

**WEST VIRGINIA  
SECRETARY OF STATE  
BETTY IRELAND  
ADMINISTRATIVE LAW DIVISION**

Form #2

Do Not Mark In This Box

2007 JUN 25 PM 3: 22

SECRETARY OF STATE

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

AGENCY: WV Board of Respiratory Care TITLE NUMBER: 30

RULE TYPE: Legislative CITE AUTHORITY: 30-34-1, 30-34-15(b)

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES. SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO. SERIES NUMBER OF RULE BEING PROPOSED: 9

TITLE OF RULE BEING PROPOSED: Student Temporary Permit

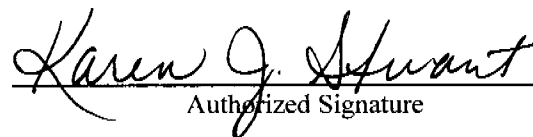
IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON July 26, 2007 AT 9:00 AM ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:

WV Board of Respiratory Care

106 Dec Drive, Suite 1

Charleston, WV 25311

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

  
Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

#3.40

Title 30  
Legislative Rule  
State of West Virginia 2007 JUN 25 PM 3: 24  
Board of Respiratory Care

Series 9 - Student Temporary Permit  
SECRETARY OF STATE

30-34-9.1

1.1 Scope - this legislative rule establishes the temporary permit process and fees for students enrolled in accredited respiratory care schools.

1.2 Authority – WV Code 30-34-6(a).1 and 30-34-15(b)

1.3 Filing Date –

1.4 Effective Date –

30-34-9.2 Application for Student Temporary Permit

2.1 An applicant for student temporary permit shall file with the West Virginia Board of Respiratory Care a signed permit application form and shall pay an initial permit application fee of seventy-five dollars (\$75.00).

2.2 The applicant shall submit a student work permit form signed by the program director of an accredited respiratory care program and by a principal administrative official of the institution where the program is located.

2.3 The student shall submit an official transcript indicating completion of the first year of the respiratory care program and a minimum of 30 semester hours or the quarter hour equivalent and have completed clinical hours not less than 200 hours.

2.4 The student shall provide documentation from the program director

indicating clinical competencies completed by and successful didactic testing.

Completed clinical practice shall only include those competencies approved by the board.

2.5 Upon expiration of the initial permit the student may apply for an additional six month permit by payment of an additional fee of forty dollars (\$40.00) and providing the WV Board of Respiratory Care with documentation from the program director of the school where the student is enrolled stating the student is actively enrolled and in good standing taking a minimum of 9 satisfactory semester hours in a respiratory care curriculum.

2.6 A student with a temporary working permit shall be supervised by an employee of the same department with a minimum LRCT (Licensed Respiratory Therapist Certified) credential issued by the West Virginia Board of Respiratory Care and the supervising employee shall be present on the premises.

**FISCAL NOTE FOR PROPOSED RULES**

Rule Title: Series 9 - Student Temporary Permit

Type of Rule:  Legislative  Interpretive  Procedural

Agency: WV Board of Respiratory Care

Address: 106 Dee Drive, Suite 1  
Charleston, WV 25311

Phone Number: 304-558-1382 Email: massen@wvnet.edu

**Fiscal Note Summary**

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

The projected cost for this measure is the addition of .025 staff = 5,000 annually. The projected revenue for this measure is 7,500 annually.

**Fiscal Note Detail**

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

<b>FISCAL YEAR</b>			
Effect of Proposal	Current Increase/Decrease (use "--")	Next Increase/Decrease (use "--")	Fiscal Year (Upon Full Implementation)
<b>1. Estimated Total Cost</b>		5,000.00	5,000.00
Personal Services	1.00	0.50	1.50
Current Expenses	33,372.00	5,000.00	38,372.00
Repairs & Alterations			
Assets			
Other			
<b>2. Estimated Total Revenues</b>	91,625.00	7,500.00	99,125.00

Rule Title: \_\_\_\_\_

Rule Title: Series 9 - Student Temporary Permit

3. **Explanation of above estimates (including long-range effect):**  
Please include any increase or decrease in fees in your estimated total revenues.

This measure is expected to increase fees by 7,500.00 to total revenue.

### MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

This measure would permit students in the last year of educational respiratory programs to limited, supervised practice in a healthcare facility thus, providing access for fulltime employment after graduation which would in turn keep those same students working within the State of West Virginia.

This measure would allow the hiring of .50 part time staff to add to our current 1.0 FT employee. .025 is already required for current peak work time and the remaining .025 (5,000) is targeted for this measure.

Date: June 25, 2007

Signature of Agency Head or Authorized Representative

Karen J. Stewart

**QUESTIONNAIRE**

*(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)*

DATE: June 25, 2007

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) WV Board of Respiratory Care  
106 Dee Drive, Suite 1  
Charleston, WV 25311  
304-558-1382

LEGISLATIVE RULE TITLE: \_\_\_\_\_  
Series 9 - Students Temporary Permits

1. Authorizing statute(s) citation \_\_\_\_\_  
30-34-1 and 30-34-15(b)

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:  
June 25, 2007

b. What other notice, including advertising, did you give of the hearing?  
Posting to Board's Web Site  
Sent notice via e-mail and US Mail to Health Care Providers on record

c. Date of Public Hearing(s) *or* Public Comment Period ended:  
July 26, 2007 9:00AM

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.  
Attached \_\_\_\_\_ No comments received \_\_\_\_\_

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

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- f. **Name, title, address and phone/fax/e-mail numbers** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Karen J. Stewart or Nancy J. Massey

WV Board of Respiratory Care

106 Dee Drive Suite 1

Charleston, WV 25311

304-558-1382 Phone, 304-558-1382 Fax, massen@wvnet.edu Email

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- g. **IF DIFFERENT FROM ITEM 'f'**, please give **Name, title, address and phone number(s)** of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

Karen J. Stewart, Chairperson

WV Board of Respiratory Care

106 Dee Drive, Suite 1

Charleston, WV 25311

304-558-1382

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3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

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b. Date of hearing or comment period:

Comment Period: June 26, 2007 - July 26, 2007

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

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d. Attach findings and determinations and reasons:

Attached \_\_\_\_\_