Respiratory Care Committee

A compilation of the Indiana Code and Indiana Administrative Code

2014 Edition

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NOTICE: This compilation incorporates the most recent revisions of statutes and administrative rules governing the respiratory care profession, as of July 1, 2014. Note that this compilation is not an official version of the Indiana Code or the Indiana Administrative Code. It is distributed as a general guide to the Indiana chiropractic law and regulations. It is not intended to be offered as legal advice, and it may contain typographical errors. ***The Respiratory Care Committee and the Indiana Professional Licensing Agency staff are prohibited from providing legal advice on issues contained herein. For legal advice, please consult an attorney.***

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RESPIRATORY CARE COMMITTEE

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INDIANA CODE 25-34.5
ARTICLE 34.5. RESPIRATORY CARE PRACTITIONERS

INDIANA CODE § 25-34.5-1
Chapter 1. Definitions

IC 25-34.5-1-1 Applicability of definitions
Sec. 1. The definitions in this chapter apply throughout this article.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-1-2 "Applicant" defined
Sec. 2. "Applicant" means a person who applies for licensure as a respiratory care practitioner under this article. The term does not include a practitioner who applies for renewal of the practitioner's license.
As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.1.

IC 25-34.5-1-2.5 "Assessment" defined
Sec. 2.5. (a) "Assessment" means the evaluation and interpretation of patient data that is the basis for and a prerequisite for making a decision concerning patient care.
(b) The term does not include making a medical diagnosis.
As added by P.L.60-2000, SEC.2.

IC 25-34.5-1-3 "Board" defined
Sec. 3. "Board" refers to the medical licensing board of Indiana.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-1-4 "Committee" defined
Sec. 4. "Committee" refers to the respiratory care committee established under IC 25-34.5-2-1.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-1-4.7 "Other authorized health care professional" defined
Sec. 4.7. "Other authorized health care professional" means a licensed health care professional whose scope of practice:
(1) includes the task being supervised; and
(2) authorizes the professional to supervise an individual who is not licensed, certified, or registered as a health care professional.
As added by P.L.60-2000, SEC.3. Amended by P.L.288-2001, SEC.12.

IC 25-34.5-1-5 "Person" defined
Sec. 5. "Person" means an individual.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-1-6 "Practice of respiratory care" defined
Sec. 6. "Practice of respiratory care" means the allied health specialty designed to aid the supervising physician or osteopath in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes the following:
(1) Administration of pharmacological, diagnostic, and therapeutic aids related to the implementation of a treatment, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by and under the direct supervision of a physician licensed under IC 25-22.5 as follows:
(A) Administration of medical gases (except for the purpose of anesthesia), aerosols, and humidification.
(B) Environmental control mechanisms and hyperbaric therapy.
(C) Mechanical or physiological ventilatory support.
(D) Bronchopulmonary hygiene.
(E) Cardiopulmonary resuscitation.

(F) Maintenance of the natural airway.
(G) Insertion and maintenance of artificial airways.
(H) 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.
(I) Utilization of hemodynamic and other related physiologic measurements to assess the status of the cardiopulmonary system.
(2) Transcription and implementation of the written or verbal orders of a physician.
(3) Observing and monitoring signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether the signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics.
(4) Observing and referring based on abnormalities, protocols, or changes in treatment.
(5) Repairing equipment used in the practice of respiratory care.
As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.4.

IC 25-34.5-1-7 "Practitioner" defined
Sec. 7. "Practitioner" means a person licensed under this article to engage in the practice of respiratory care.
As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.5.

IC 25-34.5-1-8 "Proximate supervision" defined
Sec. 8. "Proximate supervision" means a situation in which an individual is:
(1) responsible for directing the actions of another individual; and
(2) in the facility and is physically close enough to be readily available if needed by the supervised individual.
As added by P.L.60-2000, SEC.6.

IC 25-34.5-1-9 "Task" defined
Sec. 9. "Task" means a respiratory care practice that does not:
(1) require specialized knowledge that results from a course of education or training in respiratory care;
(2) pose an unreasonable risk of a negative outcome for the patient; and
(3) involve assessment or making a decision concerning patient care.
As added by P.L.60-2000, SEC.7.

INDIANA CODE § 25-34.5-2
Chapter 2. Respiratory Care Committee; Certification

IC 25-34.5-2-1 Purpose
Sec. 1. The respiratory care committee is e**st**ablished to assist the board in carrying out this article with regard to the qualifications and examination of respiratory care practitioners.
As added by P.L.242-1989, SEC.1.

IC 25-34.5-2-2 Membership
Sec. 2. (a) The committee consists of five (5) members to be appointed by the governor as follows:
(1) At least two (2) practitioners.
(2) At least one (1) physician licensed under IC 25-22.5 who is familiar with the practice of respiratory care.
(3) At least one (1) member who:
(A) is a resident of Indiana; and
(B) is not associated with the practice of respiratory care in any way, other than as a consumer.
(b) Each practitioner appointed to the committee must:
(1) be a practitioner meeting the requirements of this article;
(2) have had not less than three (3) years experience in the actual practice of respiratory care

immediately preceding appointment; and

(3) be a resident of Indiana and actively engaged in Indiana in the practice of respiratory care while serving as a member of the committee.

As added by P.L.242-1989, SEC.1. Amended by P.L.48-1991, SEC.63.

IC 25-34.5-2-3 Terms

Sec. 3. The governor shall make each appointment to the committee for a term of three (3) years.

As added by P.L.242-1989, SEC.1. Amended by P.L.1-1990, SEC.255; P.L.48-1991, SEC.64.

IC 25-34.5-2-4 Removal of members

Sec. 4. A member of the committee may be removed by the governor without cause.

As added by P.L.242-1989, SEC.1. Amended by P.L.1-1990, SEC.256; P.L.48-1991, SEC.65.

IC 25-34.5-2-5 Salaries; expenses

Sec. 5. Each member of the committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Each member of the committee is entitled to reimbursement for travel expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the budget agency.

As added by P.L.242-1989, SEC.1.

IC 25-34.5-2-6 Duties

Sec. 6. The committee shall:

(1) pass upon the qualifications of persons who apply for licensure as respiratory care practitioners;

(2) provide all examinations;

(3) license qualified applicants; and

(4) propose rules concerning the competent practice of respiratory care to the board.

As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.8.

IC 25-34.5-2-6.1 Rules regarding designation of tasks

Sec. 6.1. The rules proposed under section 6(4) of this chapter and adopted under section 7(l) of this chapter must include, to the extent reasonably ascertainable, a designation of all tasks. The designation of tasks must:

(1) exclude the practices described in section 6.2 of this chapter; and

(2) include the tasks described in section 6.3 of this chapter.

As added by P.L.60-2000, SEC.9.

IC 25-34.5-2-6.2 Practices not considered tasks

Sec. 6.2. The following respiratory care practices are not tasks:

(1) Administration of aerosol medication.

(2) Insertion and maintenance of an artificial airway.

(3) Mechanical ventilatory support.

(4) Patient assessment.

(5) Patient education.

As added by P.L.60-2000, SEC.10.

IC 25-34.5-2-6.3 Practices considered tasks

Sec. 6.3. The following respiratory care practices are tasks:

(1) Cleaning, disinfecting, sterilizing, and assembling equipment used in the practice of respiratory care as delegated by a practitioner or other authorized health care professional.

(2) Collecting and reviewing patient data through noninvasive means if the collection and review does not include the individual's interpretation of the clinical significance of the data. Collecting and reviewing patient data includes the following:

(A) Setting up and obtaining an electrocardiogram.

(B) Performing pulse oximetry and reporting to a practitioner or other authorized health care professional in a timely manner.

(3) Setting up a nasal cannula for oxygen therapy and reporting to a practitioner or other authorized health care professional in a timely manner.

(4) Performing incentive spirometry, excluding a patient's initial treatment and education.

(5) Performing cough and deep breath maneuvers.

(6) Maintaining a patient's natural airway by physically manipulating the jaw and neck.

As added by P.L.60-2000, SEC.11.

IC 25-34.5-2-6.4 Performance of tasks by unlicensed persons; oversight by practitioner

Sec. 6.4. (a) Notwithstanding any other law and except as otherwise provided in this article, to perform the practice of respiratory care other than a task, an individual must be:

(1) a practitioner; or

(2) a licensed, registered, or certified health care professional whose scope of practice includes the respiratory care practice.

(b) An individual who is not a licensed, registered, or certified health care professional may perform a task only:

(1) under the proximate supervision of a practitioner or other authorized health care professional; and

(2) if the individual has demonstrated to the facility that employs or contracts with the individual competency to perform the task.

The facility shall document competency in accordance with licensure, certification, and accreditation standards applicable to the facility.

(c) A practitioner may do the following:

(1) Delegate tasks.

(2) Supervise the performance of tasks.

As added by P.L.60-2000, SEC.12. Amended by P.L.288-2001, SEC.13.

IC 25-34.5-2-7 Rules

Sec. 7. The board shall adopt rules under IC 4-22-2 establishing:

(1) standards for the competent practice of respiratory care under the direct supervision of a physician licensed under IC 25-22.5, including a designation of tasks;

(2) fees for the administration of this article; and

(3) standards for the administration of this article;

after considering rules proposed by the committee.

As added by P.L.242-1989, SEC.1. Amended by P.L.48-1991, SEC.66; P.L.60-2000, SEC.13.

IC 25-34.5-2-8 Evidence required from applicants; criminal convictions; disciplinary actions; education requirements

Sec. 8. (a) Each applicant for licensure as a respiratory care practitioner must present satisfactory evidence that the applicant:

(1) does not have a conviction for:

(A) an act that would constitute a ground for disciplinary sanction under IC 25-1-9; or

(B) a crime that has a direct bearing on the practitioner's ability to practice competently;

(2) has not been the subject of a disciplinary action initiated by the licensing or certification agency of another state or jurisdiction on the grounds that the applicant was unable to practice as a respiratory care practitioner without endangering the public; and

(3) has passed a respiratory care practitioner licensing or certification examination approved by the board.

(b) Each applicant for licensure as a respiratory care practitioner must submit proof to the committee of the applicant's:

(1) graduation from a school or program of respiratory care that meets standards set by the board;

(2) completion of a United States military training program in respiratory care; or

(3) completion of sufficient postsecondary education to be credentialed by a national respiratory care practitioner organization approved by the committee.

(c) At the time of making application, each applicant must pay a fee determined by the board after consideration of a recommendation of the committee.

As added by P.L.242-1989, SEC.1. Amended by P.L.33-1993, SEC.70; P.L.177-1997, SEC.6; P.L.60-2000, SEC.14.

IC 25-34.5-2-9 Certification; expiration

Sec. 9. (a) Except as provided in section 11 of this chapter, the committee shall issue a license to each applicant who:

(1) successfully passes the examination provided in section 12 of this chapter; and

(2) meets the requirements of section 8 of this chapter.

(b) A license issued under this section expires on the last day of the regular renewal cycle established under IC 25-1-5-4.

As added by P.L.242-1989, SEC.1. Amended by P.L.48-1991, SEC.67; P.L.60-2000, SEC.15.

IC 25-34.5-2-10 Renewal of certification; reinstatement of invalid certificates

Sec. 10. (a) The committee shall, under IC 25-1-2, renew every two (2) years the license of a practitioner who:

(1) meets the continuing education requirements established by rule by the board; and

(2) pays the fee set by the board.

(b) If a practitioner does not renew the practitioner's license before its expiration, the practitioner's license becomes invalid without action taken by the committee. A license that becomes invalid under this subsection may be reinstated by the committee up to three (3) years after its invalidation if the practitioner who holds an invalid license meets the requirements under IC 25-1-8-6.

(c) If a license that becomes invalid under subsection (b) is not reinstated by the committee within three (3) years of its invalidation, the holder of the invalid license may be required by the committee to take an examination for competence before the committee will reinstate the license.

(d) The board may adopt rules under IC 4-22-2 establishing requirements for reinstatement of an invalid license after consideration of a recommendation of the committee.

(e) The board shall accept continuing education courses in the following areas toward fulfillment of the requirements of subsection (a):

(1) Management of the practice of respiratory care.

(2) Courses concerning the practice of respiratory care that enable individuals to teach continuing education courses for respiratory care practitioners.

(3) The practice of respiratory care.

As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.16; P.L.269-2001, SEC.30.

IC 25-34.5-2-10.1 Temporary permits

Sec. 10.1. (a) The committee may issue a temporary permit to a person to practice respiratory care or to profess to be a respiratory care practitioner if the person pays a fee and:

(1) has:

(A) a valid license or certificate to practice from another state; and

(B) applied for a license from the committee;

(2) is practicing in a state that does not license or certify respiratory care practitioners but is credentialed by a national respiratory care practitioner association approved by the committee, and the person has applied for a license from the committee; or

(3) has:

(A) been approved by the committee to take the next examination; and

(B) graduated from a school or program approved by the committee.

(b) A temporary permit expires the earlier of:

(1) the date the person holding the permit is issued a license under this article; or

(2) the date the committee disapproves the person's license application.

(c) The committee may renew a temporary permit if the person holding the permit was scheduled to take the next examination and:

(1) did not take the examination; and

(2) shows good cause for not taking the examination.

(d) A permit renewed under subsection (c) expires on the date the person holding the permit receives the results from the next examination given after the permit was issued.

As added by P.L.48-1991, SEC.68. Amended by P.L.60-2000, SEC.17.

IC 25-34.5-2-11 Issuance of certificate by endorsement; waiver of education requirements

Sec. 11. (a) The committee may issue a license by endorsement to a person who:

(1) presents satisfactory evidence to the committee that the person holds:

(A) a license or certification to practice respiratory care in:

(i) another state; or

(ii) a jurisdiction of Canada; or

(B) credentials issued by a national respiratory care practitioner organization approved by the committee;

(2) meets the requirements of section 8 of this chapter; and

(3) pays a fee determined by the board after consideration of a recommendation of the committee.

(b) If the applicant presents satisfactory evidence that the applicant has actively engaged in the practice of respiratory care that included actual patient care:

(1) in another jurisdiction;

(2) under the supervision of a physician licensed in that jurisdiction; and

(3) for at least ten (10) of the previous fifteen (15) years preceding the date of application;

the committee may waive the education requirements under subsection (a)(2) and section 8(b) of this chapter if the committee determines that the applicant has sufficient knowledge and experience.

As added by P.L.242-1989, SEC.1. Amended by P.L.177-1997, SEC.7; P.L.60-2000, SEC.18.

IC 25-34.5-2-12 Examinations; contents; reexamination

Sec. 12. (a) Examinations of applicants for licensure under this article shall be held at least semiannually on dates set by the board.

(b) An examination under this section must include a written examination that tests the following:

(1) The applicant's knowledge of the basic and clinical sciences as they relate to the practice of respiratory care.

(2) Other subjects that the committee considers useful to test an applicant's fitness to practice respiratory care.

(c) An otherwise qualified applicant who fails an examination and is refused licensure may take another scheduled examination upon payment of an additional fee set by the board under rules adopted under section 7 of this chapter.

As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.19.

IC 25-34.5-2-13 Utilization of testing services

Sec. 13. The committee may utilize the services of a testing company to prepare, conduct, and score examinations.

As added by P.L.242-1989, SEC.1.

IC 25-34.5-2-14 Student permits

Sec. 14. (a) The committee shall issue a student permit to an individual if the individual does the following:

(1) Submits the appropriate application to the committee.

(2) Pays the fee established by the board.

(3) Submits written proof to the committee that the individual is a student in good standing in a respiratory care school or program that has been:

(A) approved by the committee for purposes of section 8(b)(1) of this chapter;

(B) approved by the committee for purposes of section 10.1(a)(3)(B) of this chapter; or

(C) otherwise approved by the committee.

(4) Submits satisfactory evidence that the individual:

(A) does not have a conviction described in section 8(a)(1) of this chapter; and

(B) has not been the subject of a disciplinary action described in section 8(a)(2) of this chapter.

(b) The committee shall issue a student permit as soon as it is reasonably practicable after an individual fulfills the requirements of subsection (a).

(c) An individual who holds a student permit may only perform respiratory care procedures that have been part of a course:

(1) the individual has successfully completed in the respiratory care program designated under

subsection (a)(3); and
(2) for which the successful completion has been documented and that is available upon request to the committee.

(d) The committee may expand the list of respiratory care procedures that an individual may perform under the individual's student permit to include additional respiratory care procedures that have been part of a course:
(1) that the individual has successfully completed in the respiratory care program designated under subsection (a)(3); and
(2) for which the individual's successful completion has been documented.

Upon request by the committee, the individual shall provide documentation of the successful completion of a course described in this subsection.

(e) The procedures permitted under subsections (c) and (d) may be performed only:
(1) on adult patients who are not critical care patients; and
(2) under the proximate supervision of a practitioner.

(f) A holder of a student permit shall meet in person at least one (1) time each working day with the permit holder's supervising practitioner or a designated respiratory care practitioner to review the permit holder's clinical activities. The supervising practitioner or a designated respiratory care practitioner shall review and countersign the entries that the permit holder makes in a patient's medical record not more than seven (7) calendar days after the permit holder makes the entries.

(g) A supervising practitioner may not supervise at one (1) time more than three (3) holders of student permits issued under this section.

(h) A student permit expires on the earliest of the following:
(1) The date the permit holder is issued a license under this article.
(2) The date the committee disapproves the permit holder's application for a license under this article.
(3) The date the permit holder ceases to be a student in good standing in a respiratory care program approved by the committee. The graduation of a student permit holder from a respiratory care program approved by the committee does not cause the student permit to expire under this subdivision.
(4) Sixty (60) days after the date that the permit holder graduates from a respiratory care program approved by the committee.
(5) The date that the permit holder is notified that the permit holder has failed the licensure examination.
(6) Two (2) years after the date of issuance.

As added by P.L.60-2000, SEC.20. Amended by P.L.288-2001, SEC.14.

INDIANA CODE § 25-34.5-3
Chapter 3. Violations and Sanctions

IC 25-34.5-3-1 Representations by uncertified persons

Sec. 1. A person may not:
(1) practice respiratory care;
(2) profess to be a respiratory care practitioner;
(3) use the title "respiratory care practitioner"; or
(4) use any initials, words, letters, abbreviations, or insignia indicating or implying that the person is a respiratory care practitioner licensed under this article;

unless the person is licensed under this article.

As added by P.L.242-1989, SEC.1. Amended by P.L.48-1991, SEC.69; P.L.60-2000, SEC.21.

IC 25-34.5-3-2 Criminal charges

Sec. 2. A person who violates this chapter commits a Class B misdemeanor. In addition to any other penalty imposed for a violation of this chapter, the board may, in the name of the state of Indiana through the attorney general, petition a circuit or superior court to enjoin the person who is violating this chapter from practicing respiratory care in violation of this chapter.

As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.22.

IC 25-34.5-3-3 Practice of health care professionals not affected

Sec. 3. This article does not prohibit a licensed, registered, or certified health care professional from

practicing within the scope of the health care professional's license, registration, or certification.
As added by P.L.60-2000, SEC.23.

IC 25-34.5-3-4 Examination requirement for practice by health care nonprofessional

Sec. 4. Except as provided in IC 25-34.5-2-6.4(a), an individual who is not licensed, registered, or certified as a health care professional may perform a respiratory care practice only when the individual passes an examination covering the practice that is offered by a testing body approved by the committee.
As added by P.L.60-2000, SEC.24.

IC 25-34.5-3-5 Conditions for operation of equipment by health care nonprofessional

Sec. 5. An individual who is not licensed, registered, or certified as a health care professional may deliver, set up, calibrate, and demonstrate the mechanical operation of respiratory care equipment in a residential setting only when the following conditions are met:

(1) The individual's employer documents that the individual has obtained adequate training and demonstrated competence under the supervision of a practitioner or other licensed, registered, or certified health care professional.

(2) The individual does not teach, administer, or practice respiratory care.

(3) The individual does not attach the respiratory care equipment to the patient or instruct the patient, the patient's family, or the patient's caregiver on the equipment's clinical use as a treatment device.

(4) All instructions to the patient, family, or caregiver regarding the clinical use of the equipment, patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment are performed by a practitioner or other licensed, registered, or certified health care professional.

As added by P.L.60-2000, SEC.25.

IC 25-34.5-3-6 Performing CPR; repairing equipment

Sec. 6. This article does not prohibit an individual who is not licensed as a respiratory care practitioner from doing any of the following:

(1) Performing cardiopulmonary resuscitation.

(2) Repairing equipment used in the practice of respiratory care.

As added by P.L.60-2000, SEC.26.

IC 25-34.5-3-7 Employee acting under supervision of physician not affected

Sec. 7. This article does not affect the applicability of IC 25-22.5-1-2(a)(19).
As added by P.L.60-2000, SEC.27.

IC 25-34.5-3-8 Laboratory tests by nonpractitioner

Sec. 8. This article does not prohibit an individual who is not a practitioner from performing laboratory tests in a clinical laboratory holding a federal Clinical Laboratory Improvement Act (CLIA) certificate or a CLIA certificate of accreditation if the individual satisfies the specified federal qualification standards.
As added by P.L.60-2000, SEC.28.

ARTICLE 11. RESPIRATORY CARE PRACTITIONERS

Rule 1. Definitions

844 IAC 11-1-1 Applicability

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5
Sec. 1. The definitions in this rule apply throughout this article.
(Medical Licensing Board of Indiana; 844 IAC 11-1-1; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-44070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-1-2 "School or program" defined

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-2-8
Sec. 2. "School or program", as mentioned in IC 25-34.5-2-8(b), means a program for the education of respiratory care practitioners. The board hereby adopts the standards and guidelines of the Commission on Accreditation of Allied Health Education Programs for the Profession of Respiratory Care adopted in 1962 and revised in 1972, 1977, 1986, and 2000. The standards and guidelines are hereby incorporated by reference and made applicable to this title and specifically to this section. A current copy of the document may be purchased by contacting the Committee on Accreditation for Respiratory Care, 1248 Harwood Road, Bedford, Texas 76021-4244 or the Health Professions Bureau, Indiana Government Center-South, 402 West Washington Street, Room W041, Indianapolis, Indiana 46204.
(Medical Licensing Board of Indiana; 844 IAC 11-1-2; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1320; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-1-3 "Bureau" defined

Authority: IC 25-34.5-2-7
Affected: IC 25-1-5-3; IC 25-34.5
Sec. 3. "Bureau" refers to the health professions bureau established under IC 25-1-5-3.
(Medical Licensing Board of Indiana; 844 IAC 11-1-3; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-1-4 "Direct supervision" defined

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-1-6
Sec. 4. "Direct supervision" means that the supervising physician shall be reasonably available and responsible at all times for the direction and the actions of the practitioner being supervised when services are being performed by the practitioner. The patient's care shall always be the responsibility of the supervising physician.
(Medical Licensing Board of Indiana; 844 IAC 11-1-4; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-1-5 "Physician" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-22.5-1-1.1

Sec. 5. "Physician" refers to a medical doctor or an osteopathic doctor as defined in IC 25-22.5-1-1.1.

(Medical Licensing Board of Indiana; 844 IAC 11-1-5; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-1-6 "Professional incompetence" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-22.5-1-1

Sec. 6. "Professional incompetence" means, but is not limited to, a pattern or course of repeated conduct by a practitioner demonstrating a failure to exercise such reasonable care and diligence as is ordinarily exercised by practitioners in the same or similar circumstances in the same or similar locality.

(Medical Licensing Board of Indiana; 844 IAC 11-1-6; filed Nov 14, 1991, 3:30 p.m.: 15 IR 583; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

Rule 2. Fees

844 IAC 11-2-1 Fees (Repealed)

Sec. 1. *(Repealed by Medical Licensing Board of Indiana; filed Jan 7, 2002, 10:08 a.m.: 25 IR 1636)*

844 IAC 11-2-1.1 Fees

Authority: IC 25-1-8-2; IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 1. The board shall charge and collect the following fees:

Application for licensure	$50
Biennial renewal of licensure	$50
Verification of licensure	$10
Duplicate wall license	$10
Temporary permit	$25
Renewal of a temporary permit	$10
Student permit	$25

(Medical Licensing Board of Indiana; 844 IAC 11-2-1.1; filed Jan 7, 2002, 10:08 a.m.: 25 IR 1635; readopted filed Oct 10, 2008, 8:56 a.m.: 20081105-IR-844080356RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

Rule 3. Admission to Practice

844 IAC 11-3-1 Application for certification; deadlines (Expired)

Sec. 1. *(Expired under IC 4-22-2.5, effective January 1, 2002.)*

844 IAC 11-3-2 Licensure by examination

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8; IC 25-34.5-2-9

Sec. 2. The committee shall issue a license by examination to an applicant who completes the following:

(1) Applies to the committee in the form and manner prescribed by the board.

(2) Submits the fees specified in 844 IAC 11-2-1.

(3) Successfully completes and submits an official credential report that verifies passing a respiratory care practitioner examination required by the committee.

(4) Submits two (2) recent passport-quality photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom.
(5) Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met by the applicant that meets the standards set by the board under 844 IAC 11-1-2.
(6) Otherwise meets the requirements of IC 25-34.5-2-8.

(Medical Licensing Board of Indiana; 844 IAC 11-3-2; filed Oct 26, 1990, 3:05 p.m.: 14 IR 449; readopted filed Nov 30, 2001,10:25 a.m.: 25 IR 1321; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-3-3 Licensure by endorsement

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-2-8; IC 25-34.5-2-11

Sec. 3. The committee may issue a license by endorsement to an applicant who completes the following:
(1) Applies to the committee in the form and manner required by the board.
(2) Submits the fees required under 844 IAC 11-2-1.
(3) Submits two (2) recent passport-quality photographs of the applicant, no smaller than two (2) inches by two (2) inches, each signed by the applicant at the bottom in black ink.
(4) Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met by the applicant that meets the standards set by the board under 844 IAC 11-1-2.
(5) Submits verification from all states in which the applicant has been or is currently licensed/certified which statement shall include whether the applicant has ever been disciplined in any manner.
(6) Submits an official credentials report that verifies passing a respiratory care practitioner examination approved by the board.
(7) Otherwise meets the requirements of IC 25-34.5-2-8.

(Medical Licensing Board of Indiana; 844 IAC 11-3-3; filed Oct 26, 1990, 3:05 p.m.: 14 IR 449; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1321; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-3-3.1 Licensure by credentials

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-2-6

Sec. 3.1. The committee may issue a license by credentials to an applicant who completes the following:
(1) Applies to the committee in the form and manner required by the board.
(2) Submits the fee required under 844 IAC 11-2-1.
(3) Submits two (2) recent passport-quality photographs of the applicant, no smaller that two (2) inches by two (2) inches, each signed by the applicant at the bottom in black ink.
(4) Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree, which shows that all requirements for graduation have been met by the applicant, that meets the standards set by the board under 844 IAC 11-1-2.
(5) Submits an official credentials report, which verifies passing a respiratory care practitioner examination, approved by the board.
(6) If five (5) years have elapsed since the successful completion of the examination, required by the board, the applicant must take and successfully complete an examination approved by board within six (6) months of the date of application for licensure.
(7) Otherwise meets the requirements of IC 25-34.5-2.

(Medical Licensing Board of Indiana; 844 IAC 11-3-3.1; filed Jan 7, 2002, 10:07 a.m.: 25 IR 1635; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-3-4 Temporary permits by endorsement

Authority: IC 25-34.5-2-6; IC 25-34.5-2-7

Affected: IC 25-34.5-2-10.1; IC 25-34.5-2-11

Sec. 4. (a) An applicant for a temporary permit by endorsement under IC 25-34.5-2-10.1(a)(1) who submits proof of current certification or licensure to practice respiratory care from another state may be issued a temporary permit.

(b) An applicant for a temporary permit under IC 25-34.5-2-10.1(a)(2) who submits proof that the state in which the applicant is practicing does not require licensure or certification and proof of current credentials from a national respiratory care association approved by the committee may be issued a temporary permit.

(c) A

temporary permit expires the earlier of the date the:

(1) person holding the permit is issued a license under IC 25-34.5-2-11; or

(2) committee disapproves the person's license application.

(Medical Licensing Board of Indiana; 844 IAC 11-3-4; filed Apr 15, 1994, 5:00 p.m.: 17 IR 2078; readopted filed Nov 30, 2001,10:25 a.m.: 25 IR 1321; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-3-4.1 Temporary permits by examination

Authority: IC 25-34.5-2-6; IC 25-34.5-2-7

Affected: IC 25-34.5-2-10.1

Sec. 4.1. (a) An applicant for a temporary permit by examination under IC 25-34.5-2-10.1(a)(3) will be required to take the examination for licensure within six (6) months after graduation.

(b) The temporary permit by examination will expire six (6) months after graduation.

(c) If the applicant fails to take the examination within the six (6) month period and presents an explanation to the committee in writing, which shows good cause for not taking the examination, the committee may allow the applicant to renew their temporary permit.

(d) The committee shall not issue or renew a temporary permit to an applicant who has failed the examination.

(Medical Licensing Board of Indiana; 844 IAC 11-3-4.1; filed Jan 7, 2002, 10:07 a.m.: 25 IR 1635; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

Rule 4. Standards of Competent Practice Under the Direct Supervision of a Physician

844 IAC 11-4-1 Applicability

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 1. A respiratory care practitioner in the conduct of his or her practice of respiratory care shall abide by, and comply with, the standards of competent practice under the direct supervision of a physician.

(Medical Licensing Board of Indiana; 844 IAC 11-4-1; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-2 Confidentiality

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 2. A respiratory care practitioner shall maintain the confidentiality of all knowledge and information regarding a patient and all records relating to the patient. Information and records about a patient shall be disclosed by a practitioner when required by law.

(Medical Licensing Board of Indiana; 844 IAC 11-4-2; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013,9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-3 Information to patient

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 3. A respiratory care practitioner under the direct supervision of a physician shall give a truthful, candid, and reasonably complete account of the patient's specific treatment of the respiratory care condition to the patient or to those responsible for the patient's care.

(Medical Licensing Board of Indiana; 844 IAC 11-4-3; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-4 Reasonable care

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 4. A respiratory care practitioner shall exercise reasonable care and diligence in the treatment of patients based upon generally accepted scientific principles, methods, treatments, and current professional theory and practice.

(Medical Licensing Board of Indiana; 844 IAC 11-4-4; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-5 Incompetent practice

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 5. The following establishes incompetent practice of a respiratory care practitioner:

(1) Willful or repeated violation of a rule of the medical licensing board of Indiana or a lawful order of the committee previously entered in a disciplinary hearing.

(2) Accepting or performing professional responsibilities which the license holder knows, or has reason to know, he or she is not competent to perform.

(3) Professional incompetence in the practice of respiratory care.

(4) Failure to deliver respiratory care services with a level of care, skill, and treatment which is recognized by a reasonably prudent respiratory care practitioner with similar professional training as being acceptable under similar conditions and circumstances.

(5) Exercising influence on a patient in such a manner as to exploit the patient for financial gain of the certificate holder or a third party, which shall include, but not be limited to, the promoting or selling of services, goods, or appliances.

(6) Payment or receipt of any commission, bonus, kickback, rebate, or fee splitting arrangement in any form whatsoever with any person or organization. This subdivision shall not be construed to prevent the certificate holder from receiving a fee for professional consultation services.

(7) Exercising influence within a respiratory care relationship for purposes of engaging a patient in sexual activity.

(8) Inaccurately recording, falsifying, or altering patient records, including, but not limited to, patient charts or medication administration records.

(9) Falsely misrepresenting facts on an application for employment as a respiratory care practitioner.

(10) Leaving a respiratory therapy assignment before properly advising appropriate personnel.

(11) Discriminating on the basis of race, creed, religion, sex, age, or national origin in the rendering of respiratory therapy services as it relates to human rights and the dignity of an individual.

(12) Impersonating or acting as a proxy for an applicant in any examination required for licensure.

(13) Impersonating another licensed practitioner or permitting another person to use his or her license for the purpose of practicing respiratory therapy for compensation.

(14) Providing false or incorrect information to an employer regarding the status of his or her license.

(15) Abandoning a patient.

(Medical Licensing Board of Indiana; 844 IAC 11-4-5; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1322; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-6 Peer reviews

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 6. (a) A practitioner who has personal knowledge based upon a reasonable belief that another practitioner holding the same licensure has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of respiratory care shall promptly report such conduct to a peer review or similar body, as defined in IC 34-4-12.6-1(c) *[IC 34-4 was repealed by P.L.1-1998, SECTION 221, effective July 1, 1998.]*, having jurisdiction over the offending practitioner and the matter. This subsection does not prohibit a practitioner from promptly reporting said conduct directly to the respiratory care committee. Further, a practitioner who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of respiratory care shall promptly report such conduct to the respiratory care committee.

(b) A practitioner who voluntarily submits himself or herself to, or is otherwise undergoing a course of treatment for addiction, severe dependency upon alcohol or other drugs or controlled substances, or for psychiatric impairment, where such treatment is sponsored or supervised by an impaired respiratory care practitioner committee of a state, regional, or local organization of professional health care providers, or where such treatment is sponsored or supervised by an impaired respiratory care practitioner committee of a hospital, shall be exempt from reporting to a peer review committee or to the respiratory care committee as long as:

(1) the practitioner is complying with the course of treatment; and

(2) the practitioner is making satisfactory progress.

(c) If the practitioner fails to comply with, or is not benefited by, the course of treatment, the practitioner/chief administrative officer, his designee, or any member of the impaired practitioner committee shall promptly report such facts and circumstances to the respiratory care committee. This subsection shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the respiratory care committee from taking such action as it deems appropriate or as may otherwise be provided by law.

(Medical Licensing Board of Indiana; 844 IAC 11-4-6; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1322; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-7 Referral fees

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 7. A practitioner shall not pay, demand, or receive compensation for referral of a patient except for a patient referral program operated by a professional society or association.

(Medical Licensing Board of Indiana; 844 IAC 11-4-7; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-8 Liability to patients

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 8. A practitioner shall not attempt to exonerate himself or herself from or limit his or her liability to a patient for his or her personal malpractice except that a practitioner may enter into agreements that contain informed, voluntary releases and/or waivers of liability in settlement of a claim made by a patient or by those responsible for a patient's care.

(Medical Licensing Board of Indiana; 844 IAC 11-4-8; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-4-9 Patient complaints

Authority: IC 25-34.5-2-7

Affected: IC 25-1-9; IC 25-34.5-2

Sec. 9. A practitioner shall not attempt to preclude, prohibit, or otherwise prevent the filing of a complaint against him or her by a patient or other practitioner for any alleged violation of this article, any alleged violation of IC 25-1-9, or any other law.

(Medical Licensing Board of Indiana; 844 IAC 11-4-9; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

Rule 5. Certification Renewal

844 IAC 11-5-1 Address; change of name

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 1. (a) Each respiratory care practitioner shall inform the committee, in writing, of all changes of address or name within fifteen (15) days of the change.

(b) A respiratory care practitioner's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the respiratory care practitioner from renewing such license.

(Medical Licensing Board of Indiana; 844 IAC 11-5-1; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-5-2 Reinstatement of delinquent certificate (Expired)

Sec. 2. *(Expired under IC 4-22-2.5, effective January 1, 2002.)*

844 IAC 11-5-3 Continuing education hours required

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 3. (a) Each respiratory care practitioner licensed in Indiana is required to complete an annual average of seven and onehalf (7.5) hours of continuing education during each biennium (January 1 of odd-numbered year to December 31 of succeeding even-numbered year) in the area of respiratory care.

(b) A respiratory care practitioner is not required to complete continuing education requirements for the year in which the initial license was issued.

(c) Continuing education hours must be obtained within the biennial renewal period and may not be carried over from one (1) licensure period to another.

(d) No more than five (5) hours of continuing education can be obtained through correspondence courses during the biennium.

(e) The committee shall accept continuing education courses in the following areas toward fulfillment of the requirements under IC 25-34.5-2-10(a):

(1) Management of the practice of respiratory care.

(2) Courses concerning the practice of respiratory care that do the following:

(A) Enable individuals to teach continuing education courses for respiratory care practitioners.

(B) Enable respiratory care practitioner to teach topics related to patient/family education.

(3) The practice of respiratory care.

(Medical Licensing Board of Indiana; 844 IAC 11-5-3; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; filed Aug 4, 1994, 5:00 p.m.: 17 IR 2869; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-5-4 Reporting continuing education

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 4. (a) A licensee must sign the renewal form provided by the bureau that verifies that all continuing education requirements according to section 3 of this rule will have been met by the time of license renewal.

(b) The respiratory care practitioner shall maintain his or her continuing education records of a given biennium for a period of four (4) years following the end of the biennium.

(c) It is the responsibility of the respiratory care practitioner to verify that courses attended have been approved by the committee. Without approval, as provided under section 5 of this rule, credit will not be given.

(Medical Licensing Board of Indiana; 844 IAC 11-5-4; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)

844 IAC 11-5-5 Approval of continuing education programs

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 5. (a) The following criteria shall be used for approval of continuing education programs for respiratory care practitioners:

(1) The continuing education program shall have a statement of objectives which the program should achieve for its participants relating to and enhancing the study of respiratory care.

(2) The sponsor of continuing education programs shall provide adequate administration, including a responsible person to coordinate and administer the program, and shall provide for the maintenance of proper records.

(3) Sponsors of continuing education programs shall provide adequate funding for the educational programs undertaken.

(4) The curriculum of a continuing education program shall be thoughtfully planned and designed to explore in considerable depth one (1) subject or a closely related group of subjects related to the practice of respiratory care.

(5) The continuing education program shall have qualified faculty members who have demonstrated competence in the subject areas.

(6) The continuing education program shall be held in adequate facilities that allow for an effective program.

(7) Continuing education programs shall employ a variety of educational methods and teaching aids that enhance the learning opportunities.

(8) Appropriate methods of evaluation shall be devised and used to measure the continuing education program's effectiveness.

(9) The sponsor of the continuing education program shall provide to the participants a meaningful record of attendance stating the continuing education hours involved.

(b) Programs for continuing education may be approved by the committee provided the sponsoring organization has submitted the proper form at least thirty (30) days prior to presentation of the program.

(c) The sponsor of the program is responsible for monitoring attendance in such a manner that verification of attendance throughout the entire program can be reliably assured.

(d) Notwithstanding subsections (a) and (b), continuing education programs for respiratory care practitioners sponsored by the following organizations are approved as follows:

(1) American Association of Respiratory Care or one (1) of its chartered affiliates.

(2) American Medical Association.

(3) American Nurses Association.

(4) Indiana State Nurses Association.

(5) American College of Chest Physicians.

(6) American Academy of Pediatrics.

(7) American Academy of Pediatrics Certification/Recertification, including the following:

(A) Pediatric Advanced Life Support (PALS)–eight (8) hours.

(B) Neonatal Resuscitation Certification (NRC)–four (4) hours.

(C) Pediatric Advanced Life Support (PALS) Instructor Course–eight (8) hours.

(D) Neonatal Resuscitation Certification (NRC) Instructor Course–four (4) hours.

(8) American Heart Association seminar programs.

(9) American Heart Association Certification/Recertification, including the following:

(A) Advanced Cardiac Life Support (ACLS)–eight (8) hours.

(B) Basic Cardiac Life Support (CPR)–two (2) hours.

(C) Advanced Cardiac Life Support (ACLS) Instructor Course–eight (8) hours.

(D) Basic Cardiac Life Support (CPR) Instructor Course–four (4) hours.

(E) Automated External Defibrillator Certification–four (4) hours.

(F) Automated External Defibrillator Certification Instructor Course–four (4) hours.

(10) Society of Critical Care Medicine.

(11) American Association of Critical Care Nurses.

(12) American Society of Anesthesiologists.

(13) American Polysomnographers Technologist.

(14) American Osteopathic Association.

(15) National Society for Cardiopulmonary Technologists.

(16) American Thoracic Society.

(17) American Lung Association.

(e) The following programs shall be approved by the committee for the following number of hours:

(1) Intermediate Electrocardiography (EKG)–one (1) hour.

(2) Atlanta School of Sleep Medicine and Technology, "Seminar on Sleep Study and Technology"–two (2) week seminar–eight (8) hours.

(Medical Licensing Board of Indiana; 844 IAC 11-5-5; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; filed Aug 4, 1994, 5:00 p.m.: 17 IR 2870; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1324; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070054RFA; readopted filed Nov 25, 2013, 9:24 a.m.: 20131225-IR-844130307RFA)