revision of the Continuing Education Requirements.

**STATEMENT OF CIRCUMSTANCES FOR PROPOSED AMENDMENT TO  
SERIES 3 – CONTINUING EDUCATION REQUIREMENTS**

This revision removes ambiguous language and correct grammatical errors.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Continuing Education Requirements

Type of Rule:  Legislative     Interpretive     Procedural

Agency: Board of Respiratory Care

Address: 106 Dee Drive Suite 1

Charleston, WV 25311

1. Effect of Proposed rule:

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
<b>ESTIMATED TOTAL COST</b>					
<b>PERSONAL SERVICES</b>					
<b>CURRENT EXPENSE</b>					
<b>REPAIRS &amp; ALTERATIONS</b>					
<b>EQUIPMENT</b>					
<b>OTHER</b>					

2. Explanation of Above Estimates:  
none

3. Objectives of These Rules:  
To clarify the continuing education requirements for respiratory therapists in West Virginia

Rule Title: Continuing Education Requirements

4. Explanation of Overall Economic Impact of Proposed Rule:

A. Economic Impact on State Government:  
none

B. Economic Impact on Political Subdivisions; Specific Industries; Specific Groups of Citizens:  
none

C. Economic Impact on Citizens/Public at Large.  
None

Date: June 25, 1999

Signature of Agency Head or Authorized Representative:

Karen Stewart

TITLE 30  
LEGISLATIVE RULE

FILED  
Aug 4 3 23 PM '99

WEST VIRGINIA BOARD OF RESPIRATORY CARE  
OFFICE OF THE CLERK OF THE WEST VIRGINIA  
SECRETARY OF STATE

SERIES 3  
CONTINUING EDUCATION REQUIREMENTS

**§30-34-1 General**

- 1.1 Scope – This legislative rule delineates the requirements for continuing education and prescribes methods and standards for the accreditation of continuing education courses.
- 1.2 Authority: WV Code §30-34-5
- 1.3 Filing Date:
- 1.4 Effective Date:

**§30-3-2 Definitions**

- 2.1 "Academic Course" offered by an accredited post-secondary institution means a respiratory care course designated by a respiratory care course or a course which may be applicable to number beyond the mandatory entry level. The academic course shall be to respiratory care practice and appropriate for the respiratory care applicable to respiratory care practice and appropriate for the respiratory provider employed in the areas of clinical practice, health care care provider employed in the areas of clinical practice, health care administration, respiratory care or health care education and clinical education, or research research.

- 2.2 “American Association for Respiratory Care for Continuing Respiratory Care Education approval” means any program, which has received recognition by the AARC.
- 2.3 “Continuing Education Unit” means fifty (50) contact minutes of participating in approved continuing education program.
- 2.4 “Program” means an organized learning experience planned and evaluated to meet behavioral objectives; programs may be presented in one session or in a series.
- 2.5 “Provider” means an organization approved by the Board for offering continuing education programs.
- 2.6 “Relevant” means having content applicable to the practice of respiratory care as defined by the Board.
- 2.7 “Successful completion” means that the respiratory care license has satisfactorily met the specific requirements of the offering and that the respiratory care licensee has earned the continuing education units. The Board will not grant continuing education units for repeated instruction of the same course.

**§30-34-3 Accrual of Continuing Education Units: Mandatory Computation of Accrual.**

3.1 A licensee shall accrue a minimum of twenty (20) continuing education units every two (2) years.

3.2 A licensee shall submit continuing education units to the Board ~~by March 14 of the year proceeding the accrual period.~~ between  
October 15 and December 31, following the accrual period. The initial accrual period is from January 1, 1997 to December 31, 1998. ~~The first reporting deadline is March 14, 1999.~~ The revised accrual period is from January 1, 1999 to October 1, 2000. The reporting deadline is December 31, 2000. The continuing education units required for the adjusted accrual period of January 1, 1999 to October 1, 2000 shall be prorated to fifteen (15) units and will revert to twenty (20) every two years for the following accrual period.

3.3 The accrual period is ~~January 1~~ of one year through ~~December 31~~ of the  
October 1 September 30  
following calendar year.

3.4 All continuing education units must be relevant to the field of respiratory  
calendar year.  
care.

3.5 Continuing education units will be prorated for new licensees.

3.6 A license of a licensee who fails to meet the continuing education requirements lapses. The Board shall notify the licensee in writing within ~~ten (10)~~ working

twenty (20)

days of receipt of CEU forms. If the Board fails to notify the licensee within this time period, the requested continued education units shall be considered approved by the Board.

**§30-3-4 Methods of Acquiring Continuing Education Units**

- 4.1 Continuing education units applicable to the renewal of the license shall be directly related to the professional growth and development of the respiratory care licensee, and shall be relevant to the practice of respiratory care.
- 4.2 A licensee may earn continuing education units completing any of the educational offerings of the American Association of Respiratory Care approved courses or programs.
- 4.3 A licensee may earn continuing education units by completing academic courses as set forth in subsection 2.5 of the rule. For the purposes of this rule, one (1) credit hour of academic course equals fifteen (15) continuing education units.
- 4.4 Relevant offerings provided by other organizations or institutions may be approved by the Board for continuing education units. Approved organizations may include but are not limited to the West Virginia Society for Respiratory Care, the West Virginia Lung Association, the West Virginia Thoracic Society, the



Board of Examiners for Registered Professional Nurses, the American Medical Association, or the National Association of Medical Equipment Suppliers.

- 4.5 The Board may approve continuing education units for successful completion of the "National Board of Respiratory Care, Inc.", advanced practitioner exams including but, not limited to the Perinatal Pediatric Exam, the Certified Pulmonary Function Exam, the Registered Pulmonary Function Exam, or any other future exam developed and administered by the NBRC or its successor organization. The Board shall grant ten (10) continuing education units to a licensee upon passing each exam. The Board encourages licensees to retake the "National Board of Respiratory Care, Inc." exams and the Board shall grant five (5) continuing education units for those licensees passing the exam.
- 4.6 The Board may approve related areas not specifically a part of the field of respiratory care for up to two (2) continuing education units, if the Board believes that the related areas may serve to enhance the licensee's ability to practice.
- 4.7 The Board may approve continuing education units for up to five (5) units for authorship of a research article printed in a Board approved medical journal or Board approved textbook.
- 4.8 The Board may approve continuing education units for the authorship of continuing education material used in conducting continuing education program offerings. The approval may qualify as double that of the offering.

**§30-3-5 Procedures For Accreditation of Sponsors and Approval of Continuing Education Activities**

- 5.1 Any organization desiring to establish accreditation of a continuing education program prior to the program offering. The program shall be approval to the Board at least thirty (30) days in advance of the commencement of the program, on a form provided by the Board, stating the type of learning activity, the subject matter, the names and qualifications of the instructors, the number of continuing education units offered, and pay the fees as established by the Board.
- 5.2 A continuing education activity is qualified for approval if the Board determines that the activity being presented is an organized program of learning; pertains to subject matters which integrally relate to the practice of respiratory care; contributes to the professional competency of the licensee; and is conducted by individuals who have educational training, or experience acceptable to the Board.
- 5.3 The Board may pre-approve a provider of continuing education. The continuing education activity must be an organized program of learning. Each activity must have a content outline, demonstrate relevance to respiratory care, maintain a roster of attendees, be reviewed by a respiratory therapist, and must be conducted by individuals who have educational training or experience acceptable to the Board.
- 5.4 A pre-approved provider must maintain records of each continuing education offering and shall include, but not be limited to: continuing education offering

title, course outline, attendance roster, signature of the respiratory therapist reviewing the course content and CEU's granted.

5.5 The pre-approved provider must provide to the attendee of the continuing education activity the following, but not limited to: and agenda or listing of course content and a certificate of completion signed by the provider of the continuing education offering.

5.6 The pre-approved provider must supply, upon request by the Board, a copy of files of all continuing education offerings.

5.7 The pre-approved provider of continuing education activity may be subject to Board suspension of privilege if the provider fails to submit requested documentation of continuing education activity. Future pre-approval will be subject to Board decision.

**§30-3-6 Responsibilities and Reporting Requirements of the License Holders.**

6.1 A licensee is responsible for obtaining the required number of continuing education units. The licensee shall identify his or her own continuing education needs, take initiative in seeking continuing professional education activities to meet these needs, and seek ways to integrate new knowledge, skills and attitudes relevant to the practice of respiratory care.

- 6.2 Each licensee shall select approved activities by which to earn continuing education units and obtain from the board, prior approval for continuing education not accredited by the Board.
- 6.3 Each licensee shall maintain records of continuing education units and submit record of them to the board postmarked by ~~March 15~~ of each year ~~proceeding~~ December 31 after the ~~the accrual period.~~ accrual period.
- 6.4 Each licensee shall document attendance and participation in a continuing education activity in form of, but not limited to, official documents such as transcripts, certificates, or affidavits signed by instructors. The type of documentation required varies depending on the specific activity submitted to the Board for approval.
- 6.5 Each licensee shall full comply with the provisions of this rule. The Board may revoke or refuse to renew a licensee's license if he or she fails to comply with the provisions of this rule.

### **§30-3-7 Carry Over of Continuing Education Units**

- 7.1 A licensee may carry over six (6) continuing education units earned in excess of those required under subsection 3.1 of this rule into the immediately following accrual period.

**§30-3-8 Board to Approve Continuing Education Units; Appeal When Approval Denied**

- 8.1 In the event of denial, in whole or part, of any application for approval of continuing education units, the licensee has the right to appeal in writing to the Board. Notice of appeal must be received by the Board within thirty (30) days after the date of the receipt of the Board's order denying approval of continuing education units.
- 8.2 A hearing before the full Board may be held at the request of the licensee, if the written appeal is denied. The board must receive the written request for a hearing within (10) business days after the date the Board mails the notification of denial.

**§30-3-9 Temporary License Holders and Inactive Status**

- 9.1 Continuing education requirements shall not apply to the holders of a temporary license.
- 9.2 The Board may, in individual cases involving medical disability or illness, grant waivers of the minimum continuing education requirements or extensions of time within which to fulfill the requirements or make the required reports. A written request for waiver or extension of time shall be submitted by the licensee and shall be accompanied by a verifying document signed by a licensed physician. Waivers of the minimum continuing education requirements or extensions of time within which to fulfill the requirements may be granted by the Board for a

period of time not to exceed one (1) calendar year. If the granted continues beyond the period of the waiver or extension, the licensee must apply for another waiver.

- 9.3 The Board may waive continuing education requirements for a licensee on inactive status during the period her or she remain inactive. If the licensee applies to the Board to return to active status, the licensee shall submit proof of completion of five (5) continuing education units within the twelve (12) month period immediately preceding the date on which the application is submitted. The licensee may request to be allowed to return to active status immediately. The Board shall grant the request, if the licensee agrees to successfully complete ten (10) continuing education units within twelve (12) months of the date on which the Board approves active status.