

Minutes

The Respiratory Care Advisory Committee of the Board of Medical Licensure and Supervision met on August 13, 2024. This meeting was held consistent with the Oklahoma Open Meeting Act. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on August 2, 2024, at 2:00 p.m. pursuant to 25 O.S. § 311(A)(9).

Members present were:

Jim Grantz, RCP, Chair
Dawn Ayala, RCP, Vice-Chair
Lisa Ball, RCP
Chelsey Gilbertson, DO
Kelly Hennessey, RCP
Beth Tenney, RCP

Members absent were:

Kevin O'Neal, DO
OSMA Physician Member (Vacant)
MD Board Member (Vacant)

Others participating included:

Sandra Harrison, JD, Interim Executive Director
Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Mr. Grantz, having noted a quorum, called the meeting to order at 11:31 a.m. Barbara Smith called roll to establish a quorum for purposes of the record.

Following review, Ms. Ayala moved to approve the minutes of May 7, 2024, as written. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative with Ms. Ball and Dr. Gilbertson abstaining.

ASHLEY BAGLEY appeared virtually in support of her application for Respiratory Care Practitioner licensure. Her license lapsed, and she last practiced in November of 2021. Her NBRC expires in October of 2028. While she was out of practice she worked as a caregiver for family. She renewed her National Registry a few months ago and obtained all the required CEUs in that regard. She will provide proof of completing the CEUs to the Medical Board. She would like to re-enter practice and return to work at Hillcrest in Tulsa. Ms. Ayala moved to recommend approval pending completion of the file to include proof of obtaining 12 CEUs. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative.

LYDIA CARUSO appeared virtually in support of her application for Respiratory Care Practitioner licensure. Her license lapsed in March of 2019 and her NBRC expired in 2020. She is not currently licensed in any other state. Ms. Caruso stated she has been caring for her granddaughter since her license has expired. She has not retaken her NBRC examination and is

currently employed at Walgreen's as a Pharmacy Customer Service Associate. Ms. Ayala moved to recommend tabling the application pending the applicant successfully retaking her NBRC with a personal appearance before the Committee. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative.

CRYSTAL FRY appeared in person in support of her application for Provisional Respiratory Care Practitioner licensure. She is appearing due to issues during rotation regarding patient safety. Her application is complete. Ms. Fry stated she graduated in May of this year and corrected the behavior for which she was disciplined during her employment at Bethany Children's Hospital and Baptist Medical Center, both in Oklahoma City, Oklahoma. Ms. Ayala moved to recommend approval of the application for licensure. Dr. Gilbertson seconded the motion and the vote was unanimous in the affirmative with Lisa Ball RECUSING.

HEATHER RILEY appeared virtually in support of her application for Respiratory Care Practitioner licensure, which is incomplete. Her license lapsed February 28 of 2024 and she last practiced in December of 2022. Her NBRC expires January 31, 2025. Ms. Riley stated that she was pregnant during the time that her license lapsed and she was unable to renew her license timely. Ms. Ayala moved to recommend approval of the application pending completion of the file to include proof of required 12 CEUs which are focused on ventilator management and ABG results. Ms. Hennessey seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Following review and discussion:

1. Ms. Tenney moved to recommend approval of the incomplete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto pending completion of the file(s). Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.
2. Ms. Ayala moved to recommend approval of the complete application(s) for Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto. Dr. Gilbertson seconded the motion and the vote was unanimous in the affirmative.
3. Ms. Tenney moved to recommend approval of the incomplete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto pending completion of the file(s). Ms. Ayala seconded the motion and the vote was unanimous in the affirmative.
4. Ms. Ayala moved to recommend approval of the incomplete application(s) for reinstatement of Provisional Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto pending completion of the file(s). Dr. Gilbertson seconded the motion and the vote was unanimous in the affirmative.
5. Ms. Ayala moved to recommend approval of the complete application(s) for reinstatement of Respiratory Care Practitioner licensure as identified on the page(s) attached as **Attachment #1** hereto. Ms. Tenney seconded the motion and the vote was unanimous in the affirmative.
6. Ms. Ayala moved to recommend approval of the complete application(s) for Respiratory Care Practitioner licensure as identified on the page(s) attached as

Attachment #1 hereto. Dr. Gilbertson seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Mr. Grantz moved to adjourn the meeting. The time was 12:08 p.m.

INCOMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS

PR 2325	LAIRD, SONIA
PR 2326	TRAN, HALEY CIANN
PR 2327	RUEDA-AMAYA, NOAH

COMPLETE PROVISIONAL RESPIRATORY CARE PRACTITIONER APPLICATIONS

PR 2311	STULL, NYKOLE MARIE
PR 2314	MITCHELL, PADEN DELANEY
PR 2316	KPOGO, LOUISA ABLA
PR 2317	TOVAR, MIRANDA NICOLE
PR 2319	OCONNOR, CRYSTAL
PR 2320	HILDINGER, ERICA LYNN
PR 2321	HANDRICH, CAITLIN N
PR 2322	HIEL, ALLISON RAEANN

INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 5482	HEBERT, DAVID JOSEPH
RC 5821	SMITH, STACEY WAYNE
RC 6414	CASTILLO, MARTHA LUCY
RC 6416	DAVIS, KORRIE
RC 6418	MEDINA REYES, REYNALDO
RC 6419	HICKS, ERIC STEPHEN
RC 6424	SCHNAUBELT, DAVID MIKAEL
RC 6425	BORCAN, MICHELLE
RC 6426	SMOTHERS, ALLIE
RC 6427	MEDEIROS, SHAE B
RC 6429	PEREZ, BREANNA M
RC 6431	VOGEL, TYLER MICHAEL
RC 6432	MIRELES, JENNIFER RENEE
RC 6435	WILKINSON, RENEE
RC 6436	RYER, REBECCA NOELLE
RC 6437	LANGE, ADAM DANIEL
RC 6441	SMITH, JASMINE
RC 6442	DAVIS, KARLIE VERONICA
RC 6445	MASON, ASHLEY SIMONE
RC 6446	JAVED, USMAN
RC 6447	LE, THERESA NGOC-TRAN
RC 6448	KOHLSCHMIDT, TIFFANY
RC 6449	GOLDSBOROUGH, AMY-LEA
RC 6451	ROJAS, EMMA
RC 6454	CASTILLO, MARIANA ELISE
RC 6456	LITTRELL, LINDSEY SHEA
RC 6457	WHETSEL, JENNA LAINE
RC 6458	GAMBLE, PRESTON ALLEN
RC 6461	CHRISTIAN, LISA KIM
RC 6464	JONES, EMILY DAWN
RC 6465	MILLS, ASHLEY J
RC 6467	HUTCHINS, ALEXANDER GARRETT

INCOMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS (CONTINUED)

RC 6470	COSGROVE, PAUL SCOTT
RC 6472	SHAUGHNESSY, AMBER NICOLE
RC 6473	CORLEY, JENNAVIVE RICHELLE
RC 6475	SAUCEDO, LUIS DAVID
RC 6476	DANG, MALAY CHANTHAPRASEUTH
RC 6477	CUSTER, JESSICA
RC 6478	PAGE, DECIMAL
RC 6479	RYAN, MARY LYNN
RC 6480	HENESH, EMILY KATHERINE
RC 6481	TANKSLEY, DIONNE
RC 6482	MEYER, DANIEL J
RC 6483	SAMMARCO, BRADLEY
RC 6486	SAUNDERS, TERESA
RC 6487	ROLLER, SAMUEL JAMES

INCOMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS

RC 3492	PAPPOE, TRACY ADOLEY
RC 4436	MOWLES, AMANDA GAIL

COMPLETE RESPIRATORY CARE PRACTITIONER REINSTATEMENT APPLICATIONS

RC 1926	HENDON, BARBARA LAROE
RC 2298	LOZADA, KARLEN ANTONIETA
RC 4806	TAYLOR, MARCIA HASHAW

COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS

RC 3545	BUTLER, JOSHUA JOHN
RC 5502	MOORE, LAYFOREST
RC 6259	BARTON, BROOKLYN JO
RC 6413	WEST, LAURA GAYLE
RC 6415	SAYRES, BRITTANY
RC 6417	MAYEAUX, TYLER J
RC 6420	BROWN, RONNIE EARL JR
RC 6421	CHITTUM, MELANIE ANN
RC 6422	PERKINS, TIMOTHY
RC 6423	BAUMANN, JOSHUA FREDRICK
RC 6428	KOSS, CHRISTOPHER MICHAEL
RC 6430	FLOUD, KATHLEEN
RC 6433	PARKS, BRANDYN ALLEN
RC 6434	BAUMANN, TIFFANY LYNN
RC 6438	MENDOZA, ELIZABETH
RC 6439	ARROYO, JOHN DAKOTA
RC 6440	RAMIREZ, TANEKA D
RC 6443	ANDERSON, APRIL ESTHER
RC 6444	CAIN, SYDNEY ANN
RC 6450	ESCALANTE, GREGORIO
RC 6452	WRIGHT, DEREK NEAL
RC 6453	LACY, CASSIE
RC 6455	CARY, SHAWNA

COMPLETE RESPIRATORY CARE PRACTITIONER APPLICATIONS (CONTINUED)

RC 6459	QUALLS, BROOKE NICOLE
RC 6460	DODSON, DENNIS AARON
RC 6462	RICHARDS, KERSTIN LOUISE
RC 6463	ROBERTSON, BAILEY NICOLE
RC 6466	ACQUAYE, PRINCESS EMELIA
RC 6468	WOFFORD, ELISABETH
RC 6469	WOODS, TAILOR DAWN
RC 6471	AGUIRRE, CONNIE
RC 6474	NGUYEN, THUY VAN
RC 6484	SHEWMAKER, TYLER WADE
RC 6485	BYRD, FELICIA PHOEBE LYNN



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 17, 2024

Leilani Basinger, RC Applicant 6489
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Respiratory Care Practitioner Licensure* has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 12, 2024, at 11:30 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:45-3-2(h)* provided below).

Information provided on your application reflects:

- (a) Your application was received on **July 17, 2024**;
- (b) Your **last practice** as a "hands on" Respiratory Care Practitioner was **June 2023**; and
- (c) Your National Board for Respiratory Care certification expires **December 31, 2024**; and
- (d) You are **currently licensed** as a Respiratory Care Practitioner in California issued December 11, 2014, with an expiration date of January 31, 2026.

OAC § 435:45-3-2(h). Required documentation

(h) Applicants who have **never held an Oklahoma license** and who **have not practiced within the previous twelve months** wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6489 LEILANI BASINGER
 Respiratory Care Practitioner

Practice Address:
 September 09, 2024
 ASCENSION ST JOHN MEDICAL CENTER
 1923 S UTICA AVE

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 07/17/2024
Entered: 07/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6489
Sex: F
Ethnic Origin: 5

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 07/11/2024

PRE-MED EDUCATION					
School Name: AMERICAN CAREER COLLEGE					
City: ONTARIO		State: CA	Country: UNITED STATES		
Degree: ASSOCIATE OF SCIENCE RESPIRATORY THERAPY		From: 4/2013	To: 11/2014	Verified:	
<hr/>					
School Name: U.S. COLLEGES					
City: RIVERSIDE		State: CA	Country: UNITED STATES		
Degree: N/A CERTIFIED PHLEBOTOMY TECHNICIAN		From: 8/2012	To: 2/2013	Verified:	
<hr/>					
School Name: RIVERSIDE OFFICE OF EDUCATION (ROP)					
City: RIVERSIDE		State: CA	Country: UNITED STATES		
Degree: MEDICAL ASSISTANT		From: 1/2012	To: 6/2012	Verified:	
<hr/>					
School Name: RAMONA HIGH SCHOOL					
City: RIVERSIDE		State: CA	Country: UNITED STATES		
Degree: DIPLOMA		From: 8/2002	To: 6/2006	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6489 LEILANI BASINGER
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: ASCENSION ST JOHN MEDICAL CENTER **Supervisor:**
City: TULSA **State:** OK **Country:**
Specialty: RC **From:** 9 / 2024 **To:** / **Verified:**
Comments: 9/3/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB
 1923 S UTICA AVE
 TULSA, OK 74104
 918-744-2283

Employed: NONE **Supervisor:**
City: MORENO VALLEY **State:** CA **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 6 / 2023 **To:** 8 / 2024 **Verified:**
Comments:

Employed: Arrowhead springs healthcare **Supervisor:**
City: SAN BERNARDINO **State:** CA **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 1 / 2023 **To:** 6 / 2023 **Verified:**
Comments:

Employed: Apria Healthcare **Supervisor:**
City: RIVERSIDE **State:** CA **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 9 / 2016 **To:** 12 / 2022 **Verified:**
 TEAM LEAD
Comments:

Employed: Riverside medical clinic **Supervisor:**
City: RIVERSIDE **State:** CA **Country:** UNITED STATES
Specialty: CERTIFIED PHLEBOTOMY **From:** 1 / 2016 **To:** 1 / 2017 **Verified:**
 TECHNICIAN
Comments:

Employed: NONE **Supervisor:**
City: RIVERSIDE **State:** CA **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 11 / 2014 **To:** 1 / 2016 **Verified:**
Comments:

Employed: Nexcom **Supervisor:**
City: CHINO HILLS **State:** CA **Country:** UNITED STATES
Specialty: WAREHOUSE CLERK **From:** 9 / 2008 **To:** 10 / 2011 **Verified:**
Comments:

Employed: K and N **Supervisor:**
City: RIVERSIDE **State:** CA **Country:** UNITED STATES
Specialty: WAREHOUSE WORKER **From:** 3 / 2008 **To:** 7 / 2008 **Verified:**
Comments:

Employed: Bosch **Supervisor:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6489 LEILANI BASINGER
 Respiratory Care Practitioner

City: ONTARIO	State: CA	Country: UNITED STATES
Specialty: WAREHOUSE CLERK	From: 7 / 2007	To: 3 / 2008 Verified:
Comments:		
<hr/>		
Employed: Albertsons	Supervisor:	
City: RIVERSIDE	State: CA	Country: UNITED STATES
Specialty: GROCERY CLERK	From: 8 / 2004	To: 6 / 2007 Verified:
Comments:		

Other Licenses						
State	Lic Type and Number	Status	Issued	Exp	Verif	
CA	Respiratory care practitioner 36591	A	12/11/14	1/31/26	7/22/24	

DEFICIENCIES OTHER DEFICIENCIES: COMMITTEE APPEARANCE, NOT ELIGIBLE FOR TEMP
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July 11, 2024

Oklahoma Board of Medical Licensure & Supervision
101 NE 51st Street
OKLAHOMA CITY, OK 73105

RECEIVED

JUL 11 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

To Whom It May Concern:

This letter is sent to verify that the individual listed below has successfully completed the respective NBRC examination(s) and holds the corresponding credential(s) issued by this Board. Additionally, the National Respiratory Care Disciplinary Database* has been scanned and no disciplinary actions have been found pertaining to this individual.

LEILANI M. BASINGER

*****2701

<u>Credential</u>	<u>Exam Date</u>	<u>Valid Thru**</u>
CRT	12/1/2014	12/31/2024

PRIMARY SOURCE

Please feel free to contact the NBRC at credentialingservices@nbrc.org or 913.895.4900 if you require further information.

Sincerely,

Lori M. Tinkler, MBA, ICE-CCP
Chief Executive Officer

**NOTE: The National Respiratory Care Disciplinary Database contains reports of final disciplinary proceedings/decisions, and as such, proceedings/decisions have been voluntarily reported by state agencies. The NBRC has no responsibility and assumes no liability for the accuracy of the information reported by the state agencies. In addition, not all state agencies may elect to report. It is the obligation of the reporting agencies to update any reported information. The reported information may have changed and not yet been updated prior to the date of this report. You should take no action based solely on this report. Any reported disciplinary actions should be independently verified by you by contacting the reporting agency (i.e., state agency, NBRC).*

***Credentials expire on the above date and will not be recognized as valid if this individual does not complete the Credential Maintenance Program requirements. Credentials earned prior to July 1, 2002 do not expire and the individual is not required to participate in the Credential Maintenance Program.*



RC6489
57



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

October 17, 2024

David Cox RC Applicant 5066
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Reinstatement of your Respiratory Care Practitioner Licensure** has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 12, 2024 at 11:30 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:45-3-4* provided below).

Information provided on your application reflects:

- (a) Your Oklahoma Respiratory Care Practitioner license lapsed on **February 28, 2024**; and
- (b) Your **last practice** as Respiratory Care Practitioner occurred in **has never practiced as a Respiratory Care Practitioner**; and
- (c) Your National Board for Respiratory Care expires **September 30, 2029**; and
- (d) You are **not currently licensed** as a Respiratory Care Practitioner **in another state**.

OAC § 435:45-3-4. Reinstatement guidelines.

Respiratory Therapists with licenses lapsed **twelve months or less** wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 12 continuing respiratory care education units.
- (3) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

Please confirm your attendance at this meeting either in person or via Zoom.

Sincerely,

Lisa K Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5066 DAVID LEE COX
 Respiratory Care Practitioner

Practice Address:
 February 28, 2022

NOT OKLAHOMA

Status: I
Res: RI
Received: 10/08/2024
Entered: 10/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5066
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: 02/13/2020 **Orig. Lic. Exp:** 02/28/2024

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 10/14/2024

PRE-MED EDUCATION					
School Name:	PLATT COLLEGE				
City:	MOORE	State: OK	Country: UNITED STATES		
Degree:	ASSOCIATE SCIENCE RESPIRATORY CARE	From: 4/2018	To: 6/2019	Verified:	
School Name:	ROSE STATE COLLEGE				
City:	MIDWEST CITY	State: OK	Country: UNITED STATES		
Degree:	ASSOCIATE SCIENCE NURSING	From: 5/1993	To: 5/1995	Verified:	
School Name:	NORTH HARRIS COUNTY COLLEGE				
City:	KINGWOOD	State: TX	Country: UNITED STATES		
Degree:		From: 5/1989	To: 5/1990	Verified:	
School Name:	SOUTHEAST HIGH SCHOOL				
City:	OKLAHOMA CITY	State: OK	Country: UNITED STATES		
Degree:		From: 9/1975	To: 5/1979	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 5066 DAVID LEE COX
 Respiratory Care Practitioner

City: FORT WORTH	State: TX	Country: UNITED STATES
Specialty: RN	From: 1 / 2013	To: 7 / 2013 Verified:
Comments: STAFF RN ON POST CORONARY CARE/MEDICAL UNIT. PERFORMED DAILY ASSESSMENTS AND CARE FOR CARDIAC PTS.		
<hr/>		
Employed: Saint Anthony Hospital	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: NIGHT HOUSE SUPERVISOR	From: 1 / 2005	To: 1 / 2013 Verified:
Comments: WORKED AS NIGHT HOUSE SUPERVISOR FOR BEHAVIORAL HEALTH HOSPITAL. PERFORMED ASSESSMENTS, EKGS IV'S.		
<hr/>		
Employed: Southwest Medical Center	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: CLINICAL NURSE MANAGER	From: 1 / 2000	To: 1 / 2005 Verified:
Comments: CLINICAL NURSE MANAGER IN ENDOSCOPY,PAIN MANAGEMENT, AND URODYNAMICS. WITH ONE YEAR IN THE CATH LAB.		
<hr/>		
Employed: Hillcrest Hospital	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: RN	From: 1 / 1996	To: 1 / 2000 Verified:
Comments: FIRST JOB AS AN RN. WORKED IN THE ICU, MED-SURG, AND ER AS A STAFF NURSE.CARED FOR CRITICAL ILL PTS.		
<hr/>		
Employed: Managed Healthcare of America	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: ASSISTANT DIRECTOR OF NURSING	From: 1 / 1994	To: 1 / 1996 Verified:
Comments: WORKED AS ASSISTANT DIRECTOR OF NURSING IN ASSISTED LIVING FACILITY. PERFORMED PATIENT ASSESSMENTS.		
<hr/>		
Employed: William R. Bullock, MD	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: LPN	From: 1 / 1992	To: 1 / 1996 Verified:
Comments: WORKED AS OFFICE LPN. PERFORMED EKGS, TREADMILL STRESS TEST AND LAB DRAWS FOR CARDIAC PATIENTS, PRN.		
<hr/>		
Employed: Baptist Medical Center	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: LPN	From: 1 / 1990	To: 1 / 1996 Verified:
Comments: AS AN LPN, I PERFORMED DUTIES AS THAT OF A MEDICATION NURSE ON THE POST CORONARY CARE UNIT AND EKGS.		
<hr/>		
Employed: Nurse Finders Agency	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: LPN	From: 1 / 1990	To: 1 / 1996 Verified:
Comments: AGENCY LPN, TRAVELING TO VARIOUS HOSPITAL SETTINGS TO DELIVER CARE FOR PATIENTS IN ICU, AND MED-SURG		
<hr/>		
Employed: CMI Corporation	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: MAINTENANCE	From: 1 / 1984	To: 1 / 1989 Verified:

Lisa Cullen

From: David Cox <kaylee1929@yahoo.com>
Sent: Wednesday, October 16, 2024 10:19 AM
To: Lisa Cullen
Subject: [EXTERNAL] Re: URGENT - REGARDING OKLAHOMA RESPIRATORY CARE LICENSE

Good morning Lisa, this is David Cox. Just wanted you to know that I mailed out my notarized paperwork with photo ID to you today. I have not practiced as an RRT since getting my initial license, only clinicals during school. I do not have any out of state license. I hope this helps. Thank You!
Sent from my iPhone

On Oct 15, 2024, at 9:37 AM, Lisa Cullen <lcullen@okmedicalboard.org> wrote:

David,

My name is Lisa Cullen and I am the Director of Licensing at the Oklahoma Medical Board. Your application has been reviewed and additional information is required. I am attempting to determine if you must appear before the Respiratory Care Advisory Committee. Your timely response is appreciated.

1. Have you ever practiced as a respiratory therapist?
2. When did you last practice "hands on" respiratory care?
3. What is the name of the company where you practiced?
4. Do you have any other state Respiratory Therapist licenses?
5. If so, where?

Answers to the above questions must be received no later than October 21, 2024 at 4:30 p.m. or you will be required to appear before the committee.

I look forward to your response.

Lisa K. Cullen, CMBLS
Certified Medical Board Licensing Specialist
Director of Licensing
Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org

<image001.png>



COX, DAVID

Credential Valid Thru

CRT 09/30/2029

RRT 09/30/2029



Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Mon Oct 14 2024 15:50:39 GMT-0500 (Central Daylight Time)

RECEIVED

OCT 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

**PRIMARY
SOURCE**

*RC Sokele
15*

< Back to Search Results (LQCSearch.aspx)

QuickConfirm License Verification Report

Back to search results (LQCSearch.aspx)
 D New search



Primary Source Boards of Nursing Report Summary for
DAVID LEE COX [NCSBN ID: 3516522] f
 Report Date: As of Monday October 14 2024 02:12:24 PM US Central Time

This report is not sufficient when applying to another board of nursing for licensure. Use the Nurse License Verification for Endorsement (NLV/NLVSearch.aspx) service to request the required verification of licensure.
 Contact the board of nursing (<https://www.ncsbn.org/contact-bon.htm>) for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).



Where can the nurse practice as an RN and/or PN?

A visual representation of all the states where the selected nurse has authorization to practice
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PRIMARY SOURCE

f All Discipline/final orders data are submitted by the primary source Boards of Nursing (<https://www.ncsbn.org/contact-bon.htm>). Boards may choose whether or not to report discipline actions with accompanying NPDB codes and copies of final orders. No distinction should be drawn from the presence or absence of this supplementary information. Please contact the boards of nursing (<https://www.ncsbn.org/contact-bon.htm>) for all questions.

NAME ON LICENSE	TYPE	LICENSE STATE	LICENSE	ACTIVE	LICENSE STATUS	LICENSE ORIGINAL ISSUE DATE	LICENSE EXPIRATION DATE	COMPACT STATUS
COX, DAVID LEE	RN	OKLAHOMA	R0064031	NO	REVOKED (see history)	03/14/1996	03/08/2018	NONE

f Primary source Boards of Nursing discipline/final orders history

k

Primary source Boards of Nursing discipline/final orders history
 Contact the boards of nursing (<https://www.ncsbn.org/contact-bon.htm>) for any questions

DISCIPLINE/FINAL ORDERS STATE: OKLAHOMA
 DATE ACTION WAS TAKEN: 12/01/2017
 AGAINST PRIVILEGE TO PRACTICE (PTP): NO

REVISION ACTION DATE: 03/08/2018

Q View primary source board order documents v

ALSO CHECK WITH THE BOARD OF NURSING FOR ANY SUBSEQUENT OR SUPERSEDING ORDERS.

NPDB CODE ([HTTP://WWW.NPDB.HRSA.GOV/SOFTWARE/CODES.JSP](http://www.npdb.hrsa.gov/software/codes.jsp)): 1147R - LIMITATION OR RESTRICTION ON LICENSE
 REVISION ACTION DATE: 01/26/2018
 EFFECTIVE DATE(S): 01/26/2018 - INDEFINITE/UNSPECIFIED
 IS LICENSE AUTOMATICALLY REINSTATED AFTER THE EFFECTIVE DATE(S): NOT SUPPLIED

INITIAL ACTION DATE: 12/01/2017

Q View primary source board order documents v

ALSO CHECK WITH THE BOARD OF NURSING FOR ANY SUBSEQUENT OR SUPERSEDING ORDERS.

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF DAVID LEE COX, R.N./I.p.n.
 LICENSE NO. R0064031
 LICENSE NO. L0027578 (INACTIVE)

RECEIVED

OCT 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**AGREED ORDER FOR ENTRY INTO
PEER ASSISTANCE PROGRAM****PRIMARY
SOURCE**

On this day, the Executive Director, on behalf of the Oklahoma Board of Nursing ("Board"), considered the matter of David Lee Cox, R.N./I.p.n., hereafter referred to as Respondent.

Information received and investigated by Starla Griffith, a Nurse Investigator and discussed with Respondent and Respondent's counsel Kimberly A. Stevens, Esq., at a conference on March 27, 2017, indicates that Respondent requests to voluntarily enter the Peer Assistance Program of the Board.

Respondent has been informed of his right to an attorney and has reviewed this Agreed Order with his counsel.

AGREED FACT FINDINGS

1. Respondent is licensed to practice registered nursing in the State of Oklahoma and is the holder of license number R0064031.
2. Respondent's license to practice licensed practical nursing in the State of Oklahoma, License No. L0027578 is inactive.
3. On November 16, 1995, Respondent entered into a Stipulation, Settlement and Order of the Board granting Respondent's Application for Licensure by Examination for Registered Nurse with certain conditions specified in the Order. Said Stipulation, Settlement and Order is attached hereto as pages 10-12 and made a part hereof.

4. On or about September 22, 2015 the Respondent, while working as a registered nurse on the 7:00 a.m. to 7:00 p.m. shift in the Recovery Room at St. Anthony Hospital in Oklahoma City, Oklahoma ("Hospital") removed multiple Schedule II Controlled Dangerous Substance ("CDS") medications from the Pyxis¹ for at least three (3) patients and failed to document the administration and/or waste of the CDS medications as demonstrated in the following chart:

Patient No. Page No.	Physician Order	Date Respondent Removed from Pyxis	Time Respondent Removed from Pyxis	CDS Removed by Respondent from Pyxis	CDS Documented Wasted by Respondent	Documentation by Respondent in Nurses' Notes and/or MAR
#1	Dilaudid 0.5 mg IV every 10 min as needed severe pain	9/22/2015	1332	Dilaudid 2 mg 1 vial	None	0.5 mg @ 1344
"	Fentanyl 25 mcg IV every 10 min as needed mild pain	"	1333	Fentanyl 100 mcg 1 vial	"	25 mcg @ 1335
"	"	"	1637	Fentanyl 100 mcg 1 vial	"	25 mcg @ 1635, 1645, 1655
#2	Fentanyl 25 mcg IV every 10 min as needed mild pain	9/22/2015	1524	Fentanyl 100 mcg 1 vial	None	25 mcg @ 1525
#3	Morphine 2mg IV post-op	9/22/2015	1809	Morphine 5 mg 1 syringe	None	None
"	None	"	1832	Dilaudid 2 mg 1 vial	"	"
"	Fentanyl 50 mcg IV post-op	"	1810	Fentanyl 100 mcg 1 vial	"	50 mcg @ 1815
"	"	"	1948	"	"	None

¹ Pyxis is an automated medication dispensing machine that supports decentralized medication management.

The Respondent was placed on administrative leave on September 23, 2015, pending an investigation and subsequently terminated from the Hospital on October 22, 2015.

5. On or about October 20, 2016 the Respondent, while working as a registered nurse on the 8:00 a.m. to 8:00 p.m. shift in the Recovery Room at INTEGRIS Health Edmond in Edmond, Oklahoma ("Medical Center"), removed multiple Schedule II CDS medications from the Omnicell² for at least three (3) patients and failed to document the administration and/or waste of the CDS medications as demonstrated in the following chart:

Patient No. Page No.	Physician Order	Date Respondent Removed from Pyxis	Time Respondent Removed from Pyxis	CDS Removed by Respondent from Pyxis	CDS Documented Wasted by Respondent	Documentation by Respondent in Nurses' Notes and/or MAR
#4	None	10/20/2016	0726	Meperidine 100 mg 1 vial	None	None
"	Fentanyl 25 mcg IVP every 10 min, maximum 200 mcg	"	0957	Fentanyl 100 mcg 1 vial	"	25 mcg
#5	Fentanyl 25 mcg IVP every 10 min, maximum 200 mcg	10/20/2016	1148	Fentanyl 100 mcg 1 vial	None	None
"	None	"	"	Meperidine 100 mg 1 vial	"	"
#6	None	10/20/2016	1648	Meperidine 50 mg 1 vial	35 mg	None

Additionally, the Respondent was described to be "very sleepy" while on duty in the Recovery Room and was observed to have two syringes taped together with clear liquid inside of the syringes laying on the Respondent's workstation. When asked what was in the syringes, the

² Omnicell is an automated medication dispensing machine that supports decentralized medication management.

Respondent was unable to identify the contents of the syringes or the patients the medications were intended for. On or about October 21, 2016, the Medical Center Pharmacy Director met with the Respondent for counseling regarding the appropriate waste process and documentation for CDS medications. Thereafter, the Respondent was observed cleaning out his locker in the men's locker room. The Clinical Nurse Manager contacted Medical Center Security after efforts to locate the Respondent during his scheduled shift were unsuccessful. Medical Center Security officers observed the Respondent on video surveillance leaving the Medical Center grounds in his personal vehicle at 1455. The Respondent was subsequently terminated from the Medical Center.

6. Respondent has requested a referral to the Peer Assistance Program.

7. No formal Complaint has been filed charging Respondent with a violation(s) of the Oklahoma Nursing Practice Act and/or Rules as of the date of this Agreed Order. Respondent understands that he has a right to require that a formal Complaint be filed and the right to a formal hearing before the Board at which time Respondent could confront the witnesses against him, cross-examine those witnesses and present evidence on Respondent's own behalf. Respondent understands that by signing this Agreed Order he is giving up those rights.

8. Respondent is entering into this Agreed Order for the purpose of avoiding further administrative action with respect to this matter.

9. Respondent understands and agrees that this Agreed Order will in no way preclude additional proceedings by the Board against Respondent for acts or omissions not made a part of this Agreed Order.

10. Respondent expressly waives all further procedural steps, and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Agreed Order.

11. This Agreed Order constitutes formal disciplinary action.

AGREED CONCLUSIONS OF LAW

1. The Board of Nursing has jurisdiction of this matter and authority to discipline Respondent through 59 O.S. §§567.2., 567.8 and OAC 485:10-11.

2. The Executive Director has the authority to enter into this Agreed Order on behalf of the Board of Nursing as authorized by Oklahoma Statutes, Title 59, Section 567.4.F.2 and 3.

3. Respondent's conduct violates the Oklahoma Nursing Practice Act, 59 O.S. §§567.1, *et seq.*, specifically, §§567.8 A.1.a.b.2.3.B.3.7.8.9. and Board Rules, OAC §§485:10-11-1. (a)(b)(2)(3)(C)(D)(H)(T)(U)(4)(D).

AGREED ORDER

IT IS THEREFORE ORDERED that Respondent is referred to the Peer Assistance Program of the Oklahoma Board of Nursing on the following terms and conditions:

1. Respondent's license to practice registered nursing is hereby temporarily suspended as of the date of this Agreed Order, which temporary suspension shall be set aside provided Respondent provides documentation satisfactory to the Board of Respondent's acceptance into the Peer Assistance Program **within sixty (60) days of receipt of this Agreed Order.**

2. If Respondent is not accepted into the Peer Assistance Program ("Program") **within sixty (60) days of receipt of this Agreed Order**, or having been accepted is

terminated/defaulted from the Program for any reason other than successful completion of Respondent's contract(s) and treatment plan, Respondent's license is hereby **revoked for a period of two (2) years from the date of the non-acceptance in the Program or the date of the termination/default from the Program.**

3. Respondent is to return Respondent's pocket license card, along with any applicable fee, to the Board office to be marked "Conditions: Peer Assistance", within five (5) working days from receipt of this Agreed Order.

4. Respondent shall comply in all respects with the Oklahoma Nursing Practice Act, 59 O.S. Sections 567.1, et seq., the Rules, OAC Title 485 Chapters 1 and 10 and Guidelines relating to nursing education, licensure and practice and this Agreed Order.

5. Prior to the Respondent's successful completion of this Agreed Order, any violations of the Oklahoma Nursing Practice Act by the Respondent, except as set forth herein, may require Respondent's appearance before the Board to **Show Cause** why Respondent's license should not be revoked or other such action taken as the Board deems necessary and proper. This does not preclude any action(s) the Peer Assistance Program may take against the Respondent's license.

6. In the event the Certified Mail delivery of Respondent's Order is unsuccessful a process server will be hired to obtain service of the Order. If it is necessary to serve the Respondent by a process server, the Respondent agrees to reimburse the Board for the actual cost of the process server. The Respondent shall pay to the Board the actual cost of the process service **within sixty (60) days of service of the process served Order.** The process service fee shall be paid only by certified check, money order or cash to the Board. Failure to

timely pay the actual cost of the process service will result in a three (3) month suspension of license. A suspension of license will result in termination from the Peer Assistance Program for failure to maintain an active license; accordingly, the Respondent's license will be revoked for **the revocation time period** set forth herein.

7. In the event Respondent's license is revoked as provided herein, any application to reinstate Respondent's license shall not be considered by the Board until Respondent presents evidence, satisfactory to the Board, of compliance with the Board's Guidelines for Individuals Requesting Reinstatement After Suspension, Surrender or Revocation for Misappropriation or Misuse of Drugs/Alcohol, in effect at the time of this Order. Respondent must also submit evidence of the continued qualifications for practice as set forth in the applicable Statutes and Rules of the Oklahoma Board of Nursing in effect at the time of Respondent's reinstatement.

8. In the event Respondent's license is revoked as provided herein, Respondent shall pay an administrative penalty payable to the Oklahoma Board of Nursing in the full amount of Seven Thousand Five Hundred Dollars (\$7,500.00). Partial payments are not accepted. The administrative penalty shall be paid only by certified check, money order or cash. Any application to reinstate Respondent's license after revocation will not be considered until the administrative penalty is paid in full.

9. Upon reinstatement after revocation as provided herein, Respondent's license will be immediately placed in temporary suspension pending readmission to the Peer Assistance Program. Respondent shall provide documentation, satisfactory to the Board, of Respondent's acceptance into the Peer Assistance Program within sixty (60) days of reinstatement.

10. In the event the Certified Mail delivery of Respondent's Agreed Order is unsuccessful a process server will be hired to obtain service of the Agreed Order. If it is necessary to serve the Respondent by a process server, the Respondent agrees to reimburse the Board for the actual cost of the process server. The Respondent shall pay to the Board the actual cost of the process service **prior to reinstatement**. The process service fee shall be paid only by certified check, money order or cash to the Board.

11. The parties agree that both (all) parties have participated in the drafting of this Agreed Order and that no presumption or construction against any party as the drafter of this Agreed Order, shall apply or be applied in the event of a claim of ambiguity of the document or a provision thereof.

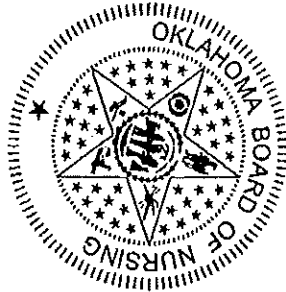
12. This Agreed Order shall become final after anticompetitive review and a determination by the Oklahoma Attorney General, 74 O.S. §18b(A)(5), that this Agreed Order is in compliance with the Board's authority and mission to protect the public health, safety and welfare and Respondent's receipt of the fully executed Agreed Order.

13. This Agreed Order shall not be effective until the Respondent has accepted service of the fully executed Agreed Order.

14. Upon successful completion by Respondent of Respondent's Contract and Amended Contract(s) with the Peer Assistance Program, no further Order of the Board shall be deemed necessary.

15. This Agreed Order constitutes disciplinary action by the Board and may be used in any subsequent hearings by the Board. In the event other misconduct is reported to the Board, this Agreed Order may be used as evidence against Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

THEREFORE, ALL THESE THINGS CONSIDERED, the Executive Director, on behalf of the Oklahoma Board of Nursing, hereby issues this Agreed Order for Entry into Peer Assistance Program.



David Cox
Respondent

Sumner A. Jensen
Attorney for Respondent OBA# 210418

Kim Glazier
Kim Glazier, RN, M.Ed.
Executive Director, Oklahoma Board of Nursing,
On behalf of the Board.

Ordered this 4th day of Dec, 2017.



OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 524 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 962-1800

www.ok.gov/nursing • Fax (405) 962-1821

REGULAR MAIL

March 8, 2018

David Cox
5409 S. Santa Fe
Oklahoma City, Oklahoma 73109

PRIMARY
SOURCE

RECEIVED

OCT 14 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Dear Mr. Cox:

On December 4, 2017, an Order was entered by the Oklahoma Board of Nursing and received by you on December 5, 2017. In accordance with this Order, the following terms and conditions were to be met:

1. Successful completion of the Peer Assistance Program.

You failed to complete and submit documentation of the successful completion of: **Peer Assistance Program**.

Effective immediately, your license to practice as a registered nurse is **revoked for two years**. You may not work or offer to work as a R.N. in Oklahoma. You are to return your pocket license card to this office in the enclosed envelope, if applicable, **no later than five (5) days after receipt of this letter**.

In accordance with your Order, an administrative penalty is assessed to you for non-compliance in the full amount of **\$7,500.00** payable to the **Oklahoma Board of Nursing**. Partial payments are not accepted. Payment must be in the form of money order, certified check or cash. The Board will not accept personal checks. Please do not send cash in the mail. **Return the enclosed form with payment.**

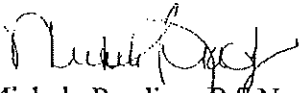
You may apply for reinstatement of your license in March 2020.

Enclosed is a copy of the Board's Guidelines for Reinstatement when there has been misuse of drugs or alcohol. You may apply for reinstatement of your license when you can demonstrate compliance with these Guidelines. It can take up to two years to meet these terms and you are encouraged to begin the process soon after the receipt of your letter. The documentation must be in writing and must be submitted to this office **two months** prior to your Board appearance. The reinstatement application is available on the Board's website www.ok.gov/nursing.

If you have questions concerning this information, please contact Andrea Denman at (405) 962-1827.

Prior to body fluid testing contact Andrea Denman (405) 962-1827 for information about how to enroll with the approved Lab.

Sincerely,



Michele Reading, B.S.N., R.N.
Assistant Director, Investigative Division

MR:ad

cc: Peer Assistance Program

cc: Kimberly Stevens, Esq., 1109 N Francis Ave, Oklahoma City, OK 73106

Enclosure(s): Guidelines for Individuals Requesting Reinstatement After Suspension, Surrender or Revocation for Misappropriation or Misuse of Drugs/Alcohol (01/28/14)
Administrative Penalty/Investigation Costs/Process Server Costs Form

NAME ON LICENSE	TYPE	LICENSE STATE	LICENSE	ACTIVE	LICENSE STATUS	LICENSE ORIGINAL ISSUE DATE	LICENSE EXPIRATION DATE	COMPACT STATUS
COX, DAVID LEE	PN	OKLAHOMA	L0027578	NO	EXPIRED	02/08/1991	NOT SUPPLIED	NONE
COX, DAVID LEE	RN	TEXAS	824711	NO	REVOKED (see history)	08/09/2012	06/12/2018	NONE

f Primary source Boards of Nursing discipline/final orders history k

Primary source Boards of Nursing discipline/final orders history
Contact the boards of nursing (<https://www.ncsbn.org/contact-bon.htm>) for any questions

DISCIPLINE/FINAL ORDERS STATE: TEXAS
 DATE ACTION WAS TAKEN: 06/12/2018
 AGAINST PRIVILEGE TO PRACTICE (PTP): NO

INITIAL ACTION DATE: 06/12/2018

[View primary source board order documents](#)

ALSO CHECK WITH THE BOARD OF NURSING FOR ANY SUBSEQUENT OR SUPERSEDING ORDERS.

COX, DAVID LEE	PN	TEXAS	130069	NO	REVOKED (see history)	11/28/1990	11/30/1991	NONE
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f Primary source Boards of Nursing discipline/final orders history l

Nursys e-Notify - Free License Status Updates

- Institutions receive updates on your entire nurse list
- Nurses receive updates and license renewal reminders

[Sign up \(/EN/ENDefault.aspx\)](/EN/ENDefault.aspx)

Nurse Licensure Verification for Endorsement

- Send license information to a board of nursing when applying for licensure in a new state or U.S. territory.

[Send now \(/NLV/NLVSearch.aspx\)](/NLV/NLVSearch.aspx)

- f **License type information**
- **RN:** Registered Nurse
 - **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
 - **CNP:** Certified Nurse Practitioner
 - **CNS:** Clinical Nurse Specialist
 - **CNM:** Certified Nurse Midwife
 - **CRNA:** Certified Registered Nurse Anesthetist

- f **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
Single state license: A license issued by a state board of nursing that authorizes practice only in the state of issuance.
 More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/compacts.htm>)

- f **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.
 More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/compacts.htm>)

- f **Disclaimer of Representations and Warranties**
 Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as,

*RC 506b
VN*



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Stephanie Colman
Executive Director of the Board

IN THE MATTER OF PERMANENT
PERMANENT REGISTERED NURSE
LICENSE NUMBER 824711 &
PERMANENT VOCATIONAL NURSE
LICENSE NUMBER 130069
ISSUED TO
DAVID LEE COX,
RESPONDENT

§ BEFORE THE TEXAS
§
§ BOARD OF NURSING
§
§ ELIGIBILITY AND
§
§ DISCIPLINARY COMMITTEE
§

ORDER OF THE BOARD

TO: DAVID LEE COX
5409 S. SANTA FE
OKLAHOMA CITY, OK 73109

During open meeting held in Austin, Texas, on June 12, 2018, the Texas Board of Nursing Eligibility and Disciplinary Committee (hereinafter "Committee") heard the above-styled case, based on the failure of the Respondent to appear as required by 22 TEX. ADMIN. CODE Ch. 213.

The Committee finds that notice of the facts or conduct alleged to warrant disciplinary action has been provided to Respondent in accordance with Texas Government Code § 2001.054(c) and Respondent has been given an opportunity to show compliance with all the requirements of the Nursing Practice Act, Chapter 301 of the Texas Occupations Code, for retention of Respondent's license(s) to practice nursing in the State of Texas.

The Committee finds that the Formal Charges were properly initiated and filed in accordance with section 301.458, Texas Occupations Code.

The Committee finds that after proper and timely Notice regarding the violations alleged in the Formal Charges was given to Respondent in this matter, Respondent has failed to appear in accordance with 22 TEX. ADMIN. CODE Ch. 213.

The Committee finds that the Board is authorized to enter a default order pursuant to Texas Government Code § 2001.056.

The Committee, after review and due consideration, adopts the proposed findings of fact and

conclusions of law as stated in the Formal Charges which are attached hereto and incorporated by reference for all purposes and the Staff's recommended sanction of revocation by default. This Order will be properly served on all parties and all parties will be given an opportunity to file a motion for rehearing [22 TEX. ADMIN.CODE § 213.16(j)]. All parties have a right to judicial review of this Order.

All proposed findings of fact and conclusions of law filed by any party not specifically adopted herein are hereby denied.

NOW, THEREFORE, IT IS ORDERED that Permanent Registered Nurse License Number 824711 and Permanent Vocational Nurse License Number 130069, previously issued to DAVID LEE COX, to practice nursing in the State of Texas be, and the same are hereby, REVOKED.

IT IS FURTHER ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

Entered this 12th day of June, 2018.

TEXAS BOARD OF NURSING

BY:



KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR ON BEHALF OF SAID BOARD

Attachment: Formal Charge filed April 9, 2018.

d17r(RN-LVN)(2016.05.11)

Re: Permanent Registered Nurse License Number 824711
& Permanent Vocational Nurse License Number 130069
Issued to DAVID LEE COX
DEFAULT ORDER - REVOKE

CERTIFICATE OF SERVICE

I hereby certify that on the 14th day of June, 2018, a true and correct copy of the foregoing DEFAULT ORDER was served and addressed to the following person(s), as follows:

Via USPS Certified Mail, Return Receipt Requested

DAVID LEE COX
5409 S. SANTA FE
OKLAHOMA CITY, OK 73109

BY:



KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR ON BEHALF OF SAID BOARD

In the Matter of	§	BEFORE THE TEXAS
Permanent Registered Nurse	§	
License Number 824711 &	§	
Permanent Vocational Nurse	§	
License Number 130069	§	
Issued to DAVID LEE COX,	§	
Respondent	§	BOARD OF NURSING

FORMAL CHARGES

This is a disciplinary proceeding under Section 301.452(b), Texas Occupations Code. Respondent, DAVID LEE COX, is a Registered Nurse holding License Number 824711, which is in current status at the time of this pleading, and is a Vocational Nurse holding License Number 130069, which is in delinquent status at the time of this pleading.

Written notice of the facts and conduct alleged to warrant adverse licensure action was sent to Respondent at Respondent's address of record and Respondent was given opportunity to show compliance with all requirements of the law for retention of the license prior to commencement of this proceeding.

CHARGE I.

On or about December 4, 2017, Respondent's Oklahoma Registered Nurse license was Temporarily Suspended by the Oklahoma Board of Nursing, Oklahoma City, Oklahoma. A copy of the Oklahoma Board of Nursing's Agreed Order dated December 4, 2017, is attached and incorporated, by reference, as part of this pleading. On or about March 8, 2018, Respondent's Oklahoma Registered Nurse license was Revoked by the Oklahoma Board of Nursing, Oklahoma City, Oklahoma. A copy of the Oklahoma Board of Nursing's letter of revocation dated March 8, 2018, is attached and incorporated, by reference, as part of this pleading.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(8), Texas Occupations Code:

NOTICE IS GIVEN that staff will present evidence in support of the recommended disposition of up to, and including, revocation of Respondent's license/s to practice nursing in the State of Texas pursuant to the Nursing Practice Act, Chapter 301, Texas Occupations Code and the Board's rules, 22 Tex. Admin. Code §§ 213.27 - 213.33.

NOTICE IS GIVEN that all statutes and rules cited in these Charges are incorporated as part of this pleading and can be found at the Board's website, www.bon.texas.gov.

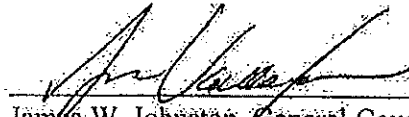
NOTICE IS GIVEN that to the extent applicable, based on the Formal Charges, the Board will rely on adopted policies related to Substance Use Disorders and Other Alcohol and Drug Related Conduct; related to Behavior Involving Lying and Falsification; and related to Behavior Involving Fraud, Theft, and Deception, which can be found under the "Discipline & Complaints; Board Policies & Guidelines" section of the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on the Disciplinary Matrix, located at 22 TEX. ADMIN. CODE §213.33(b), which can be found under the "Discipline & Complaints; Board Policies & Guidelines" section of the Board's website, www.bon.texas.gov.

NOTICE IS ALSO GIVEN that Respondent's past disciplinary history, as set out below and described in the Order(s) which is/are attached and incorporated by reference as part of these charges, will be offered in support of the disposition recommended by staff: Oklahoma Board of Nursing's Agreed Order dated December 4, 2017, and Oklahoma Board of Nursing's letter of revocation dated March 8, 2018.

Filed this 9 day of April, 2018.

TEXAS BOARD OF NURSING


 James W. Johnston, General Counsel
 Board Certified - Administrative Law
 Texas Board of Legal Specialization
 State Bar No. 10838300

Jena Abel, Deputy General Counsel
 Board Certified - Administrative Law
 Texas Board of Legal Specialization
 State Bar No. 24036103

Jessica DeMoss, Assistant General Counsel
 State Bar No. 24091434

Skyler Landon Shafer, Assistant General Counsel
 State Bar No. 24081149

Jacqueline A. Strashun, Assistant General Counsel
 State Bar No. 19358600

John Vanderford, Assistant General Counsel
 State Bar No. 24086670

333 Guadalupe, Tower III, Suite 460
 Austin, Texas 78701
 P: (512) 305-8657
 F: (512) 305-8101 or (512)305-7401

Attachments: Oklahoma Board of Nursing's Agreed Order dated December 4, 2017, and Oklahoma Board of Nursing's letter of revocation dated March 8, 2018.

D(2018.02.26)



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 27, 2024

Lisa Garza, RC Applicant 6523
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Respiratory Care Practitioner Licensure* has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 12, 2024, at 11:30 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:45-3-2(h)* provided below).

Information provided on your application reflects:

- (a) Your application was received on **August 24, 2024**;
- (b) Your **last practice** as a "hands on" Respiratory Care Practitioner was **prior to March 2009**; and
- (c) Your National Board for Respiratory Care certification **does not expire**; and
- (d) You are **currently licensed** as a Respiratory Care Practitioner in Texas issued January 8, 1987, with an expiration date of May 31, 2026.

OAC § 435:45-3-2(h). Required documentation

(h) Applicants who have **never held an Oklahoma license** and who **have not practiced within the previous twelve months** wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6523 LISA C GARZA
 Respiratory Care Practitioner

Practice Address:

August 24, 2024
 PAM HEALTH SPECIALTY AND REHABILITATION HOS
 200 MEMORIAL DRIVE LULING

 LULING, TX 78648
 NOT OKLAHOMA

Status:
Res:
Received: 08/24/2024
Entered: 08/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6523
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/19/2024

PRE-MED EDUCATION			
School Name: SOUTHWEST TEXAS STATE UNIVERSITY			
City: SAN MARCOS	State: TX	Country: UNITED STATES	
Degree: ALLIED HEALTH SCIENCE	From: 8/1984	To: 8/1987	Verified:
School Name: AUSTIN COMMUNITY COLLEGE			
City: AUSTIN	State: TX	Country: UNITED STATES	
Degree: BASICS-NONE	From: 6/1982	To: 6/1984	Verified:
School Name: SAN MARCOS HIGH SCHOOL			
City: SAN MARCOS	State: TX	Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA	From: 8/1978	To: 5/1982	Verified:
PRACTICE HISTORY			
Employed: PAM Specialty and Rehabilitation Hospital of Luling		Supervisor:	
City: LULING	State: TX	Country: UNITED STATES	
Specialty: CASE MANAGER	From: 3/ 2009	To: /	Verified:
Comments: 9/26/2024 - CURRENTLY EMPLOYED (LKC)			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6523 LISA C GARZA
 Respiratory Care Practitioner

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	RCP RCP00052615	A	1/8/87	5/31/26	9/19/24

DEFICIENCIES

Extended Background Check

Time Deficiency Form for: 8/1987-3/2009, MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE? / WHAT OTHER STATES DO YOU CURRENTLY OR HAVE YOU HELD A RESPIRATORY LICENSE?



GARZA, LISA R.

Credential	Valid Thru
CRT	N/A
RRT	N/A

Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Thu Sep 19 2024 09:50:04 GMT-0500 (Central Daylight Time)

**PRIMARY
SOURCE**

RECEIVED

SEP 19 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

*DL 6523
TS*

Lisa Cullen

From: Lisa Garza [REDACTED]
Sent: Thursday, September 26, 2024 10:57 AM
To: Lisa Cullen
Subject: RE: [EXTERNAL] Re: URGENT REGARDING OKLAHOMA RESPIRATORY CARE LICENSURE APPLICATION

When I became employee as a Case Manager. I have never let my license lapse. I take my continuing education serious. Respectfully,

Thank you

Lisa

[Yahoo Mail: Search, Organize, Conquer](#)

On Thu, Sep 26, 2024 at 10:54 AM, Lisa Cullen <lucullen@okmedicalboard.org> wrote:

Thank you for your quick response. When is the last time you practiced as a respiratory care practitioner?

Lisa K. Cullen, CMBLS

Certified Medical Board Licensing Specialist

Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org



From: Lisa Garza [REDACTED]
Sent: Thursday, September 26, 2024 10:23 AM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: [EXTERNAL] Re: URGENT REGARDING OKLAHOMA RESPIRATORY CARE LICENSURE APPLICATION

Good morning,

Lisa

I travel for PAM as a Case Manager and keep my RRT license up to date with each state. I have attached my Information PAM and length of time employed. I am currently employed my home base is in Luling Texas. My Job Title is a Case Manager and I keep up with my credentials RRT and my CCM.

Attached Associates Applied Science Degree August 19th, 1987.

Plans in State of Oklahoma is to utilize my knowledge as RRT but primary job description is Case Manager.

Thank you

Lisa Garza

On Thursday, September 26, 2024 at 09:50:43 AM CDT, Lisa Cullen <lcullen@okmedicalboard.org> wrote:

I am the Director of Licensing for the Oklahoma Medical Board. I am in receipt of your application for licensure as a Respiratory Care Practitioner. Your application is very incomplete and I am trying to determine if you must appear before the Respiratory Care Advisory Committee.

I must receive a response from you, no later than October 7, 2024 at 4:30 p.m. CT or an appearance will be required.

1. Are you currently employed with PAM Specialty and Rehab? If not, what was your last date of employment?
2. If you are currently employed with PAM Specialty and Rehab, what is/was your job title?
3. When/where did you graduate with your degree?
4. What are your practice plans for the state of Oklahoma?

I look forward to your response.

Lisa K. Cullen, CMBLS

Certified Medical Board Licensing Specialist

Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org





State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

October 21, 2024

Suzanne Glass, RC Applicant 2285
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Re-entry of your Respiratory Care Practitioner Licensure* has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 12, 2024 at 11:30 a.m.** You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:45-3-5* provided below)

Information provided on your application reflects:

- (a) Your Oklahoma Respiratory Care Practitioner license lapsed on **June 30, 2021**; and
- (b) Your **last practice** as a Respiratory Care Practitioner occurred in **February 2012**; and
- (c) Your National Board for Respiratory Care Certification expired **unable to verify on NBRC website**; and
- (d) You are **not currently licensed** as a Respiratory Care Practitioner **in any other state**.

OAC § 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed **more than twelve months** wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 2285 SUZANNE DAWNAE GLASS
 Respiratory Care Practitioner

Practice Address:

October 17, 2024
 MOBILITY PLUS LLC
 1601 W MAIN

MUSKOGEE, OK 74401-5047
 MUSKOGEE

Status: I
Res: RI
Received: 10/02/2024
Entered: 10/02/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2285
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: 06/16/2003 **Orig. Lic. Exp:** 06/30/2021

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC:

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2000	To: 5/2002 Verified:
Degree:			
School Name: CONNORS STATE COLLEGE		State: OK	Country: UNITED STATES
City: WARNER		From: 8/1993	To: 12/1996 Verified:
Degree:			
School Name: MUSKOGEE HIGH SCHOOL		State: OK	Country: UNITED STATES
City: MUSKOGEE		From: 8/1991	To: 6/1993 Verified:
Degree: DIPLOMA			

Lisa Cullen

From: Suzanne Glass [REDACTED]
Sent: Sunday, October 20, 2024 6:26 PM
To: Lisa Cullen
Subject: [EXTERNAL] Re: URGENT - REGARDING OKLAHOMA RESPIRATORY CARE LICENSE

Hello Lisa,

1. **I have not practiced since 2012.** I had my 3rd child and decided to stay at home with my kids after she was born.
 2. No other state respiratory license.
 3. I have a certification with the NBRC and I believe it is current thru 2027. I will have them send over to the board.
 4. Now that my kids are older, I have considered going back to work part time. I have tried to keep my credentials up to date through my time off and apologize for this lapse. We were in a historic flood 3 years ago and had a significant loss. So I have slowly been replacing all of our documents.
 I have already mailed in the documents requested with my application.
 Please let me know if there is anything else I need to do.
 Suzanne Glass

Sent from my iPhone

On Oct 15, 2024, at 9:59 AM, Lisa Cullen <lucullen@okmedicalboard.org> wrote:

Suzanne,

My name is Lisa Cullen and I am the Director of Licensing at the Oklahoma Medical Board. Your application has been reviewed and additional information is required. I am attempting to determine if you must appear before the Respiratory Care Advisory Committee. Your timely response is appreciated.

1. When did you last practice "hands on" respiratory care? Your application states last practice occurred in February 2012, is this correct?
2. Do you have any other state Respiratory Therapist licenses?
3. If so, where?
4. Have you been certified by the NBRC? Is it current or has it lapsed?
5. Our office is unable to verify your NBRC credentials via the NBRC website, please notify NBRC and have verification of your credentials sent to the Board.
6. What are your practice plans for Oklahoma?

Answers to the above questions must be received no later than October 21, 2024 at 4:30 p.m. or you will be required to appear before the committee.

I look forward to your response.

Lisa K. Cullen, CMBLS
 Certified Medical Board Licensing Specialist
 Director of Licensing



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 9, 2024

Theresa Saunders, RC Applicant 6486
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Respiratory Care Practitioner Licensure* has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 12, 2024, at 11:30 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:45-3-2(h)* provided below).

Your application was previously considered at the August 13, 2024 committee meeting and was approved pending receipt of deficiencies.

Information provided on your application reflects:

- (a) Your application was received on **July 11, 2024**;
- (b) Your *last practice* as a "hands on" Respiratory Care Practitioner was *has never practiced as a Respiratory Care Practitioner*; and
- (c) Your National Board for Respiratory Care certification expires **May 31, 2026**; and
- (d) You are *currently licensed* as a Respiratory Care Practitioner in Texas and that license was issued April 27, 2022, with an expiration date of May 31, 2026. Your New Mexico license was issued November 7, 2013, and expired September 30, 2023.

OAC § 435:45-3-2(h). Required documentation

(h) Applicants who have **never held an Oklahoma license** and who **have not practiced within the previous twelve months** wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6486 THERESA M SAUNDERS
 Respiratory Care Practitioner

Practice Address:
 August 21, 2024
 ALLIANCE HEALTH DURANT
 1800 UNIVERSITY BLVD

 DURANT, OK 74701
 BRYAN

Status:
Res:
Received: 07/11/2024
Entered: 07/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action: PP
License #: 6486
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 07/18/2024

PRE-MED EDUCATION					
School Name: EASTERN NM UNIVERSITY- ROSWELL					
City: ROSWELL		State: NM		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 8/2011		To: 5/2013 Verified:	
<hr/>					
School Name: GALLUP HIGH SCHOOL					
City: GALLUP		State: NM		Country: UNITED STATES	
Degree: DIPLOMA		From: 9/1981		To: 5/1985 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6486 THERESA M SAUNDERS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: ALLIANCE HEALTH DURANT **Supervisor:**
City: DURANT **State:** OK **Country:**
Specialty: RC **From:** 8 / 2024 **To:** / **Verified:**
Comments: 8/5/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB
 1800 UNIVERSITY BLVD
 DURANT, OK 74701
 580-924-3080

Employed: MCRT Services **Supervisor:**
City: DENVER CITY **State:** TX **Country:** UNITED STATES
Specialty: SLEEP TECHNICIAN **From:** 10 / 2021 **To:** / **Verified:**
Comments: 7/24/24MT- CURRENTLY WORKING
 IN HOSPITAL SETTING.

Employed: Roswell Medical Clinic **Supervisor:**
City: ROSWELL **State:** NM **Country:** UNITED STATES
Specialty: SLEEP TECH **From:** 8 / 2013 **To:** 5 / 2023 **Verified:**
Comments: RESPIRATORY THERAPIST IN FAMILY CLINIC. WORKED AS A SLEEP TECHNICIAN.

Employed: SAM'S CLUB **Supervisor:**
City: ROSWELL **State:** NM **Country:** UNITED STATES
Specialty: CASHIER **From:** 10 / 2010 **To:** 9 / 2013 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: ROSWELL **State:** NM **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 6 / 2008 **To:** 9 / 2010 **Verified:**
Comments: STAY AT HOME PARENT

Employed: MERRY MAIDS **Supervisor:**
City: ROSWELL **State:** NM **Country:** UNITED STATES
Specialty: OFFICE ASSISTANT **From:** 8 / 2003 **To:** 5 / 2008 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: ROSWELL **State:** NM **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 6 / 1992 **To:** 8 / 2003 **Verified:**
Comments: STAY AT HOME PARENT

Employed: SKYLINE TOWERS APARTMENTS **Supervisor:**
City: ALBUQUERQUE **State:** NM **Country:** UNITED STATES
Specialty: RECEPTIONIST **From:** 2 / 1992 **To:** 6 / 1992 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: ALBUQUERQUE **State:** NM **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 8 / 1991 **To:** 2 / 1992 **Verified:**

Kenna L. Shaw

From: Terri Saunders [REDACTED]
Sent: Tuesday, August 27, 2024 12:44 PM
To: Licensing
Subject: Re: [EXTERNAL] Deficiency

Never. I have always worked as a sleep tech.

On Tue, Aug 27, 2024 at 12:39 PM Licensing <licensing@okmedicalboard.org> wrote:

When was your last practice as a respiratory therapist?

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.



Kenna Shaw, Application Analyst

LICENSING DEPARTMENT

OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISION

101 NE 51ST ST

OKLAHOMA CITY OK 73105

(405) 962-1423 kshaw@okmedicalboard.org

M-F 8AM-4:30PM CST

From: Terri Saunders [REDACTED]
Sent: Tuesday, August 27, 2024 12:30 PM
To: Licensing <licensing@okmedicalboard.org>
Subject: Re: [EXTERNAL] Deficiency

RC 6486
W

Not currently. I have been working as a sleep tech.

On Tue, Aug 27, 2024 at 12:29 PM Licensing <licensing@okmedicalboard.org> wrote:

So, are you actively practicing as a respiratory therapist?

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.



Kenna Shaw, Application Analyst

LICENSING DEPARTMENT

OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISION

101 NE 51ST ST

OKLAHOMA CITY OK 73105

(405) 962-1423 kshaw@okmedicalboard.org

M-F 8AM-4:30PM CST

From: Terri Saunders [REDACTED]
Sent: Friday, August 23, 2024 9:09 AM
To: Licensing <licensing@okmedicalboard.org>
Subject: [EXTERNAL] Deficiency

Hello

RC 6486
M

I saw online that there was a question as to my time at Roswell Medical Clinic. I was a sleep tech the entire time that I was employed there. I have the RRT-SDS credentials so that is why respiratory therapist is also listed.

Please contact me if you have any further questions or concerns.

Thank you

Teresa Saunders

RC 6486
VJ



RANEY, TERESA

Credential Valid Thru

CRT 05/31/2026
RRT 05/31/2026
RRT-SDS 05/31/2026

Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Thu Jul 18 2024 11:40:15 GMT-0500 (Central Daylight Time)

RECEIVED

JUL 18 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

**PRIMARY
SOURCE**

*Re 6/18/24
TS*



Texas Medical Board

Healthcare Provider Verification / Profile

[Search](#) [Back](#) [Print Verification](#)

Respiratory Care Practitioner Certificate

NAME: TERESA SAUNDERS
LICENSE: RCP02004967
INFORMATION CURRENT AS OF: 7/18/2024

CURRENT STATUS: ACTIVE

RECEIVED

JUL 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

[Click here for a detailed information on what each section below contains.](#)

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Verified Information

Year of Birth: 1968
License Number: RCP02004967 Respiratory Care Practitioner Certificate
Issuance Date: 04/27/2022
Expiration Date: 05/31/2026
Current Status: ACTIVE as of 04/27/2022
Disciplinary Restrictions: NONE
Non-Disciplinary Restrictions: NONE
Specialties:

PRIMARY SOURCE

[+ Current Board Action](#)

THE INFORMATION IN THESE SECTIONS WAS REPORTED BY THE LICENSEE AND MAY HAVE NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Self Reported Information

Gender: FEMALE

Current Primary Practice Address:
412 MUSTANG AVE
DENVER CITY, TX 79323

[+ Summary of all Licenses](#)

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Please contact the TMB Call Center at (512) 305-7030 for assistance.

RE 6486
TS



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

October 7, 2024

Kimberly Zamudio, RC Applicant 5477
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Re-entry of your Respiratory Care Practitioner Licensure* has been received. A personal appearance has been scheduled for you before the Respiratory Care Advisory Committee on **November 12, 2024 at 11:30 a.m.** You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:45-3-5* provided below)

Information provided on your application reflects:

- (a) Your Oklahoma Respiratory Care Practitioner license lapsed on **August 31, 2023**; and
- (b) Your **last practice** as a Respiratory Care Practitioner occurred in **January 2022**; and
- (c) Your National Board for Respiratory Care Certification expired **June 30, 2026**; and
- (d) You are **not currently licensed** as a Respiratory Care Practitioner **in any other state**.

OAC § 435:45-3-5 Re-entry guidelines

Respiratory Therapists with licenses lapsed **more than twelve months** wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

Please confirm your attendance at the meeting either in person or virtually.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	5477	KIMBERLY RONEL ZAMUDIO
Respiratory Care Practitioner		

Practice Address:
October 18, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 09/14/2024
Entered: 09/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5477
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: 08/23/2021 **Orig. Lic. Exp:** 08/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 10/03/2024

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5477 KIMBERLY RONEL ZAMUDIO
 Respiratory Care Practitioner

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree: AAS RESPIRATORY CARE		From: 8/2019	To: 5/2021 Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree:		From: 8/2018	To: 12/2018 Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree:		From: 1/2015	To: 7/2015 Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree:		From: 6/2002	To: 7/2002 Verified:
School Name: OKLAHOMA STATE UNIVERSITY OKMULGEE	City: OKMULGEE	State: OK	Country: UNITED STATES
Degree: NA		From: 8/1997	To: 5/1998 Verified:
School Name: EAST CENTRAL UNIVERSITY	City: ADA	State: OK	Country: UNITED STATES
Degree: NA		From: 8/1995	To: 5/1996 Verified:
School Name: ADA HIGH SCHOOL	City: ADA	State: OK	Country: UNITED STATES
Degree: DIPLOMA		From: 8/1991	To: 5/1995 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5477 KIMBERLY RONEL ZAMUDIO
 Respiratory Care Practitioner

Employed: Dr Carletti City: SAPULPA Specialty: FRONT OFFICE/OFFICE MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 2001 To: 3 / 2005 Verified:				
Employed: Dr Gary Theobald City: BROKEN ARROW Specialty: FRONT OFFICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 2000 To: 1 / 2001 Verified:				
Employed: Dr Bloyce Britton City: SAN ANTONIO Specialty: OFFICE MANAGER/ORTHO Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 / 1999 To: 1 / 2001 Verified:				
Employed: Big Country Store City: TULSA Specialty: GREENHOUSE WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 1998 To: 2 / 1999 Verified:				
Employed: Okmulgee Hospital City: OKMULGEE Specialty: HOUSEKEEPING Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 1997 To: 1 / 1998 Verified:				
Employed: Look City: ADA Specialty: SWEDGED NEEDLES FOR SUTURES Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 1996 To: 3 / 1997 Verified:				
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	RC RC 5477	I	8/23/21	8/31/23	10/3/24
OK	PR PR 1980	I	8/27/20	8/31/21	10/3/24
DEFICIENCIES Extended Background Check					

Lisa Cullen

From: Lisa Cullen
Sent: Friday, October 4, 2024 3:42 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] Re: URGENT - REGARDING OKLAHOMA RESPIRATORY LICENSURE

Thank you for your response. You will need to appear before the Respiratory Care Committee. I will send you an appearance letter next week.

Lisa K. Cullen, CMBLS
Certified Medical Board Licensing Specialist
Director of Licensing
Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: Ronel Rich [REDACTED]
Sent: Thursday, October 3, 2024 4:35 PM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: [EXTERNAL] Re: URGENT - REGARDING OKLAHOMA RESPIRATORY LICENSURE

1. When did you last practice as a respiratory therapist? January of 2022
2. Are you currently employed as a respiratory therapist? If so, when did employment begin (month/year), what is the business name, where is the business located (city/state)?no
3. Are you currently licensed in any other state as a respiratory therapist?no
4. What are your practice plans for Oklahoma? I am currently the office manager for a dental office which is what I have done since January 2022. I would like to pick up part time RT to help eliminate debt and be more confident at being an RT

1.

Sent from my iPhone

On Oct 3, 2024, at 10:44 AM, Lisa Cullen <lcullen@okmedicalboard.org> wrote:

I am the Director of Licensing for the Oklahoma Medical Board. I am in receipt of your application for licensure as a Respiratory Care Practitioner. Your application is incomplete

RC 5/177
UCC

and I am attempting to determine if you must appear before the Respiratory Care Advisory Committee.

I must receive a response from you, no later than October 10, 2024 at 4:30 p.m. CT or an appearance will be required.

1. When did you last practice as a respiratory therapist?
2. Are you currently employed as a respiratory therapist? If so, when did employment begin (month/year), what is the business name, where is the business located (city/state)?
3. Are you currently licensed in any other state as a respiratory therapist?
4. What are your practice plans for Oklahoma?

I look forward to your response.

Lisa K. Cullen, CMBLS

Certified Medical Board Licensing Specialist

Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org

<Outlook-bt1rvihp.png>



ZAMUDIO, KIMBERLY RONEL

Credential Valid Thru

CRT 06/30/2026

Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

Requested on Thu Oct 03 2024 10:01:50 GMT-0500 (Central Daylight Time)

RECEIVED

OCT 03 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

**PRIMARY
SOURCE**

*RL 5/27
TS*

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2339 BROOKE HALEY ADAMS
 Provisional Respiratory Care Practitioner

Practice Address:

October 17, 2024
 OU HEALTH
 700 NE 13TH ST

OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:

Res:
Received: 09/25/2024
Entered: 09/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2339
Sex: F
Ethnic Origin: 1

Endorsed By: EDUCATION

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: AAS RESPIRATORY CARE THERAPIST		From: 8/2022		To: 12/ 2024	
Verified:					
School Name: TEXANS CAN ACADEMY					
City: FORT WORTH		State: TX		Country: UNITED STATES	
Degree:		From: 8/2012		To: 8/ 2013	
Verified:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2339 BROOKE HALEY ADAMS
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OU HEALTH **Supervisor:** KELLY HENNESSEY, RC 114
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 9 /2024 **To:** / **Verified:**
Comments: RCVD FORM 5 10/11/24. APP INCOMPLETE TEMP NOT ISSUED. TS
 700 NE 13TH
 OKLAHOMA CITY, OK 73104
 405-306-7830

Employed: NONE **Supervisor:**
City: WOODWARD **State:** OK **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 3 /2017 **To:** 8 /2022 **Verified:**
Comments:

Employed: Family Dollar **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: CASHIER, CUSTOMER SERVICE **From:** 9 /2015 **To:** 3 /2017 **Verified:**
Comments:

Employed: Pizza Hut **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: CASHIER, ANSWER PHONE CALLS, CUSTOMER SERVICE. **From:** 10 /2013 **To:** 8 /2015 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status

OTHER DEFICIENCIES: RECEIVED EVIDENCE OF STATUS FORM WITH NO BIRTH CERTIFICATE ATTACHED. MUST HAVE DOCUMENT FOR PROCESSING. / RECEIVED FORM 5 IS NOT COMPLETE. FILL OUT THE ENTIRE FORM AND RESUBMIT FOR PROCESSING.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PR 2340 HARLIE BRUMLOW
Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: United States Postal Services **Supervisor:**
City: EDMOND **State:** OK **Country:** UNITED STATES
Specialty: DELIVERY DRIVER **From:** 8 /2022 **To:** 8 /2024 **Verified:**
Comments: EFFICIENTLY DELIVER MAIL AND PACKAGES. MAINTAIN A HIGH LEVEL OF CUSTOMER SERVICE.

Employed: Petra Industries **Supervisor:**
City: EDMOND **State:** OK **Country:** UNITED STATES
Specialty: **From:** 8 /2021 **To:** 8 /2022 **Verified:**
Comments: COMPILING, ANALYZING, AND REPORTING SALES DATA; MONITORING AND ANALYZING COMPETITIVE ACTIVITY.

Employed: ATC Drivetrain **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: ASSEMBLING AUTOMOBILES PARTS **From:** 6 /2019 **To:** 10 /2020 **Verified:**
IN WAREHOUSE.
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Supervisors

Extended Background Check

Time Deficiency Form for: 12/2018-6/2019, 10/2020-8/2021, --- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: CANNOT ACCEPT OUTDATED FORM 5. PLEASE USE THE LINK FOUND ON FORMS AND RESOURCES FOR UPDATED FORM 5. / NEED JOB TITLE FOR PETRA INDUSTRIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2342 RONELLA JEAN COLLINS
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: First Baptist Church Newcastle **Supervisor:**
City: NEWCASTLE **State:** OK **Country:** UNITED STATES
Specialty: CHILD CARE WORKER. **From:** 7 /2010 **To:** 1 /2023 **Verified:**
Comments:

Employed: HAC, Inc **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PRICING ANALYST **From:** 8 /2008 **To:** 7 /2010 **Verified:**
Comments: PRICING ANALYST. GROCERY ANALYTICS, PRICING, ADS, SALES FIGURES, CODING, SPREADSHEET. SECRETARIAL

Employed: Target **Supervisor:**
City: LAKE CHARLES **State:** LA **Country:** UNITED STATES
Specialty: CASHIER AND GUEST SERVICES **From:** 8 /2006 **To:** 2 /2008 **Verified:**
Comments:

Employed: Albertson's Grocery **Supervisor:**
City: LAKE CHARLES **State:** LA **Country:** UNITED STATES
Specialty: CASHIER. CUSTOMER SERVICE **From:** 3 /2005 **To:** 8 /2006 **Verified:**
Comments:

Employed: McDonald???'s **Supervisor:**
City: PINEVILLE **State:** LA **Country:** UNITED STATES
Specialty: FOOD PREP, SERVICE, AND CLEANING. **From:** 9 /2000 **To:** 4 /2001 **Verified:**
Comments: FIRST JOB OUT OF HIGH SCHOOL. FOOD PREP, SERVICE, AND CLEANING.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OCCC?
 Supervisors
 Form 6
 Task Proficiency
 Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 Time Deficiency Form for: 5/2000-9/2000, , -- MUST USE TIME DEFICIENCY FORM.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2343 MASON LEE FILTZ
 Provisional Respiratory Care Practitioner

Practice Address:

October 11, 2024
 ASCENSION ST. JOHN
 1923 S UTICA AVE

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 10/11/2024
Entered: 10/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2343
Sex: M
Ethnic Origin: 1

Endorsed By: EDUCATION**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: NORTHERN OKLAHOMA COLLEGE
City: TONKAWA **State:** OK **Country:** UNITED STATES
Degree: APPLIED SCIENCE OF RESPIRATORY CARE **From:** 8/2022 **To:** 7/2025 **Verified:**

School Name: PONCA CITY HIGH SCHOOL
City: PONCA CITY **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2018 **To:** 5/2022 **Verified:**

PRACTICE HISTORY

Employed: Lowes **Supervisor:**
City: PONCA CITY **State:** OK **Country:** UNITED STATES
Specialty: PART TIME CUSTOMER SALES ASSOCIATE **From:** 6/2022 **To:** 10/2024 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2343	MASON LEE FILTZ

Provisional Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status
Application Instructions
OATH
PHOTO
Supervisors

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2329 SYDNEE JEAN HOPGOOD
 Provisional Respiratory Care Practitioner

Practice Address:

August 15, 2024
 OU HEALTH
 700 NE 13TH

OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:

Res:
Received: 07/18/2024
Entered: 07/18/2024
Temp Issued: 08/21/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2329
Sex: F
Ethnic Origin: 2

Endorsed By: EDUCATION

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY	State: OK	Country: UNITED STATES			
Degree: ASSOCIATES DEGREE-RESP	From: 8/2022	To: 8/ 2024	Verified:		
<hr/>					
School Name: CARL ALBERT HIGH SCHOOL					
City: MIDWEST CITY	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2017	To: 5/ 2021	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2329 SYDNEE JEAN HOPGOOD
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: OU HEALTH City: OKC Specialty: PR Comments: 700 NE 13TH OKC, OK 73104 405-271-8001 EXT 51141	Supervisor: LORI NAISMITH, RC3335 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:				
Employed: Ulta Beauty City: OKC Specialty: BEAUTY ADVISOR POSITION Comments: BEAUTY ADVISOR POSITION. I WORKED THE REGISTER AND HELPED CUSTOMERS.	Supervisor: State: OK Country: UNITED STATES From: 9 /2022 To: 8 /2023 Verified:				
Employed: LONG WAVE INC City: OKLAHOMA CITY Specialty: ADMIN ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2021 To: 8 /2022 Verified:				
Employed: Midwest City Regional Pool City: MIDWEST CITY Specialty: WAS A LIFEGUARD FOR MULTIPLE SUMMERS Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2019 To: 8 /2021 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2331	HANNAH GABRIELLE POTTER

Provisional Respiratory Care Practitioner

Practice Address:
 August 27, 2024
 OKLAHOMA CHILDRENS HOSPITAL
 1200 CHILDRENS AVE

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 07/31/2024
Entered: 07/31/2024
Temp Issued: 11/11/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2331
Sex: F
Ethnic Origin: 3

Endorsed By: EDUCATION
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: ROSE STATE COLLEGE	State: OK	Country: UNITED STATES	
City: SEMINOLE	From: 8/2021	To: 7/ 2024	Verified:
Degree: ASSOCIATES IN HEALTH SCIENCE -RESPIRTATORY THERAPY			
School Name: SEMINOLE STATE COLLEGE	State: OK	Country: UNITED STATES	
City: SEMINOLE	From: 8/2019	To: 12/ 2021	Verified:
Degree: ASSOCIATES IN HEALTH SCIENCE			
School Name: VARNUM HIGH SCHOOL	State: OK	Country: UNITED STATES	
City: SEMINOLE	From: 8/2016	To: 5/ 2020	Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2331 HANNAH GABRIELLE POTTER
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: OKLAHOMA CHILDRENS HOSPITAL City: OKLAHOMA CITY Specialty: PR Comments: 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 10 /2024 To: / Verified:		
Employed: Walmart Pharmacy City: SEMINOLE Specialty: CLERK Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2021 To: 12 /2021 Verified:		
Employed: Seminole Dry Cleaners City: SEMINOLE Specialty: CLERK Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2018 To: 4 /2019 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PR 2332 CHEALSEY ADRIANN ALDRICH
Provisional Respiratory Care Practitioner

Practice Address:

September 20, 2024
INTEGRIS HEALTH ENID HOSPITAL
600 S MONROE

ENID, OK 73701
GARFIELD

Status:

Res:
Received: 08/13/2024
Entered: 08/13/2024
Temp Issued: 09/20/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2332
Sex: F
Ethnic Origin: 1

Endorsed By: EDUCATION

Orig Issued:

Orig. Lic. Exp:

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION

School Name: AUTRY TECHNOLOGY CENTER/ NORTHERN OKLAHOMA COLLEGE			
City: ENID	State: OK	Country: UNITED STATES	
Degree: ASSOCIATES- RESP	From: 8/2023	To: 7/ 2025	Verified:

School Name: COVINGTON-DOUGLAS			
City: COVINGTON	State: OK	Country: UNITED STATES	
Degree: DIPLOMA	From: 8/2016	To: 5/ 2023	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2332 CHEALSEY ADRIANN ALDRICH
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS HEALTH ENID HOSPITAL City: ENID Specialty: PR Comments: 600 S MONROE ENID, OK 73701 580-548-1243	Supervisor: MALLORY GREEN, RC 4324 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:
--	---

Employed: Walgreens City: ENID Specialty: CASHIER, PHARMACY TECHNICIAN Comments: 9/19/24 - STILL WORKING HERE (KS)	Supervisor: State: OK Country: UNITED STATES From: 6 /2024 To: / Verified:
---	--

Employed: Denny Price YMCA City: ENID Specialty: CHILD CARE, CUSTOMER SERVICE, MANAGER ON DUTY Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 8 /2024 Verified:
--	--

Employed: Academy City: ENID Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2022 To: 3 /2023 Verified:
--	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PR 2333 ROBERT L. BROWN JR.
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: NORMAN REGIONAL		Supervisor: VANITA SOUTHWARD, RC 5217			
City: NORMAN	State: OK	Country: UNITED STATES			
Specialty: PR	From: 9 / 2024	To: /	Verified:		
Comments: 9/12/2024:FORM5 ENTERED. TEMP NOT ISSUED YET(SJ) 3300 HEALTHPLEX PKWY NORMAN, OK 73070-1308 405-307-1797					
Employed: Norman Regional Hospital		Supervisor:			
City: NORMAN	State: OK	Country: UNITED STATES			
Specialty: RESPIRATORY TECH	From: 9 / 2023	To: /	Verified:		
Comments: 9/13/2024:CURRENTLY WORKING HERE(SJ)					
Employed: Home Depot		Supervisor:			
City: NORMAN	State: OK	Country: UNITED STATES			
Specialty: HOME IMPROVEMENT	From: 4 / 2023	To: 12 / 2023	Verified:		
Comments:					
Employed: Legacy Finish Carpentry		Supervisor:			
City: DES MOINES	State: IA	Country: UNITED STATES			
Specialty: CUSTOM FINISH CARPENTRY.	From: 2 / 1997	To: 8 / 2023	Verified:		
Comments:					
Employed: ANKENY PRECAST		Supervisor:			
City: DES MOINES	State: IA	Country: UNITED STATES			
Specialty: CARPENTER	From: 7 / 1994	To: 2 / 1997	Verified:		
Comments:					
Employed: STEW HANSON DODGE		Supervisor:			
City: DES MOINES	State: IA	Country: UNITED STATES			
Specialty: MECHANIC	From: 12 / 1991	To: 7 / 1994	Verified:		
Comments:					
Employed: BENSON BUICK		Supervisor:			
City: DES MOINES	State: IA	Country: UNITED STATES			
Specialty: MECHANIC	From: 1 / 1989	To: 12 / 1991	Verified:		
Comments:					
Employed: JIFFY LUBE		Supervisor:			
City: DESMOINES	State: IA	Country: UNITED STATES			
Specialty: SERVICE TECH	From: 8 / 1987	To: 1 / 1989	Verified:		
Comments:					
Employed: CASTERS OF OKLAHOMA		Supervisor:			
City: OKC	State: OK	Country: UNITED STATES			
Specialty: PRODUCTION	From: 7 / 1985	To: 8 / 1987	Verified:		
Comments:					

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2333	ROBERT L. BROWN JR.

Provisional Respiratory Care Practitioner

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PR 2334 DIANA CECILIA HERNANDEZ REYES
Provisional Respiratory Care Practitioner

Practice Address:

September 16, 2024

OKLAHOMA CHILDRENS HOSPITAL
1200 CHILDRENS AVEOKLAHOMA CITY, OK 73104
OKLAHOMA

Status:
Res:
Received: 08/20/2024
Entered: 08/20/2024
Temp Issued: 09/17/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2334
Sex: F
Ethnic Origin: 4

Endorsed By: EDUCATION**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION**School Name:** FRANCIS TUTTLE TECHNOLOGY CENTER**City:** OKLAHOMA CITY**State:** OK**Country:** UNITED STATES**Degree:** RESPIRATORY CARE THERAPIST
ASSOCIATES SCIENCE**From:** 1/2024**To:** 12/ 2024**Verified:****School Name:** OKLAHOMA CITY COMMUNITY COLLEGE**City:** OKLAHOMA CITY**State:** OK**Country:** UNITED STATES**Degree:** RESPIRATORY CARE THERAPIST
ASSOCIATES SCIENCE**From:** 1/2022**To:** 12/ 2024**Verified:****School Name:** PORTLAND COMMUNITY COLLEGE**City:** PORTLAND**State:** OR**Country:** UNITED STATES**Degree:** PRE REQ (ASSOCIATES)**From:** 9/2013**To:** 3/ 2021**Verified:****School Name:** MERLO STATION HIGH SCHOOL**City:** BEAVERTON**State:** OR**Country:** UNITED STATES**Degree:** HIGH SCHOOL DIPLOMA**From:** 9/2009**To:** 6/ 2013**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2334 DIANA CECILIA HERNANDEZ REYES
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: OKLAHOMA CHILDRENS HOSPITAL City: OKLAHOMA CITY Specialty: PR Comments: 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:		
Employed: Diamond City: OKLAHOMA CITY Specialty: BANQUET SERVER Comments: CLEAN UP AND SET UP CATERING SERVICES AT THE OKLAHOMA CITY CONVENTION CENTER.	Supervisor: State: OK Country: UNITED STATES From: 8 /2023 To: / Verified:		
Employed: Stay at Home Mother City: OKLAHOMA CITY Specialty: STAY AT HOME MOM Comments: STAY AT HOME MOTHER, HOME MAKER AND FULL-TIME STUDENT RESPIRATORY THERAPIST.	Supervisor: State: OK Country: UNITED STATES From: 8 /2023 To: / Verified:		
Employed: Integris Health City: OKLAHOMA CITY Specialty: CARDIAC MONITOR TECH Comments: MONITER MULTIPLE PATIENT'S HEART RHYTHM AND CONTACTED APPROPRIATE STAFF AS SOON AS POSSIBLE.	Supervisor: State: OK Country: UNITED STATES From: 1 /2023 To: 8 /2023 Verified:		
Employed: Swadleys BBQ City: OKLAHOMA CITY Specialty: CASHIER Comments: PART TIME CASHIER THAT HANDLED CUSTOMER ORDERS AND CASH, CARD AND ONLINE ORDERS.	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: 5 /2022 Verified:		
Employed: Stay at Home Mother City: OKLAHOMA CITY Specialty: STAY AT HOME MOTHER AND HOME MAKER TO MY CHILD. Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 12 /2021 Verified:		
Employed: Premier Parking LLC City: OKLAHOMA CITY Specialty: HOSPITAL SCREENER Comments: CONDUCT COVID-19 SYMPTOMS SCREENING ACCORDING TO HOSPITAL GUIDELINES.	Supervisor: State: OK Country: UNITED STATES From: 2 /2021 To: 5 /2021 Verified:		
Employed: The UPS Store City: ALOHA Specialty: CASHIER Comments: I WAS STORE CASHIER PART TIME ON THE WEEKENDS. I MANAGED SALES AND MONEY TRANSACTIONS.	Supervisor: State: OR Country: UNITED STATES From: 3 /2018 To: 7 /2018 Verified:		
Employed: Superwinch LLC City: TUALATIN Specialty: LEAD ASSEMBLY Comments: LEAD ASSEMBLY FOR WINCHES. LEAD A TEAM OF 10, AND MAKE SURE THE LINE IS RUNNING SMOOTHLY.	Supervisor: State: OR Country: UNITED STATES From: 1 /2017 To: 1 /2018 Verified:		
Employed: NONE	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2334 DIANA CECILIA HERNANDEZ REYES
 Provisional Respiratory Care Practitioner

City: BEAVERTON Specialty: STAY AT HOME PARENT Comments: MY PARTNER AND I DECIDED THAT I SHOULD BE A HOME MAKER AND FULL-TIME MOM TEMPORARY.	State: OR Country: UNITED STATES From: 6 /2016 To: 1 /2017 Verified:
Employed: Oregon Health and Science University City: PORTLAND Specialty: CASHIER Comments: OPERATE THE CASH REGISTER, IN THE CAFETERIA AND SURROUNDED AREAS OF OHSU.	Supervisor: State: OR Country: UNITED STATES From: 8 /2015 To: 6 /2016 Verified:
Employed: Ametek City: BEAVERTON Specialty: ASSEMBLY WORKER Comments: ASSEMBLE AND SOLDER ELECTRONIC COMPONENTS UNDER A MICROSCOPE.	Supervisor: State: OR Country: UNITED STATES From: 8 /2014 To: 8 /2015 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2335 KAYLEE HALL
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OKLAHOMA CHILDRENS HOSPITAL City: OKLAHOMA CITY Specialty: PR Comments: 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:
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Employed: Upper Crest Woodfire Pizza City: OKLAHOMA CITY Specialty: WAITRESS/BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2023 To: / Verified:
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Employed: Epworth Villa Assisted Living City: OKLAHOMA CITY Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2023 To: 10 /2023 Verified:
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Employed: Tealridge Assisted Living City: EDMOND Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2022 To: 5 /2023 Verified:
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Employed: Hot Wings City: EDMOND Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2022 To: 5 /2023 Verified:
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Employed: Charleston's Restaurant City: EDMOND Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2021 To: 6 /2022 Verified:
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Employed: Shimmers Snowcones City: EDMOND Specialty: MADE SNOWCONES AND TOOK PAYMENTS Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 7 /2019 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2336 MARK N ROBERTS
 Provisional Respiratory Care Practitioner

PRE-MED EDUCATION			
School Name: FRANCIS TUTTLE TECHNOLOGY CENTER	City: OKLAHOMA CITY	State: OK	Country:
Degree: RESPIRATORY CARE	From: 1/2024	To: 12/ 2024	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 8/2018	To: 1/ 2024	Verified:
School Name: MID AMERICA CHRISTIAN UNIVERSITY	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: BACHELORS OF SCIENCE IN PSYCHOLOGY	From: 8/2013	To: 5/ 2017	Verified:
School Name: ROSE STATE COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 1/2013	To: 5/ 2013	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 8/2011	To: 8/ 2012	Verified:
School Name: NORMAN NORTH HIGHSCHOOL	City: NORMAN	State: OK	Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA	From: 8/2008	To: 5/ 2011	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PR 2336 MARK N ROBERTS
 Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: NORMAN REGIONAL HOSPITAL	Supervisor: VANITA SOUTHWARD, RC 5217
City: NORMAN	State: OK Country: UNITED STATES
Specialty: PR	From: 9 /2024 To: / Verified:
Comments: 3300 HEALTHPLEX PARKWAY NORMAN, OK 73072 405-307-1797	

Employed: Norman Regional Hospital	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: RESPIRATORY TECHNICIAN	From: 5 /2023 To: 8 /2024 Verified:
Comments:	

Employed: Boulevard Property Manager	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: FINANCIAL COORDINATOR	From: 1 /2023 To: 3 /2023 Verified:
Comments:	

Employed: Two Doors Realty	Supervisor:
City: OKLAHOMA CITY	State: OK Country: UNITED STATES
Specialty: PROPERTY MANAGER	From: 1 /2022 To: 1 /2023 Verified:
Comments:	

Employed: RJH Realty Investments	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: PROPERTY MANAGER/MAINTENANCE SUPERVISOR	From: 1 /2021 To: 1 /2022 Verified:
Comments:	

Employed: Therapy in Motion	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN SUPERVISOR	From: 1 /2017 To: 1 /2021 Verified:
Comments:	

Employed: Therapy In Motion	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN	From: 1 /2012 To: 1 /2017 Verified:
Comments:	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PR 2337 SAMANTHA BRADEN
Provisional Respiratory Care Practitioner

PRACTICE HISTORY

Employed: NORMAN REGIONAL HOSPITAL **Supervisor:** VANITA SOUTHWARD, RC
5217
City: NORMAN **State:** OK **Country:**
Specialty: PR **From:** 9/2024 **To:** / **Verified:**
Comments: 8/28/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB
3300 HEALTHPLEX PARKWAY
NORMAN, OK 73072
405-307-1797

Employed: The Flower Shop Winery and Pizza **Supervisor:**
City: CHICKASHA **State:** OK **Country:** UNITED STATES
Specialty: **From:** 7/2023 **To:** 12/2023 **Verified:**
Comments: I WORKED AS A WAITRESS. I WORKED THE REGISTER, RAN FOOD, CLEANED, ETC.

Employed: Winter Creek Golf and Social Club **Supervisor:**
City: BLANCHARD **State:** OK **Country:** UNITED STATES
Specialty: **From:** 5/2023 **To:** 7/2023 **Verified:**
Comments: I WORKED AS A WAITRESS AT THE RESTAURANT INSIDE THE CLUBHOUSE AT THE
GOLF COURSE.

Employed: YMCA **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: **From:** 11/2022 **To:** 5/2023 **Verified:**
Comments: I WORKED AS A LIFEGUARD AND SWIM INSTRUCTOR FOR CHILDREN.

Employed: Maurices **Supervisor:**
City: MOORE **State:** OK **Country:** UNITED STATES
Specialty: **From:** 6/2022 **To:** 11/2022 **Verified:**
Comments: I WORKED AS A SALES REPRESENTATIVE. I WORKED AT THE CASH REGISTER AND
ORGANIZED THE STORE.

Employed: Grand Care Pharmacy **Supervisor:**
City: CHICKASHA **State:** OK **Country:** UNITED STATES
Specialty: **From:** 5/2021 **To:** 12/2021 **Verified:**
Comments: I WORKED AS A CLERK AT THE FRONT OF THE PHARMACY AND WORKED THE
COUNTER ALONG WITH THE DRIVE-THROUGH

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
 PR 2338 SIERRA HOPE MARSH
 Provisional Respiratory Care Practitioner

Practice Address:
 October 10, 2024
 STILLWATER MEDICAL CENTER
 1323 W 6TH AVE

 STILLWATER, OK 74074
 PAYNE

Status:
Res:
Received: 09/06/2024
Entered: 09/06/2024
Temp Issued: 11/11/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2338
Sex: F
Ethnic Origin: 1

Endorsed By: EDUCATION
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:	.			
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION			
School Name: AUTRY TECHNOLOGY CENTER City: ENID Degree: RESPIRATORY	State: OK From: 8/2023	Country: UNITED STATES To: 7/ 2025	Verified:
School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY City: ENID Degree:	State: OK From: 6/2022	Country: UNITED STATES To: 2/ 2023	Verified:
School Name: NORTHERN OKLAHOMA COLLEGE City: TONKAWA/ENID Degree:	State: OK From: 8/2019	Country: UNITED STATES To: 5/ 2022	Verified:
School Name: DEER CREEK - LAMONT City: LAMONT Degree:	State: OK From: 8/2014	Country: UNITED STATES To: 5/ 2020	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PR	2338	SIERRA HOPE MARSH
Provisional Respiratory Care Practitioner		

PRACTICE HISTORY

Employed: STILLWATER MEDICAL CENTER	Supervisor: ALEXIS GRIBBEN, RC 3473
City: STILLWATER	State: OK Country: UNITED STATES
Specialty: PR	From: 10 /2024 To: / Verified:
Comments: 1323 W 6TH AVE STILLWATER, OK 74074 405-784-5842	

Employed: Integris Health Enid Hospital	Supervisor:
City: ENID	State: OK Country: UNITED STATES
Specialty: PATIENT CARE TECH / CARDIAC MONITOR TECH	From: 5 /2023 To: / Verified:
Comments: 9/30/24 - STILL WORKING HERE (KS)	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5861 COURTNEY HUTH
 Respiratory Care Practitioner

Practice Address:
 May 13, 2022

Status:
Res:
Received: 08/06/2024
Entered: 08/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5861
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/03/2024

PRE-MED EDUCATION					
School Name: KALAMAZOO VALLEY COMMUNITY COLLEGE					
City: KALAMAZOO		State: MI		Country: UNITED STATES	
Degree: RESPIRATORY CARE PRACTITIONER DEGREE		From: 8/2004		To: 6/ 2007 Verified:	

PRACTICE HISTORY					
Employed:		Supervisor:			
City:		State:		Country:	
Specialty:		From: /		To: / Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
IN	Respiratory Therapy 30006881A	A	6/8/07	12/31/24	9/3/24
MI	Respiratory Therapy 4401006751	I	11/6/15	12/31/18	9/6/24
IL	Respiratory Therapy 194.008074	I	11/19/09	10/31/13	9/6/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	5861	COURTNEY HUTH

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT OF "YES" ANSWER ON APPLICATION

Application Instructions

OATH

Time Deficiency Form for: 9/2000- 8/2004; 6/2007- PRESENT; MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: DO YOU HAVE ANY RELATED WORK HISTORY FOR MI, IN , OR IL? / ARE YOU CURRENTLY PRACTICING AS A RESPIRATORY CARE PRATITIONER?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6174 LACREASHA LENETT SNOW
 Respiratory Care Practitioner

Practice Address:

October 02, 2024
 BAPTIST HEALTH- VAN BUREN
 211 CRAWFORD MEMORIAL DR

VAN BUREN, AR 72956
 NOT OKLAHOMA

Status:

Res:
Received: 10/02/2024
Entered: 10/02/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6174
Sex: F
Ethnic Origin: 2

Endorsed By: NBRC CREDENTIALS**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 10/17/2024

PRE-MED EDUCATION

School Name: AMERICAN INTERCONTINENTAL UNIVERSITY**City:** SCHAUMBURG**State:** IL**Country:** UNITED STATES**Degree:** MBA- HEALTHCARE
MANAGEMENT**From:** 10/2019**To:** 6/2022**Verified:****School Name:** PULASKI TECHNICAL COLLEGE**City:** NORTH LITTLE ROCK**State:** AR**Country:** UNITED STATES**Degree:** AAS- RESPIRATORY THERAPY**From:** 8/2003**To:** 5/2004**Verified:****School Name:** ENGLAND HIGH SCHOOL**City:** ENGLAND**State:** AR**Country:** UNITED STATES**Degree:****From:** 8/1992**To:** 5/1998**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6174 LACREASHA LENETT SNOW
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: ROTECH MEDICAL EQUIPMENT AND OXYGEN
City: FORT SMITH **State:** AR **Country:** UNITED STATES
Specialty: RT **From:** 2 / 2023 **To:** / **Verified:**
Comments: 10/2/24 CURRENTLY EMPLOYED HERE, TS

Employed: Baptist Health
City: VAN BUREN **State:** AR **Country:** UNITED STATES
Specialty: RT **From:** 7 / 2019 **To:** / **Verified:**
Comments: 10/2/2024 CURRENTLY EMPLOYED HERE, TS
 CARE FOR PATIENTS IN AN ER SETTING WITH BREATHING ISSUES.

Employed: Cornerstone Healthcare Group
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Specialty: RT **From:** 4 / 2017 **To:** 9 / 2018 **Verified:**
Comments:

Employed: Baptist Health
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Specialty: RT **From:** 11 / 2008 **To:** 10 / 2018 **Verified:**
Comments:

Employed: United States Army Reserves
City: MESQUITE **State:** TX **Country:** UNITED STATES
Specialty: MEMBER OF THE 820TH SIGNAL COMPANY. **From:** 10 / 1997 **To:** 11 / 2011 **Verified:**
Comments:

Employed: United States Army Reserves
City: MESQUITE **State:** TX **Country:** UNITED STATES
Specialty: MEMBER OF THE 820TH SIGNAL COMPANY. **From:** 10 / 1997 **To:** 11 / 2011 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Respiratory Care Practitioner RCP-2554	A	4/28/05	10/31/24	10/2/24

DEFICIENCIES

Extended Background Check
 Time Deficiency Form for: 10/2018-7/2019, -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6488 AMANDA H DORRIS
 Respiratory Care Practitioner

Practice Address:

July 17, 2024
 ADAPTHEALTH - HEALTHLINE
 6811 WOODWAY DR

 WACO, TX 76712
 NOT OKLAHOMA

Status:
Res:
Received: 07/17/2024
Entered: 07/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6488
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC: 08/14/2024

PRE-MED EDUCATION					
School Name: TEMPLE JUNIOR COLLEGE					
City: TEMPLE		State: TX	Country: UNITED STATES		
Degree: RESPIRATORY CARE		From: 8/2017	To: 5/ 2019	Verified:	
<hr/>					
School Name: CHINA SPRING HIGH SCHOOL					
City: WACO		State: TX	Country: UNITED STATES		
Degree:		From: 8/2009	To: 6/ 2013	Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: AdaptHealth - Healthline			Supervisor:		
City: WACO		State: TX	Country: UNITED STATES		
Specialty: LEAD RESPIRATORY THERAPIST		From: 9/2021	To: /	Verified:	
Comments: I AM THE LEAD RESPIRATORY THERAPIST FOR EAST TX REGION					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP02004536	A	9/29/21	11/30/25	7/16/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6488	AMANDA H DORRIS

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 6/2013-8/2017, 5/2019-9/2021 MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR ADAPT HEALTH?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6492 ALEENA PFANENSTIEL
 Respiratory Care Practitioner

Practice Address:
 August 16, 2024

Status:
Res:
Received: 07/19/2024
Entered: 07/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6492
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/16/2024

PRE-MED EDUCATION			
School Name: LABETTE COMMUNITY COLLEGE			
City: PARSONS		State: KS Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE - RESPIRATORY THERAPI		From: 8/2011 To: 5/ 2012 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6492 ALEENA PFANENSTIEL
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: SELECT SPECIALTY HOSPITAL City: KANSAS CITY Specialty: RT Comments:	Supervisor: State: KS Country: From: 2 / 2024 To: 8 / 2024 Verified:		
Employed: NONE City: WICHITA Specialty: UNEMPLOYED Comments:	Supervisor: State: KS Country: From: 2 / 2023 To: 2 / 2024 Verified:		
Employed: LINCARE City: WICHITA Specialty: HEALTHCARE SPECIALIST Comments:	Supervisor: State: KS Country: From: 11 / 2022 To: 2 / 2023 Verified:		
Employed: ASCENSION VIA CHRISTI City: WICHITA Specialty: SLEEP TECH Comments:	Supervisor: State: KS Country: From: 7 / 2022 To: 9 / 2022 Verified:		
Employed: ASCENSION VIA CHRISTI City: MANHATTAN Specialty: RT Comments:	Supervisor: State: KS Country: From: 1 / 2022 To: 6 / 2022 Verified:		
Employed: WILLIAM NEWTON HOSPITAL City: WINFIELD Specialty: RT Comments:	Supervisor: State: KS Country: From: 9 / 2020 To: 11 / 2021 Verified:		
Employed: NONE City: WICHITA Specialty: STAY AT HOME PARENT DURING COVID Comments:	Supervisor: State: KS Country: From: 5 / 2020 To: 8 / 2020 Verified:		
Employed: KANSAS HEART HOSPITAL City: WICHITA Specialty: RT Comments:	Supervisor: State: KS Country: From: 3 / 2018 To: 4 / 2020 Verified:		
Employed: WESLEY MEDICAL CENTER City: WICHITA Specialty: RT Comments:	Supervisor: State: KS Country: From: 3 / 2014 To: 5 / 2019 Verified:		
Employed: NONE City: WICHITA Specialty: UNEMPLOYED/HAD A BABY Comments:	Supervisor: State: KS Country: From: 5 / 2013 To: 3 / 2014 Verified:		
Employed: HUTCHINSON REGIONAL MEDICAL City: HUTCHINSON Specialty: RT Comments:	Supervisor: State: KS Country: From: 8 / 2012 To: 4 / 2013 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6492 ALEENA PFANENSTIEL
 Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Registered Respiratory Therapist 16-04274	A	10/2/12	3/31/25	8/16/24
CO	Registered Respiratory Therapist RTL.0008810	A	9/26/22	9/1/24	8/16/24

DEFICIENCIES

Evidence of Status

Application Instructions

Time Deficiency Form for: 11/1999-8/2011, WAS NOT INCLUDED IN TIME DEFICIENCY FORM FOR EXPLANATIONS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6493 ANDREA MARIE JOHNSON
 Respiratory Care Practitioner

Practice Address:

July 21, 2024
 BSA HOSPITAL
 1600 WALLACE BLVD

 AMARILLO, TX 79106
 NOT OKLAHOMA

Status:
Res:
Received: 07/21/2024
Entered: 07/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6493
Sex: F
Ethnic Origin: 2

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 08/19/2024

PRE-MED EDUCATION

School Name: WEST TEXAS A&M UNIVERSITY
City: CANYON **State:** TX **Country:** UNITED STATES
Degree: BACHELOR'S APPLIED ARTS AND SCIENCES -SOCIOLOGY
From: 8/2016 **To:** 5/ 2019 **Verified:**

School Name: AMARILLO COLLEGE
City: AMARILLO **State:** TX **Country:** UNITED STATES
Degree: ASSOCIATES DEGREE GENERAL STUDIES
From: 8/2015 **To:** 5/ 2016 **Verified:**

School Name: AMARILLO COLLEGE
City: AMARILLO COLLEGE **State:** TX **Country:** UNITED STATES
Degree: ASSOCIATES IN APPLIED SCIENCE RESPIRATORY CARE
From: 8/2005 **To:** 8/ 2009 **Verified:**

School Name: PALO DURO HIGH SCHOOL
City: AMARILLO **State:** TX **Country:** UNITED STATES
Degree: **From:** 8/1998 **To:** 6/ 2002 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6493 ANDREA MARIE JOHNSON
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Plum Creek Specialty Hospital **Supervisor:**
City: AMARILLO **State:** TX **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY THERAPIST **From:** 7 /2012 **To:** 10 /2016 **Verified:**
Comments: REGISTERED RESPIRATORY THERAPIST WORKING PRN AT THE LTAC HOSPITAL

Employed: BSA Health System **Supervisor:**
City: AMARILLO **State:** TX **Country:** UNITED STATES
Specialty: RT TECH AND AFTER LICENSED LEAD THERPIST **From:** 12 /2007 **To:** / **Verified:**
Comments: STARTED AS RESPIRATORY THERAPIST TECH ONCE LICENSED WORK MY WAY TO LEAD THERAPIST

Employed: Popeyes Chicken and Biscuits **Supervisor:**
City: AMARILLO **State:** TX **Country:** UNITED STATES
Specialty: CREW MEMBER AND WORK MY WAY UP TO MANAGER. **From:** 9 /1999 **To:** 1 /2008 **Verified:**
Comments: STARTED A A CREW MEMBER AND WORK MY WAY UP TO MANAGER.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Respiratory Care Professional 13483		11/3/23		
TX	Respiratory Care Practitioner RCP00072616	A	1/8/10	11/30/25	8/19/24

DEFICIENCIES

OTHER DEFICIENCIES: PLEASE SEPERATE YOUR TIME AT BSA HEALTH SYSTEM TO REFLEXT YOUR TIME AS A TECH AND AS A RT
 Verify License from GA 13483

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6495 OLIVIA V WEST
 Respiratory Care Practitioner

Practice Address:
 August 20, 2024

Status:
Res:
Received: 07/23/2024
Entered: 07/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6495
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/20/2024

PRE-MED EDUCATION					
School Name: AMARILLO COLLEGE					
City: AMARILLO	State: TX	Country: UNITED STATES			
Degree: ASSOCIATES OF APPLIED SCIENCE RESP	From: 8/2003	To: 8/ 2006	Verified:		
School Name: CAPROCK HIGH SCHOOL					
City: AMARILLO	State: TX	Country: UNITED STATES			
Degree: GED	From: 8/1995	To: 8/ 1998	Verified:		
PRACTICE HISTORY					
Employed: BSA Hospital					
City: AMARILLO	Supervisor:		State: TX Country: UNITED STATES		
Specialty: RRT	From: 8 /2005	To: 7 /2024	Verified:		
Comments: RRT-REGISTERED RESPIRATORY THERAPIST POINT OF CARE COORDINATOR					
Employed: SAMS CLUB					
City: AMARILLO	Supervisor:		State: TX Country: UNITED STATES		
Specialty: OFFICE ASSOCIATE	From: 9 /1998	To: 8 /2005	Verified:		
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6495 OLIVIA V WEST
 Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP00069278	A	12/28/06	5/31/26	8/20/24

DEFICIENCIES

OATH

PHOTO

OTHER DEFICIENCIES: MUST RESUBMIT PHOTO/OATH PAGE WITH PICTURE ATTACHED IN CORRECT LOCATION AS MENTIONED ON FORM.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6496 LAUREN HUNT
 Respiratory Care Practitioner

Practice Address:
 August 20, 2024

Status:
Res:
Received: 07/23/2024
Entered: 07/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6496
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 08/20/2024

PRE-MED EDUCATION

School Name: SIMI INSTITUTE FOR CAREERS AND TECHNOLOGY
City: SIMI VALLEY **State:** CA **Country:** UNITED STATES
Degree: AS IN IN RESPIRATORY THERAPY **From:** 6/2020 **To:** 5/ 2022 **Verified:**

School Name: EL CAMINO HIGH SCHOOL
City: VENTURA **State:** CA **Country:** UNITED STATES
Degree: GRADUATED **From:** 9/2005 **To:** 6/ 2010 **Verified:**

PRACTICE HISTORY

Employed: Baylor Scott & White All Saints Medical Center **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY PROFESSIONAL **From:** 12 /2022 **To:** / **Verified:**
Comments: RESPIRATORY PROFESSIONAL TRAINED TO ASSESS, DIAGNOSE AND TREAT PATIENTS WITH BREATHING CHALLENGES

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP02005658	A	11/9/22	11/30/24	8/20/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6496	LAUREN HUNT

Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 6/2010-6/2020, 5/2022-12/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR BAYLOR SCOTT & WHITE ?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6497 RANDI LEIGH HANSON
Respiratory Care Practitioner

Practice Address:
August 21, 2024

Status:
Res:
Received: 07/25/2024
Entered: 07/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6497
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 07/26/2024

PRE-MED EDUCATION					
School Name: SAINT CATHERINE UNIVERSITY					
City: ST PAUL		State: MN		Country: UNITED STATES	
Degree: B.S RESPIRATORY CARE		From: 2/2009		To: 5/2013 Verified:	
<hr/>					
School Name: PARK SENIOR HIGH SCHOOL					
City: COTTAGE GROVE		State: MN		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 9/2005		To: 6/2008 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6497 RANDI LEIGH HANSON
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: St Joseph's Children's Hospital	Supervisor:
City: TAMPA	State: FL Country: UNITED STATES
Specialty: RRT	From: 6 / 2022 To: / Verified:
Comments:	

Employed: Children's Hospital Colorado	Supervisor:
City: HIGHLANDS RANCH	State: CO Country: UNITED STATES
Specialty: RRT	From: 9 / 2021 To: 10 / 2022 Verified:
Comments:	

Employed: Seattle Children's Hospital	Supervisor:
City: SEATTLE	State: WA Country: UNITED STATES
Specialty: RRT	From: 6 / 2021 To: 2 / 2022 Verified:
Comments:	

Employed: Children's Hospital Colorado	Supervisor:
City: COLORADO SPRINGS	State: CO Country: UNITED STATES
Specialty: RRT	From: 2 / 2021 To: 6 / 2021 Verified:
Comments:	

Employed: Children's Hospital Colorado	Supervisor:
City: AURORA	State: CO Country: UNITED STATES
Specialty: RRT	From: 4 / 2019 To: 6 / 2021 Verified:
Comments:	

Employed: UC Health	Supervisor:
City: AURORA	State: CO Country: UNITED STATES
Specialty: RRT	From: 4 / 2017 To: 4 / 2019 Verified:
Comments:	

Employed: Children's Hospital Colorado Springs	Supervisor:
City: COLORADO SPRINGS	State: CO Country: UNITED STATES
Specialty: RRT	From: 2 / 2014 To: 4 / 2017 Verified:
Comments:	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Respiratory Therapist RT20443	A	6/11/21	5/31/25	10/25/24
NC	Respiratory Therapist 13453	A	10/23/23	10/31/24	8/21/24
CO	Registered Respiratory Therapist RLT.0004242		7/16/13		
UT	Respiratory Therapist 12524397-5701		10/19/21		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6497	RANDI LEIGH HANSON

Respiratory Care Practitioner

DEFICIENCIES

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH ST JOSEPHS CHILDRENS HOSPITAL?

Evidence of Status

Affidavit DEFICIENCIES: MUST HAVE NOTARIZED STATEMENT OF "YES" ANSWER ON APPLICATION

Application Instructions

Verify License from CO RLT.0004242

Verify License from UT 12524397-5701

OATH

Time Deficiency Form for: 6/2008-2/2009, 5/2013-2/2014, -- MUST USE TIME DEFICIENCY FORM

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6498 DYLAN PARKER
 Respiratory Care Practitioner

Practice Address:
 August 21, 2024

Status:
Res:
Received: 07/25/2024
Entered: 07/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6498
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/21/2024

PRE-MED EDUCATION					
School Name: ANGELINA COLLEGE					
City: LUFKIN		State: TX	Country: UNITED STATES		
Degree: ASSOCIATE??S DEGREE		From: 8/2018	To: 5/2020	Verified:	
School Name: HUDSON HIGH SCHOOL					
City: HUDSON		State: TX	Country: UNITED STATES		
Degree:		From: 8/2011	To: 5/2015	Verified:	
PRACTICE HISTORY					
Employed: CHI St Lukes Health Memorial			Supervisor:		
City: LUFKIN		State: TX	Country: UNITED STATES		
Specialty: REGISTERED RESPIRATORY THERAPIS		From: 8 / 2020	To: /	Verified:	
Comments: I AM A REGISTERED RESPIRATORY THERAPIST THAT WORKS IN A ACUTE HOSPITAL CARE SETTING					
Employed: Crawdaddys boil n go			Supervisor:		
City: NACOGDOCHES		State: TX	Country: UNITED STATES		
Specialty: SEASONAL COOK		From: 1 / 2016	To: 6 / 2020	Verified:	
Comments: I WAS A SEASONAL COOK AT CRAWFISH/SHRIMP RESTAURANT TO SAVE MONEY AND WORK MY WAY THROUGH COLLEGE					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6498 DYLAN PARKER
 Respiratory Care Practitioner

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	RC RCP02003339	A	6/24/20	5/31/26	10/25/24

DEFICIENCIES

OATH

Time Deficiency Form for: 5/2015-1/2016, -- MUST HAVE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH CHI ST LUKES HEALTH MEMORIAL?

DO YOU HAVE ANY RC LICENSES? WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE?

Application Instructions

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6499 SCOTT L LANTER
 Respiratory Care Practitioner

Practice Address:
 August 23, 2024

Status:
Res:
Received: 07/26/2024
Entered: 07/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6499
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/23/2024

PRE-MED EDUCATION					
School Name: UNIVERSITY OF KANSAS					
City: LAWRENCE		State: KS		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN RESPIRATORY CARE		From: 8/2020		To: 5/ 2022 Verified:	
<hr/>					
School Name: SEWARD COUNTY COMMUNITY COLLEGE					
City: LIBERAL		State: KS		Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE IN RESPIRATORY THERAPY		From: 8/2006		To: 8/ 2008 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6499 SCOTT L LANTER
Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Krucial Staffing City: OVERLAND PARK Specialty: AGENCY RRT. Comments:	Supervisor: State: KS Country: UNITED STATES From: 1 /2023 To: 12 /2023 Verified:
--	---

Employed: Self City: WILSON Specialty: SELF EMPLOYED AS AGENCY RRT. Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 /2022 To: 2 /2023 Verified:
--	--

Employed: Coast Medical City: HERMOSA BEACH Specialty: AGENCY RRT. Comments:	Supervisor: State: CA Country: UNITED STATES From: 11 /2021 To: 9 /2022 Verified:
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Employed: Pratt Regional Medical Center City: PRATT Specialty: STAFF RRT. Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 /2018 To: 10 /2021 Verified:
--	---

Employed: Aureus Medical City: OMAHA Specialty: AGENCY RRT. Comments:	Supervisor: State: NE Country: UNITED STATES From: 3 /2010 To: 9 /2018 Verified:
--	--

Employed: Hays Medical Center City: HAYS Specialty: STARTED AS STUDENT RT AND PROGRESSED TO STAFF RRT. Comments:	Supervisor: State: KS Country: UNITED STATES From: 3 /2007 To: 3 /2010 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	RT 16-03663	A	8/26/08	3/31/25	8/23/24
IA	RRT 002834		5/4/12		
NE	RRT 2480		3/4/11		

DEFICIENCIES

Evidence of Status
Application Instructions
OATH
Extended Background Check
Time Deficiency Form for: 12/2023-PRESENT , -- MUST USE TIME DEFICIENCY FORM
PHOTO
Verify License from IA 002834
Verify License from NE 2480

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6506 KATHY DIANE HAINES
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Baylor Scott & White Surgical Hospital at Sher
City: SHERMAN **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 10 / 2010 **To:** / **Verified:**
Comments: 10/9/2024:CURRENTLY WORKING HERE(SJ)

Employed: Texoma Gastroenterology
City: SHERMAN **State:** TX **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT **From:** 8 / 2003 **To:** 10 / 2010 **Verified:**
Comments:

Employed: North Texas Cardiology
City: SHERMAN **State:** TX **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT **From:** 7 / 1999 **To:** 8 / 2003 **Verified:**
Comments:

Employed: Healthline Medical Equipment
City: SHERMAN **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 7 / 1996 **To:** 7 / 1999 **Verified:**
Comments:

Employed: Plano Rehab Hospital
City: PLANO **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 8 / 1994 **To:** 7 / 1996 **Verified:**
Comments:

Employed: Wilson N Jones
City: SHERMAN **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 10 / 1991 **To:** 8 / 1994 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care RCP00065444	A	7/23/01	5/31/25	9/6/24

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: MUST HAVE PHOTO ATTACHED TO PHOTO/OATH PAGE. CANNOT PROCESS RECEIVED FORM.

OATH

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6508 KERIDAN WARD
Respiratory Care Practitioner

Practice Address:

August 13, 2024

MONROE CARELL JR CHILDRENS HOSPITAL AT VAN
2200 CHILDREN'S WAYNASHVILLE, TN 37232
NOT OKLAHOMA

Status:
Res:
Received: 08/13/2024
Entered: 08/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6508
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

NBRC: 09/10/2024

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION**School Name:** SOUTH PLAINS COLLEGE**City:** LEVELLAND**State:** TX**Country:** UNITED STATES**Degree:** RESPIRATORY CARE**From:** 8/2020**To:** 5/ 2022**Verified:****School Name:** UNIVERSITY OF CENTRAL OKLAHOMA**City:** EDMOND**State:** OK**Country:** UNITED STATES**Degree:** ORGANIZATIONAL COMMUNICATONS**From:** 8/2015**To:** 12/ 2019**Verified:****PRACTICE HISTORY****Employed:** Monroe Carell Jr. Children's Hospital at
Vanderbil**Supervisor:****City:** NASHVILLE**State:** TN**Country:** UNITED STATES**Specialty:** LEVEL 1 TRAUMA CENTER**From:** 7 /2022**To:** /**Verified:**

LEVEL IV NICU

Comments:**Other Licenses**

State	Lic Type and Number	Status	Issued	Exp	Verif
TN	Respiratory Therapist 8520	A	9/13/22	12/31/25	9/10/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6508	KERIDAN WARD

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 12/2019-08/2020, -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH MONROE CARELL JR CHILDRENS HOSPITAL?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6509 LUIS R MORALES
 Respiratory Care Practitioner

Practice Address:

August 13, 2024
 UNIVERSITY HEALTH UNIVERSITY HOSPITAL
 4502 MEDICAL DR

 SAN ANTONIO, TX 78229
 NOT OKLAHOMA

Status:
Res:
Received: 08/13/2024
Entered: 08/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6509
Sex: M
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/10/2024

PRE-MED EDUCATION			
School Name: CONCORDE CAREER COLLEGE	State: CA Country: UNITED STATES		
City: NORTH HOLLYWOOD	From: 2/2012	To: 2/ 2014	Verified:
Degree: ASSOCIATE DEGREE IN SCIENCE			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6509 LUIS R MORALES
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: University Health University Hospital **Supervisor:**
City: SAN ANTONIO **State:** TX **Country:** UNITED STATES
Specialty: TRAVEL CONTRACT EMPLOYMENT. **From:** 6 /2024 **To:** / **Verified:**
Comments:

Employed: Boston Medical Center **Supervisor:**
City: BOSTON **State:** MA **Country:** UNITED STATES
Specialty: CONTRACT TRAVEL ASSIGMENT. **From:** 1 /2024 **To:** 4 /2024 **Verified:**
Comments:

Employed: Beth Israel Deaconnes Hospital **Supervisor:**
City: BOSTON **State:** MA **Country:** UNITED STATES
Specialty: CONTRACT TRAVEL ASSIGNMENT. **From:** 9 /2023 **To:** 1 /2024 **Verified:**
Comments:

Employed: Baylor Rehabilitation **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: CONTRACT TRAVEL ASSIGNMENT **From:** 5 /2023 **To:** 8 /2023 **Verified:**
Comments:

Employed: JPS Hospital **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: LOCAL CONTRACT TRAVEL ASSIGNMENT. **From:** 3 /2021 **To:** 3 /2023 **Verified:**
Comments:

Employed: Intermountain Healthcare **Supervisor:**
City: SALT LAKE CITY **State:** UT **Country:** UNITED STATES
Specialty: CONTRACT TRAVEL ASSIGNMENT. **From:** 12 /2020 **To:** 3 /2021 **Verified:**
Comments:

Employed: Harris Health Ben Taub **Supervisor:**
City: HOUSTON **State:** TX **Country:** UNITED STATES
Specialty: CONTRACT TRAVEL ASSIGNMENT. **From:** 7 /2020 **To:** 11 /2020 **Verified:**
Comments:

Employed: Woman's Hospital **Supervisor:**
City: BATON ROUGE **State:** LA **Country:** UNITED STATES
Specialty: CONTRACT TRAVEL ASSIGNMENT. **From:** 4 /2020 **To:** 6 /2020 **Verified:**
Comments:

Employed: Medical City **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: HOSPITAL STAFF **From:** 5 /2019 **To:** 5 /2022 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Registered Respiratory Therapist 141662		4/4/14		
UT	Respiratory Care Practitioner 12070521-5701		4/24/23		
TX	Respiratory Care Practitioner RCP02000125	A	4/20/16	5/31/26	9/10/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6509	LUIS R MORALES

Respiratory Care Practitioner

DEFICIENCIES

Time Deficiency Form for: 11/1996-2/2012, 2/2014-5/2019, -- MUST USE TIME DEFICIENCY FORM

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE? / ARE YOU CURRENTLY EMPLOYED WITH UNIVERSITY HEALTH HOSPITAL?

Social Security Number

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Application Instructions

OATH

Verify License from CA 141662

Verify License from UT 12070521-5701

NPDB Profile Not Received (to be completed by OSBMLS Staff)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6511 IVANA HANCOCK
 Respiratory Care Practitioner

Practice Address:

September 06, 2024
 MERCY HOSPITAL
 4300 W MEMORIAL ROAD

 OKLAHOMA CITY, OK 73120
 OKLAHOMA

Status:
Res:
Received: 08/15/2024
Entered: 08/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6511
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 09/10/2024

PRE-MED EDUCATION

School Name: ROSE STATE COLLEGE
City: MIDWEST CITY **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATES OF APPLIED SCIENCE, RESPIRATORY THERAPY
From: 8/2020 **To:** 7/2024 **Verified:**

School Name: DULIC DR. VOJISLAV
City: SMEDEREVO **State:** **Country:** SERBIA
Degree: GRADUATE
From: 9/1996 **To:** 5/2000 **Verified:**

PRACTICE HISTORY

Employed: MERCY HOSPITAL **Supervisor:** STEPHEN HULL, RC 469
City: OKLAHOMA CITY **State:** OK **Country:**
Specialty: RC **From:** 9/2024 **To:** / **Verified:**
Comments: 8/29/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB
 4300 W MEMORIAL ROAD
 OKLAHOMA CITY, OK 73120
 405-752-3645

Employed: Oklahoma Pain Management **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT **From:** 8/2016 **To:** 3/2023 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6511 IVANA HANCOCK
Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Time Deficiency Form for: 5/2000-8/2016, -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6514	AMY LUANN MILLER
Respiratory Care Practitioner		

Practice Address:
September 16, 2024

Status:
Res:
Received: 08/20/2024
Entered: 08/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6514
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/16/2024

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6514 AMY LUANN MILLER
 Respiratory Care Practitioner

PRE-MED EDUCATION			
School Name: DUKE UNIVERSITY City: LAREDO	State: TX	Country: UNITED STATES	
Degree: HEALTHCARE LEADERSHIP	From: 6/2022	To: 12/ 2022	Verified:
School Name: UNIVERSITY OF OKLAHOMA City: NORMAN	State: OK	Country: UNITED STATES	
Degree: MLS	From: 1/2022	To: 5/ 2023	Verified:
School Name: FLORIDA INSTITUTE OF TECHNOLOGY City: MELBOURNE	State: FL	Country: UNITED STATES	
Degree: MBA	From: 8/2018	To: 5/ 2022	Verified:
School Name: FLORIDA INSTITUTE OF TECHNOLOGY City: MELBOURNE	State: FL	Country: UNITED STATES	
Degree: BACHELORS BUSINESS ADMINSTRATION	From: 8/2016	To: 5/ 2018	Verified:
School Name: GRAYSON COUNTY COLLEGE City: DENISON	State: TX	Country: UNITED STATES	
Degree: ASSOCIATE BUSINESS ADMINSTRATION	From: 8/2004	To: 5/ 2006	Verified:
School Name: COLLIN COLLEGE City: MCKINNNEY	State: TX	Country: UNITED STATES	
Degree: ASSOCIATES SCIENCE	From: 8/1994	To: 5/ 1996	Verified:
School Name: SHERMAN HIGH SCHOOL City: SHERMAN	State: TX	Country: UNITED STATES	
Degree:	From: 8/1990	To: 6/ 1993	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6514 AMY LUANN MILLER
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: FLEX CARE City: ROSEVILLE Specialty: RC Comments: 9/17/2024: CURRENTLY EMPLOYED (LKC)	Supervisor: State: CA Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: Christus Shreveport-Bossier Health System City: SHREVEPORT Specialty: DIRECTOR OF CLINICAL QUALITY Comments: DIRECTOR OF CLINICAL QUALITY WITH OVERSIGHT OF ALL DEPARTMENTS RELATED TO QUALITY, PT SAFETY.	Supervisor: State: LA Country: UNITED STATES From: 1 /2023 To: 11 /2023 Verified:		
Employed: VIBRA HEALTHCARE City: DESOTO Specialty: DIRECTOR OF QUALITY Comments: DIRECTOR OF QUALITY, RISK, RADIOLOGY, LAB AND RT. EST. PROTOCOLS, TRAINING AND INTUBATION FOR RT.	Supervisor: State: TX Country: UNITED STATES From: 1 /2022 To: 11 /2022 Verified:		
Employed: DOCTORS HOSPITAL LAREDO City: LAREDO Specialty: DIRECTOR OF QUALITY,PATIENT SAFETY Comments: DIRECTOR OF QUALITY,PATIENT SAFETY. ASSISTED IN ESTABLISHING RT PROTOCOLS FOR THE HOSPITAL, RT EDUC	Supervisor: State: TX Country: UNITED STATES From: 10 /2018 To: 12 /2021 Verified:		
Employed: TEXAS GENERAL HOSPITAL City: GRAND PRAIRIE Specialty: DIRECTOR OF QUALITY Comments: DIRECTOR OF QUALITY, RISK, EDUCATION, EMPLOYEE HEALTH, INFECTION CONTROL, PATIENT SAFETY,RRT NS	Supervisor: State: TX Country: UNITED STATES From: 11 /2015 To: 7 /2018 Verified:		
Employed: MEDICAL CITY ARLINGTON City: ARLINGTON Specialty: RRT-NIGHT SUPERVISOR Comments: RRT-NIGHT SUPERVISOR FOR RT/CARDIOPULMONARY DEPT. WORKED NICU, ED, ICU, CVICU, TRAINED STAFF ETC.	Supervisor: State: TX Country: UNITED STATES From: 7 /2011 To: 11 /2015 Verified:		
Employed: MESQUITE SPECIALTY HOSPITAL City: MESQUITE Specialty: DIRECTOR OF QUALITY Comments: DIRECTOR OF QUALITY,RISK,RESPIRATORY AND LAB.TRAINED RT STAFF AND COVERED SHIFTS PRN.	Supervisor: State: TX Country: UNITED STATES From: 12 /2004 To: 7 /2011 Verified:		
Employed: CENTENNIAL MEDICAL CENTER City: FRISCO Specialty: NIGHT SUPERVISOR Comments: WORKED FT AS NIGHT SUPERVISOR, WORKING SHIFTS IN ED, NICU, GENERLA FLOOR CARE, AND ICU. PRN LATER	Supervisor: State: TX Country: UNITED STATES From: 1 /2002 To: 7 /2006 Verified:		
Employed: BAYLOR RICHARDSON MEDICAL CENTER City: RICHARDSON Specialty: RRT NIGHT SUPERVISOR Comments: RRT INTERN AND RRT NIGHT SUPERVISOR WORKING IN LD, NICU, ED, ICU AND SUPERVISING OTHERS	Supervisor: State: TX Country: UNITED STATES From: 1 /1998 To: 1 /2004 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6514 AMY LUANN MILLER
 Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP00064624	A	3/27/00	5/31/25	9/16/24
ME					

DEFICIENCIES

Time Deficiency Form for: 6/1993-8/1994, 5/1996-1/1998, 11/2023-3/2024, -- MUST USE TIME DEFICIENCY FORM ***NEED CLARIFICATION ON ATTENDANCE DATES FOR COLLIN COUNTY COLLEGE*** TIME FORM SHOWS DIFFERENT DATES THAT APPLICATION
 OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE?
 Verify License from ME
 NPDB Profile Not Received (to be completed by OSBMLS Staff)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6518 CIARA J SMALL
 Respiratory Care Practitioner

Practice Address:
 September 16, 2024

Status:
Res:
Received: 08/21/2024
Entered: 08/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6518
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/16/2024

PRE-MED EDUCATION					
School Name: THE UNIVERSITY OF MEMPHIS					
City: MEMPHIS	State: TN	Country: UNITED STATES			
Degree: GRADUATE CERTIFICATE PUBLIC HEALTH- EPIDEMIOLOGY		From: 8/2019	To: 8/ 2020	Verified:	
School Name: BAPTIST COLLEGE OF HEALTH SCIENCES					
City: MEMPHIS	State: TN	Country: UNITED STATES			
Degree: BACHELORS OF RESPIRATORY CARE		From: 8/2017	To: 12/ 2018	Verified:	
School Name: NORTHWEST MS COMMUNITY COLLEGE					
City: SOUTHAVEN	State: MS	Country: UNITED STATES			
Degree: ASSOCIATE IN RESPIRATORY CARE		From: 8/2008	To: 5/ 2015	Verified:	
School Name: HORN LAKE HIGH SCHOOL					
City: HORN LAKE	State: MS	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA		From: 8/2004	To: 5/ 2008	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6518 CIARA J SMALL
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: UofL Health Jewish Hospital City: LOUISVILLE Specialty: RRT Comments:	Supervisor: State: KY Country: UNITED STATES From: 6 /2024 To: 9 /2024 Verified:
--	--

Employed: Unity Health White County Medical Center City: SEARCY Specialty: RRT Comments:	Supervisor: State: AR Country: UNITED STATES From: 4 /2023 To: 4 /2024 Verified:
---	--

Employed: IU Health University and Methodist Hospital City: INDIANAPOLIS Specialty: RRT Comments:	Supervisor: State: IN Country: UNITED STATES From: 1 /2023 To: 4 /2023 Verified:
--	--

Employed: Regional Medical Center City: ANNISTON Specialty: RRT Comments:	Supervisor: State: AL Country: UNITED STATES From: 6 /2022 To: 9 /2022 Verified:
--	--

Employed: Unity Health White County Medical Center City: SEARCY Specialty: RRT Comments:	Supervisor: State: AR Country: UNITED STATES From: 10 /2021 To: 4 /2022 Verified:
---	---

Employed: Baptist Memorial Hospital- Restorative Care City: MEMPHIS Specialty: RRT Comments:	Supervisor: State: TN Country: UNITED STATES From: 4 /2019 To: 3 /2022 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Respiratory Therapist RT22042				
TN	Respiratory Therapist 6716				
KS	Respiratory Therapist 9542				
AR	Respiratory Therapist RCP-4499	A	9/30/21	11/30/24	9/16/24
AL	Respiratory Therapist 5546				

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
RC	6518	CIARA J SMALL

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 5/2015-8/2017, 12/2018-4/2019, 9/2022-1/2023 MUST USE TIME DEFICIENCY

FOM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: ARE YOU LICENSED IN KY AS RT?/ DO YOU HAVE ANY PRACTICE HISTORY
IN KS AND FL?

Verify License from FL RT22042

Verify License from TN 6716

Verify License from KS 9542

Verify License from AL 5546

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6522 MARIO E MORALESARANA
 Respiratory Care Practitioner

Practice Address:
 September 19, 2024

Status:
Res:
Received: 08/24/2024
Entered: 08/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6522
Sex: M
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/19/2024

PRE-MED EDUCATION					
School Name: GROSSMONT COLLEGE					
City: EL CAJON	State: CA	Country:			
Degree: AS/RT	From: 1/2019	To: 1/ 2021	Verified:		
School Name: CSUDH					
City: TORRANCE	State: CA	Country: UNITED STATES			
Degree: BS	From: 2/2012	To: 2/ 2016	Verified:		
School Name: OHLONE					
City: FREMONT	State: CA	Country: UNITED STATES			
Degree: AAS	From: 2/2010	To: 2/ 2012	Verified:		
School Name: MURRIETA VALLEU					
City: MURRIETA	State: CA	Country: UNITED STATES			
Degree:	From: 2/2002	To: 2/ 2005	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6522 MARIO E MORALESARANA
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: HUNT REGIONAL MEDICAL CENTER	Supervisor:		
City: GREENVILLE	State: TX	Country:	
Specialty: RRT	From: 1 / 2022	To: /	Verified:
Comments: 9/25/2024 CURRENTLY EMPLOYED HERE, TS			

Employed: CHILDRENS HEALTH	Supervisor:		
City: PLANO	State: TX	Country: UNITED STATES	
Specialty: RRT	From: 1 / 2022	To: /	Verified:
Comments: 9/25/2024 CURRENTLY EMPLOYED HERE, TS			

Employed: METHODIST	Supervisor:		
City: RICHARSON	State: TX	Country:	
Specialty: RRT	From: 1 / 2021	To: 1 / 2023	Verified:
Comments:			

Employed: SHARP MEMORIAL HOSPITAL	Supervisor:		
City: SAN DIEGO	State: CA	Country:	
Specialty: LAB ASST	From: 1 / 2020	To: 1 / 2021	Verified:
Comments:			

Employed: PROVIDENCE MISSION HOSPITAL	Supervisor:		
City: LAGUNA BEACH	State: CA	Country:	
Specialty: LAB ASST	From: 1 / 2018	To: 1 / 2020	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX					

DEFICIENCIES

Verify License from TX

Time Deficiency Form for: 2/2005-2/2010, 2/2016-1/2018, -- MUST USE TIME DEFICIENCY FORM --

RECEIVED TIME DEFICIENCY FORM DOES NOT ADDRESS TIME GAPS

OTHER DEFICIENCIES: DO YOU HAVE ANY OTHER STATE LICENSES? LIST ALL IF SO.

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6528 GUADALUPE RAMIREZ
 Respiratory Care Practitioner

Practice Address:
 September 24, 2024

Status:
Res:
Received: 09/01/2024
Entered: 09/01/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6528
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/24/2024

PRE-MED EDUCATION					
School Name: BAPTIST SCHOOL OF HEALTH PROFESSIONALS					
City: SAN ANTONIO	State: TX	Country: UNITED STATES			
Degree: DEGREE	From: 8/2017	To: 8/2018	Verified:		
School Name: CALIFORNIA PARAMEDICAL & TECHNICAL COLLEGE					
City: PERRIS	State: CA	Country: UNITED STATES			
Degree: CERTIFICATE	From: 1/1991	To: 1/1992	Verified:		
School Name: HEMET HIGH SCHOOL					
City: SAN JACINTO	State: CA	Country: UNITED STATES			
Degree: GED	From: 10/1990	To: 12/1990	Verified:		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6528 GUADALUPE RAMIREZ
Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Laredo Medical Center Supervisor:
City: LAREDO State: TX Country: UNITED STATES
Specialty: From: 4 / 2024 To: 6 / 2024 Verified:
Comments: ADMINISTER, MONITOR, EDUCATE, COLLABORATE WITH INTERDISCIPLINARY
HEALTHTEAM'S TO OPTIMIZE PT CA

Employed: CHI Alexius Hospital Supervisor:
City: WILLISTON State: ND Country: UNITED STATES
Specialty: RESPIRATORY THERAPIST From: 8 / 2022 To: 1 / 2024 Verified:
Comments: PROVIDE RESPIRATORY CARE TO ACUTE & CHRONIC PATIENTS. MONITORED
& ADJUSTED VENTILATORS.

Employed: Stone Oak Methodist Hospital Supervisor:
City: SAN ANTONIO State: TX Country: UNITED STATES
Specialty: From: 2 / 2022 To: 2 / 2022 Verified:
Comments: COLLAB WITH INTERDISCIPLINARY HEALTHCARE. RESPOND TO EMERGENCIES.
PERFORM PFTS. MANGE VENTILATORS

Employed: Bay Area Hospital Supervisor:
City: NORTH BEND State: OR Country: UNITED STATES
Specialty: NEED JOB TITLE From: 1 / 2022 To: 3 / 2022 Verified:
Comments: DOCUMENTED PATIENT ASSESSMENTS,
INTERVENTIONS. ENSURED PROPER FUNCTIONING MAINTENANCE OF EQUIPMENT

Employed: Baptist Health System Downtown & Mission Trail Supervisor:
City: SAN ANTONIO State: TX Country: UNITED STATES
Specialty: RESPIRATORY THERAPIST From: 6 / 1992 To: 12 / 2022 Verified:
Comments: SERVED AS RESPIRATORY THERAPIST BEING A TEAM LEADER &
EDUCATOR/ASSISTANT COORDINATOR

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
ND	Respiratory Therapist C-1902	A	10/28/22	1/31/25	9/10/24
TX	Respiratory Therapist RCP00058988	A	3/19/93	11/30/26	9/9/24
CO	Respiratory Therapist RTL0008653		8/10/22		

DEFICIENCIES

Time Deficiency Form for: 2/1980-10/1990, 1/1992-6/1992, -- MUST USE TIME DEFICIENCY FORM
OTHER DEFICIENCIES: NEED JOB TITLES FOR BAY AREA HOSPITAL, STONE OAK METHODIST
HOSPITAL, LAREDO MEDICAL CENTER. / WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE? /
Verify License from CO RTL0008653

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6529 ELIZABETH ANNE MILLER
 Respiratory Care Practitioner

Practice Address:
 September 26, 2024

Status:
Res:
Received: 09/03/2024
Entered: 09/03/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6529
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/26/2024

PRE-MED EDUCATION			
School Name: ATI		State: TX	Country: UNITED STATES
City: DALLAS		From: 1/2009	To: 8/ 2011 Verified:
Degree: ASSOCIATES DEGREE			

PRACTICE HISTORY			
Employed: Salem Hospital		Supervisor:	
City: SALEM		State: OR	Country: UNITED STATES
Specialty: RESPIRATORY THERAPIST HOSPITAL		From: 8 /2021	To: / Verified:
Comments: 9/30/2024 - CURRENTLY EMPLOYED (LKC)			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	RRT RCP00076253	A	12/5/12	11/30/26	9/26/24
OR	Rcp Rt-P-10216784		8/30/21		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6529	ELIZABETH ANNE MILLER

Respiratory Care Practitioner

DEFICIENCIES

PHOTO

Verify License from OR Rt-P-10216784

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE (INCLUDE WITH TIME DEFICENCY FORM)?

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 12/1997-1/2009, 8/2011-8/2021, 8/2021-PRESENT, -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6530 ZACHARY RODRIGUEZ
Respiratory Care Practitioner

Practice Address:
September 26, 2024

Status:
Res:
Received: 09/03/2024
Entered: 09/03/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6530
Sex: M
Ethnic Origin: 4

Endorsed By:
Orig Issued: Orig. Lic. Exp:

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC:

PRE-MED EDUCATION					
School Name:	CARRINGTON COLLEGE	State:	NV	Country:	UNITED STATES
City:	LAS VEGAS	From:	8/2013	To:	8/ 2015
Degree:	ASSOCIATE'S DEGREE	Verified:			
School Name:	SIERRA VISTA	State:	NV	Country:	UNITED STATES
City:	LAS VEGAS	From:	1/2009	To:	1/ 2013
Degree:	HIGH SCHOOL	Verified:			

PRACTICE HISTORY					
Employed:	Salem Health	Supervisor:			
City:	SALEM	State:	OR	Country:	UNITED STATES
Specialty:	HOSPITAL RESPIRATORY CARE	From:	8 /2021	To:	/
Comments:	9/30/24 - CURRENTLY EMPLOYED (LKC)	Verified:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OR	Respiratory Care 10216186	A	7/30/21	7/31/25	9/26/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6530	ZACHARY RODRIGUEZ

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 1/2013-8/2013, 8/2015-8/2021, 8/2021-PRESENT, -- MUST USE TIME

DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR RESPIRATORY DEGREE (MUST INCLUDE ON TIME DEFICIENCY FORM)? / CANNOT FIND ON NBRC, MUST RECEIVE CREDENTIAL VERIFICATION FROM NBRC.

NBRC Credentials

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6532 JOSHUA CAREY COVERT
Respiratory Care Practitioner

Practice Address:
September 26, 2024

Status:
Res:
Received: 09/04/2024
Entered: 09/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6532
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 09/26/2024

PRE-MED EDUCATION					
School Name:	COMMUNITY COLLEGE OF THE AIR FORCE				
City:	MONTGOMERY	State: AL	Country: UNITED STATES		
Degree:	ASSOCIATES IN APPLIED SCIENCE OF CARDIOPULMONARY	From: 11/2006	To: 7/ 2012	Verified:	
School Name:	JEFFERSON CITY HIGH SCHOOL				
City:	JEFFERSON CITY	State: MO	Country: UNITED STATES		
Degree:		From: 8/2002	To: 5/ 2004	Verified:	
School Name:	HELIAS				
City:	JEFFERSON CITY	State: MO	Country: UNITED STATES		
Degree:		From: 8/2000	To: 5/ 2002	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6532 JOSHUA CAREY COVERT
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Apria Healthcare **Supervisor:**
City: LOWELL **State:** AR **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST DME **From:** 9 /2023 **To:** / **Verified:**
Comments:

Employed: Northwest Medical Center - bentonville **Supervisor:**
City: BENTONVILLE **State:** AR **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPY **From:** 7 /2021 **To:** 3 /2023 **Verified:**
Comments: RESPIRATORY THERAPY, PULMONARY, DIRECTOR OF RESPIRATORY THERAPY

Employed: Mercy **Supervisor:**
City: FORT SMITH **State:** AR **Country:** UNITED STATES
Specialty: WORKED AS A RESPIRATORY THERAPIST **From:** 6 /2017 **To:** 11 /2017 **Verified:**
Comments:

Employed: United States Air Force **Supervisor:**
City: TRAVIS AFB **State:** CA **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 2 /2007 **To:** 11 /2014 **Verified:**
Comments: WORKED AS A RESPIRATORY THERAPIS, PULMONARY TECHNICIAN, ECHO TECHNICIAN, AND A CARDIOLOGY TECHNICIAN

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Respiratory Therapist RCP-3914	A	6/4/21	6/30/25	9/26/24
AR	RT RCP-3914	I	10/7/16	6/30/17	9/26/24

DEFICIENCIES

Time Deficiency Form for: 6/2004-11/2006, 11/2014-6/2017, 11/2017-7/2021, 3/2023-9/2023, 9/2023-PRESENT, -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: BOARD SECRETARY REQUESTS LETTER OF COMPLIANCE FROM THE ARKANSAS MEDICAL FOUNDATION / ARE YOU CURRENTLY PRACTICING AS A RC FOR APRIA HEALTHCARE?

Joshua Carey Covert
as of September 3, 2024, 11:29:44

C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization? Yes No
If you answered yes to this question, please provide a brief explanation.

In 2017 I had my medical license revoked due to failure to comply with ASMB substance abuse management program.

RECEIVED

SEP 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school? Yes No
If you answered yes to this question, please provide a brief explanation.

I was terminated from Northwest medical center in bentonville ar for making a threatening comment to a staff member.

L. Have you ever failed any part of a licensure/certification/registration examination? Yes No
If you answered yes to this question, please provide a brief explanation.

I failed my RRT exam the first time.

M. Have you ever surrendered a license or had a license revoked? Yes No
If you answered yes to this question, please provide a brief explanation.

I refused to comply with the Arkansas State Medical boards requirment for me to stay in a substance abuse managment program back in 2017. They revoked my license. i have since complied with the ASMB and have currently held a license for 3 + years

N. Has any disciplinary action been taken on any license? Yes No
If you answered yes to this question, please provide a brief explanation.

I refused to comply with the Arkansas State Medical boards requirment for me to stay in a substance abuse management program back in 2017. They revoked my license. i have since returned and complied with the ASMB and have currently held a license for 3+ years

State of:

County of:

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 4 day of September 2024, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

RC6532
SD
2/3

Seal

Signature of Applicant

Notary

2/2/32

My Commission Expires

OFFICIAL SEAL
DUSTIN D VEY
NOTARY PUBLIC ARKANSAS
BENTON COUNTY
COMMISSION# 12718615
COMMISSION EXP 02/02/2032

RECEIVED

SEP 13 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Detailed License Verification

Queried on: Thursday, September 26, 2024 at: 2:10 PM

General Information

Name: Joshua C. Covert, LRCP

Primary Specialty:

Secondary Specialty:

RECEIVED

SEP 26 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Address Information

Mailing Address: 1220 Hope Street

City/State/Zip: Centerton, AR 72719

Phone: (479) 640-1490

Fax:

Home State: AR

PRIMARY
SOURCE

License Information

License Number: RCP-3914

Original Issue Date: 6/4/2021

Expiration Date: 6/30/2025

License Status: Active

License Category: Unlimited

License Number: RCP-3914

Original Issue Date: 10/7/2016

Expiration Date: 6/30/2017

License Status: Inactive

License Category: Revoked

*RC 6532
TS*

Appearance: Yes

Reason: Licensure

Date of Action: 10/6/2016

Minutes:

COVERT, Joshua Carey, LRCP appeared requesting an unlimited license to practice respiratory therapy. Upon a motion by Dr. S. Cathey, seconded by Dr. O. Atiq, the Board voted to grant Mr. Covert's request with the stipulation that he remain compliant with his monitoring contract with the Arkansas Medical Foundation.

Appearance: No

Reason: Board Related

Date of Action: 2/2/2017

Minutes:

Discussion #17-25. COVERT, Joshua Carey, LRCP. Upon a motion by Dr. W. Dudding, seconded by Dr. V. Hodges, the Board voted unanimously to issue an Emergency Order of Suspension and Notice of Hearing involving this practitioner.

Appearance: No

Reason: Board Related

Date of Action: 2/15/2017

Minutes:

Emergency Order of Suspension served. License suspended.

Appearance: Yes

Reason: Board Related

Date of Action: 4/6/2017

Minutes:

COVERT, Joshua Carey, LRCP appeared in response to an Emergency Order of Suspension and Notice of Hearing. Upon a motion by Dr. J. Scribner, seconded by Dr. W. Dudding, the Board voted there has been a violation of the Licensed Respiratory Care Practitioner Act, specifically, Act §17-99-307(1). As a result of the violation, Mr. Covert's license is revoked. One member abstained.

Appearance: Yes

Reason: Licensure

Date of Action: 4/8/2021

Minutes:

COVERT, Joshua Carey, LRCP appeared to request that he be allowed to reapply for a respiratory care practitioner license. Upon a motion by Dr. T. Paden, seconded by Dr. J. Scribner, the Board unanimously voted to grant Mr. Covert's request with the stipulations that he obtains a mentor for his re-entry to practice and meets with the Chair of the Respiratory Care Examining Committee.

Appearance: Yes

Reason: Licensure

Date of Action: 6/3/2021

Minutes:

COVERT, Joshua C., LRCP appeared before the Board requesting reinstatement of his respiratory therapy license. Upon a motion Dr. V. Hodges, seconded by Mrs. E. Anderson, the Board voted unanimously to grant Mr. Covert's request with the stipulation that he remain complaint with his Arkansas Medical Foundation monitoring contract and the recommendations for re-entry to practice respiratory care by the Respiratory Care Examining Committee.

PRIMARY SOURCE

BEFORE THE ARKANSAS STATE MEDICAL BOARD
IN THE MATTER OF: JOSHUA CAREY COVERT, LRCP

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SEP 26 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

ORDER

On this 11th day of April, 2017, comes on for hearing the matter of Joshua Carey Covert, LRCP. The Arkansas State Medical Board appeared together by a quorum of its membership together with its attorney, Kevin M. O'Dwyer; Joshua Carey Covert, LRCP appeared together *pro se*. From the pleadings, evidence introduced, and testimony of the witnesses:

I

Joshua Carey Covert, LRCP is licensed to practice respiratory care in the State of Arkansas under the provisions of the Respiratory Care Practitioner Act.

II

Joshua Carey Covert, LRCP on September 13, 2016, entered into a Recovery Management Program Agreement with the Arkansas Medical Foundation. As part of the agreement, Joshua Carey Covert, LRCP agreed to attend certain Caduceus meetings and take urinalysis tests.

III

Joshua Carey Covert, LRCP has failed to attend the meetings as required by his Arkansas Medical Foundation Contract and has violated the Respiratory Care Practitioner Act.

RC6532
TS

IV

WHEREFORE, IT IS CONSIDERED, ORDERED AND ADJUDGED that: Joshua Carey Covert, LRCP has violated the Respiratory Care Practitioner Act, more specifically, A.C.A §17-99-307(1).

As a result of the above violation of the Respiratory Care Practitioner Act and the Order of the Board, the license to practice respiratory care in the State of Arkansas of Joshua Carey Covert, LRCP is hereby revoked.


IT IS SO ORDERED.

ARKANSAS STATE MEDICAL BOARD

BY: 
STEVEN L. CATHEY, M.D., CHAIRMAN

DATE: 4/13/17

APPROVED AS TO FORM:



Kevin M. O'Dwyer
Attorney for the Arkansas State Medical Board

BEFORE THE ARKANSAS STATE MEDICAL BOARD**IN THE MATTER OF: JOSHUA CAREY COVERT, LRCP****EMERGENCY ORDER OF SUSPENSION AND NOTICE OF HEARING**

Pursuant to ACA §25-15-201, and ACA § 25-15-211(c) et seq, both of the Administrative Procedure Act, and ACA § 17-99-308 of the Licensed Respiratory Care Practitioner Act, the Arkansas State Medical Board issues the following Emergency Order of Suspension and Notice of Hearing, charging Joshua Carey Covert, LRCP, with alleged violation of the Licensed Respiratory Care Practitioner Act, more specifically, ACA §17-99-307(1), that is, he has exhibited habitual drunkenness and substance abuse. The allegations upon which the above charges are based are as follows:

I.

Joshua Carey Covert, LRCP; is licensed to practice respiratory care in the State of Arkansas under the provisions of the Licensed Respiratory Care Practitioner Act.

II.

Joshua Carey Covert, LRCP, on September 13, 2016, entered into a Recovery Management Program Agreement with the Arkansas Medical Foundation. As part of that agreement, Joshua Carey Covert, LRCP, agreed to attend certain Caduceus meetings and take urinalysis tests.

III

The Arkansas State Medical Board received information from the Arkansas Medical Foundation that Joshua Carey Covert, LRCP, had failed to attend the required meetings during the month of December.

IV.

Pursuant to the Administrative Procedure Act, A.C.A. §25-15-211(c) and upon an

affirmative vote of the majority of the Arkansas State Medical Board, the Board finds that the acts of Joshua Carey Covert, LRCP, described herein above, endanger the public health, safety and welfare, and, therefore, the license to practice respiratory care in the State of Arkansas, heretofore issued to Joshua Carey Covert, LRCP, is suspended on an emergency basis, pending a disciplinary hearing in this matter or further Orders of the Board.

WHEREFORE, IT IS CONSIDERED, ORDERED AND ADJUDGED, by the Arkansas State Medical Board that the license to practice respiratory care in the State of Arkansas as issued to Joshua Carey Covert, LRCP, is suspended on an emergency basis, pending a disciplinary hearing in this matter, or further Orders of the Board.

IT IS FURTHER CONSIDERED, ORDERED, AND ADJUDGED, by the Arkansas State Medical Board, that a hearing should be conducted to determine whether Joshua Carey Covert, LRCP, has violated the Licensed Respiratory Care Practitioner Act as alleged hereinabove. If it is found that he has, in fact, violated the Licensed Respiratory Care Practitioner Act, then the Board should determine whether the license of Joshua Carey Covert, LRCP, to practice respiratory care in the State of Arkansas, should be revoked or suspended, or whether other sanctions should be given as punishment pursuant to the authority granted the Board in ACA § 17-99-307 and ACA§17-15-217 of the Administrative Procedure Act. Said hearing will be conducted on the 6 day of April, 2017 at 9:30' clock A.m. at a meeting of the Arkansas State Medical Board at the offices of the Board, 1401 W. Capitol Ave, Suite 340, Little Rock, Pulaski County, Arkansas.

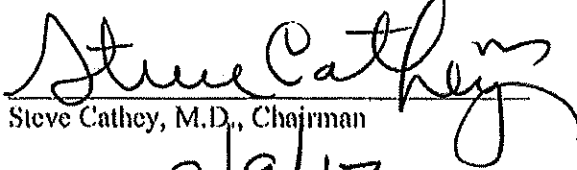
Joshua Carey Covert, LRCP, is hereby advised that he may be represented by counsel at the hearing, and that he will be given the opportunity to examine all of the evidence offered to the Board, cross-examine witnesses, and offer evidence and witnesses in his own behalf.

Joshua Carey Covert, LCUP is further advised that any additional records and/or exhibits that he as a Respondent wishes to present to the Board at his hearing MUST be

supplied to the Board no later than 20 days prior to the hearing date. Failure to do so can result in the Board refusal to allow the information or documentation to be presented by the Respondent.

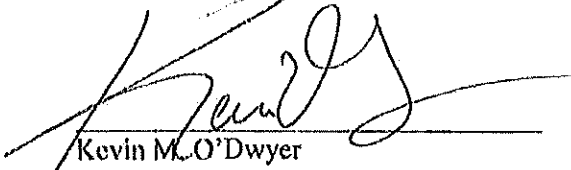
IT IS SO ORDERED.

ARKANSAS STATE MEDICAL BOARD


Steve Cathey, M.D., Chairman

2/9/17
Date

Approved as to Form:


Kevin M. O'Dwyer
Attorney for the Arkansas State Medical Board

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6533 BLAKE LONGMIRE
Respiratory Care Practitioner

Practice Address:
September 26, 2024

Status:
Res:
Received: 09/04/2024
Entered: 09/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6533
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued:
Orig. Lic. Exp:

Table with 5 columns: Test, Score, Date Taken, Date Verified, Attempts. Rows include Test 1, Test 2, Test 3, Test AV, Total Possible, Okla Passing, Total Score.

NBRC: 09/26/2024

PRE-MED EDUCATION table with fields: School Name: DALTON STATE COLLEGE, City: DALTON, State: GA, Country: UNITED STATES, Degree: AAS RESPIRATORY THERAPY, From: 8/2010, To: 5/2012, Verified.

PRACTICE HISTORY table with fields: Employed: UT HEALTH, City: TYLER, Specialty: ECMO SPECIALIST, Comments: 10/7/24 - CURRENTLY EMPLOYED (LKC), Supervisor, State: TX, Country, From: 10/2024, To: /, Verified.

Other Licenses table with columns: State, Lic Type and Number, Status, Issued, Exp, Verif. Rows for TN, TX, GA.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6533	BLAKE LONGMIRE

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 6/2008-8/2010, 6/2012-PRESENT, -- MUST USE TIME DEFICIENCY FORM,
TIME CANNOT BE ACCEPTED FROM RESUME

PHOTO

Verify License from TN 5449

Verify License from GA 8896

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6535 CATLYN CHANCELLOR WILLIAMS
 Respiratory Care Practitioner

Practice Address:

Status:
Res:
Received: 09/09/2024
Entered: 09/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6535
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/09/2024

PRE-MED EDUCATION					
School Name: FRANCIS TUTTLE TECHNOLOGY CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 6/2023		To: 5/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 8/2015		To: 5/ 2024 Verified:	
<hr/>					
School Name: CAMERON UNIVERSITY					
City: LAWTON		State: OK		Country: UNITED STATES	
Degree:		From: 8/2007		To: 5/ 2011 Verified:	
<hr/>					
School Name: CACHE HIGH SCHOOL					
City: CACHE		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2004		To: 5/ 2007 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6535 CATLYN CHANCELLOR WILLIAMS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: NORMAN REGIONAL HEALTH SYSTEM City: NORMAN Specialty: PR Comments: 901 N PORTER AVE NORMAN, OK 73070-1308 405-307-1797	Supervisor: VANITA SOUTHWARD, RC5217 State: OK Country: UNITED STATES From: 4 /2024 To: / Verified:
Employed: Norman Regional Hospital City: NORMAN Specialty: EMERGENCY REGISTRATION CLERK Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2022 To: 5 /2023 Verified:
Employed: Academy sports and outdoors City: LAWTON Specialty: TEAM LEAD Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2014 To: 6 /2022 Verified:
Employed: Big 5 sporting goods City: LAWTON Specialty: CUSTOMER SERVICE REP, ASSISTANT MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2011 To: 10 /2014 Verified:
Employed: Arvest Bank City: LAWTON Specialty: BANK TELLER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2011 To: 9 /2011 Verified:
Employed: Blockbuster Video City: LAWTON Specialty: ASSISTANT MANAGER, CUSTOMER SERVICE REP Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2009 To: 1 /2011 Verified:
Employed: Goody Clothing City: LAWTON Specialty: CASHIER, CUSTOMER SERVICE REP Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2008 To: 11 /2009 Verified:
Employed: Lonestar steakhouse City: LAWTON Specialty: HOSTESS, CLEANED TABLES, ROLLED SILVERWARE Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2006 To: 3 /2008 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2301	A	5/13/24	11/30/24	9/9/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6535	CATLYN CHANCELLOR WILLIAMS

Respiratory Care Practitioner

DEFICIENCIES

REQUIRED AFFIDAVITS NOT RECEIVED

OTHER DEFICIENCIES: UPGRADE APPLICATION / PRACTICE AS A RESPIRATORY THERAPIST
CANNOT BEGIN UNTIL YOU HAVE A TEMPORARY LETTER TO PRACTICE

Require Fees

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6540 REYNA TARANGO
 Respiratory Care Practitioner

Practice Address:
 October 03, 2024

Status:
Res:
Received: 09/18/2024
Entered: 09/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6540
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 10/03/2024

PRE-MED EDUCATION					
School Name: SEWARD COUNTY COMMUNITY COLLEGE					
City: LIBERAL		State: KS		Country: UNITED STATES	
Degree: ASSOCIATES / RESPIRATORY		From: 8/2017		To: 8/ 2024 Verified:	
<hr/>					
School Name: TURPIN HIGH SCHOOL					
City: TURPIN		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2013		To: 5/ 2017 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: Southwest Medical Center			Supervisor:		
City: LIBERAL		State: KS		Country: UNITED STATES	
Specialty: CNA/WC		From: 9 /2019		To: 9 / 2024 Verified:	
Comments:					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6540	REYNA TARANGO

Respiratory Care Practitioner

DEFICIENCIES

Evidence of Status
Application Instructions
OATH
PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6542 REBECCA LYNN HALL
 Respiratory Care Practitioner

Practice Address:
 October 08, 2024
 VIEMED
 625 E KALISTE SALLOM RAD

 LAYFAYETTE, LA 70508
 NOT OKLAHOMA

Status:
Res:
Received: 10/08/2024
Entered: 10/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6542
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 10/14/2024

PRE-MED EDUCATION			
School Name: WICHITA STATE UNIVERSITY		State: KS	Country: UNITED STATES
City: WICHITA		From: 8/1994	To: 12/ 1995 Verified:
Degree: RESPIRATORY CARE			
<hr/>			
School Name: BUTLER COUNTY COMMUNITY COLLEGE		State: KS	Country: UNITED STATES
City: ELDORADO		From: 8/1993	To: 5/ 1994 Verified:
Degree:			
<hr/>			
School Name: DOUGLASS HIGH SCHOOL		State: KS	Country: UNITED STATES
City: DOUGLASS		From: 8/1989	To: 5/ 1993 Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6542 REBECCA LYNN HALL
Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Viemed City: LAYFAYETTE Specialty: CURRENT EMPLOYER. WORKING AS AN RT Comments:	Supervisor: State: LA Country: UNITED STATES From: 9 /2024 To: / Verified:
Employed: Philips Respironics City: MURRAYSVILLE Specialty: WORKED AS A CLINICAL SPECIALIST FOR RESPIRATORY Comments:	Supervisor: State: PA Country: UNITED STATES From: 1 /2021 To: 2 /2024 Verified:
Employed: Via Christi Home Medical City: WICHITA Specialty: WORKED AS A RESPIRATORY THERAPIST Comments:	Supervisor: State: KS Country: UNITED STATES From: 11 /2003 To: 1 /2021 Verified:
Employed: Via Christi Regional Medical Center City: WICHITA Specialty: WORKED AS A RESPIRATORY THERAPIST Comments:	Supervisor: State: KS Country: UNITED STATES From: 4 /1995 To: 11 /2003 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Respiratory Therapist 16-01926	A	8/17/96	3/31/25	10/14/24

DEFICIENCIES

NPDB Profile Not Received (to be completed by OSBMLS Staff)
OATH
Extended Background Check
Time Deficiency Form for: 2/2024-9/2024, -- MUST USE TIME DEFICIENCY FORM
PHOTO
Evidence of Status
Application Instructions
OTHER DEFICIENCIES: DO YOU HAVE ANY OTHER STATE LICENSES BESIDES KANSAS? MUST HAVE STATE BOARDS SEND VERIFICATION.
Social Security Number

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4570 JACQUES GREGORY BRANCH
 Respiratory Care Practitioner

Practice Address:

April 27, 2021
 1000 N LEE AVE

OKLAHOMA CITY, OK 73012
 OKLAHOMA

Status: I
Res: RI
Received: 08/09/2024
Entered: 08/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 4570
Sex: M
Ethnic Origin: 5

Endorsed By: NBRC Credentials
Orig Issued: 04/28/2017 **Orig. Lic. Exp:** 04/30/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		0			
Okla Passing:		0			
Total Score:		0			

NBRC: 09/06/2024

PRE-MED EDUCATION					
School Name: FRANCIS TUTTLE TECHNOLOGY CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 1/2016		To: 12/2016 Verified:	
<hr/>					
School Name: PRAIRIE VIEW A&M UNIVERSITY					
City: PRAIRE VIEW		State: TX		Country: UNITED STATES	
Degree: SCIENCE		From: 8/2005		To: 12/2009 Verified:	
<hr/>					
School Name: THE WOODLANDS HIGH SCHOOL					
City: THE WOODLANDS		State: TX		Country: UNITED STATES	
Degree: N/A		From: 8/2001		To: 5/2005 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4570 JACQUES GREGORY BRANCH
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Pioneer Medical Center **Supervisor:**
City: MEEKER **State:** CO **Country:** UNITED STATES
Specialty: RRT/ CARDIOPULMONARY **From:** 1 / 2023 **To:** 7 / 2024 **Verified:**
 REHAB
Comments:

Employed: Memorial Community Hospital **Supervisor:**
City: BLAIR **State:** NE **Country:** UNITED STATES
Specialty: RRT **From:** 7 / 2022 **To:** 11 / 2022 **Verified:**
Comments:

Employed: Bryan Health East **Supervisor:**
City: LINCOLN **State:** NE **Country:** UNITED STATES
Specialty: RRT **From:** 9 / 2021 **To:** 7 / 2022 **Verified:**
Comments:

Employed: MIDWEST ENGINEER AND TESTING CORPORATION **Supervisor:**
City: OKC **State:** OK **Country:**
Specialty: LAB TECHNICIAN/DRILLING **From:** 3 / 2013 **To:** 4 / 2014 **Verified:**
 HELPER/FIELD TECH
Comments:

Employed: CANDID COLOR SYSTEMS **Supervisor:**
City: OKC **State:** OK **Country:**
Specialty: LEAD PHOTOGRAPHER **From:** 1 / 2012 **To:** 12 / 2014 **Verified:**
 AND SUPERVISOR
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NE	RRT 3458	A	2/24/22	6/1/26	9/6/24
CO	RRT RTL.008250	A	4/19/22	8/31/26	9/6/24
WY	RRT 1539		7/15/22		

DEFICIENCIES

Verify License from WY 1539

OATH

Time Deficiency Form for: 12/2009-1/2012, 12/2014-1/2016, 12/2016-9/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Application Instructions

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4795 KANDUS FOISTER
 Respiratory Care Practitioner

Practice Address:
 June 20, 2018

Status: I
Res: RI
Received: 07/27/2024
Entered: 07/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 4795
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC Credentials
Orig Issued: 01/11/2019 **Orig. Lic. Exp:** 01/31/2021

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/23/2024

PRE-MED EDUCATION			
School Name: LABETTE COMMUNITY COLLEGE			
City: PARSONS		State: KS Country: UNITED STATES	
Degree: APPLIED SCIENCE IN RESPIRATORY THERAPY		From: 8/2016 To: 4/2018 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4795 KANDUS FOISTER
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Ascension via Christi Pittsburg **Supervisor:**
City: PITTSBURG **State:** KS **Country:** UNITED STATES
Specialty: **From:** 3 / 2019 **To:** 7 / 2024 **Verified:**
Comments: PREFORMS PROCEDURES WITHIN SCOPE OF PRACTICE AS DEFINED BY THE
 DEPARTMENT POLICY AND PROCEDURE MANUA

Employed: Labette Health **Supervisor:**
City: PARSONS **State:** KS **Country:** UNITED STATES
Specialty: RT **From:** 5 / 2018 **To:** 3 / 2019 **Verified:**
Comments:

Employed: JUMPSTART **Supervisor:**
City: OSWEGO **State:** KS **Country:** USA
Specialty: N/A **From:** 6 / 2014 **To:** 8 / 2015 **Verified:**
Comments:

Employed: DAY AND ZIMMERMAN **Supervisor:**
City: PARSONS **State:** KS **Country:** USA
Specialty: N/A **From:** 7 / 2013 **To:** 12 / 2014 **Verified:**
Comments:

Employed: STAY AT HOME MOM **Supervisor:**
City: OSWEGO **State:** KS **Country:**
Specialty: N/A **From:** 7 / 2012 **To:** 7 / 2013 **Verified:**
Comments:

Employed: AMAZON.COM **Supervisor:**
City: COFFEYVILLE **State:** KS **Country:**
Specialty: N/A **From:** 7 / 2011 **To:** 2 / 2012 **Verified:**
Comments:

Employed: STOCKYARD TRAVEL PLAZA **Supervisor:**
City: PARSONS **State:** KS **Country:**
Specialty: N/A **From:** 6 / 2010 **To:** 7 / 2011 **Verified:**
Comments:

Employed: BAILEY'S CORNER **Supervisor:**
City: ALTAMONT **State:** KS **Country:** USA
Specialty: N/A **From:** 10 / 2008 **To:** 6 / 2010 **Verified:**
Comments:

Employed: STAY AT HOME MOM **Supervisor:**
City: OSWEGO **State:** KS **Country:** USA
Specialty: N/A **From:** 9 / 2008 **To:** 10 / 2008 **Verified:**
Comments:

Employed: STOCKYARD TRAVEL PLAZA **Supervisor:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 4795 KANDUS FOISTER
 Respiratory Care Practitioner

City: PARSONS	State: KS	Country:
Specialty: N/A	From: 7 / 2008	To: 9 / 2008
Verified:		
Comments:		
<hr/>		
Employed: GOOD SAMARITIAN	Supervisor:	
City: PARSONS	State: KS	Country: USA
Specialty: N/A	From: 4 / 2008	To: 7 / 2008
Verified:		
Comments:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Respiratory Therapy 16-05017	A	7/9/18	7/9/18	8/23/24

<p><u>DEFICIENCIES</u> PHOTO OTHER DEFICIENCIES: PLEASE GIVE US YOUR JOB TITLES FOR JOBS LISTED OATH Extended Background Check Application Instructions Time Deficiency Form for: 2/2012-7/2012, 8/2015-8/2016 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS</p>
--

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 3555 TERA DIANE LARKINS
 Respiratory Care Practitioner

Practice Address:
 September 20, 2024
 SAINT FRANCIS HOSPITAL
 6161 SOUTH YALE AVE

 TULSA, OK 74136
 TULSA

Status: I
Res: RI
Received: 09/02/2024
Entered: 09/02/2024
Temp Issued: 11/14/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3555
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: 05/19/2011 **Orig. Lic. Exp:** 05/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		0			
Okla Passing:		0			
Total Score:		0			

NBRC: 09/26/2024

PRE-MED EDUCATION					
<hr/>					
School Name: KAPLAN COLLEGE		State: CA	Country: UNITED STATES		
City: SALIDA		From: 4/2009	To: 12/ 2010	Verified:	
Degree: AS/RESP					
<hr/>					
School Name: ANDON COLLEGE		State: CA	Country: UNITED STATES		
City: STOCKTON		From: 9/2000	To: 6/ 2001	Verified:	
Degree: CERTIFICATE MEDICAL ASSISTANT					
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 3555 TERA DIANE LARKINS
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: SAINT FRANCIS HOSPITAL City: TULSA Specialty: RC Comments: 6161 SOUTH YALE AVE TULSA, OK 74136 918-494-1350	Supervisor: STEPHANIE MONTGOMERY, RC 1702 State: OK Country: From: 10 /2024 To: / Verified:		
Employed: SENTARA NORFOLK HOSPITAL City: NORFOLD Specialty: RRT Comments:	Supervisor: State: VA Country: UNITED STATES From: 5 /2024 To: 8 /2024 Verified:		
Employed: NONE City: NORMAN Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 2 /2022 To: 5 /2024 Verified:		
Employed: NORMAN REGIONAL City: NORMAN Specialty: RRT Comments:	Supervisor: State: OK Country: From: 11 /2021 To: 2 /2022 Verified:		
Employed: OCHNER HEALTH City: NEW ORLEANS Specialty: RRT Comments:	Supervisor: State: LA Country: From: 8 /2021 To: 11 /2021 Verified:		
Employed: MERCY ONE City: SIOUX CITY Specialty: RRT Comments:	Supervisor: State: IA Country: From: 4 /2021 To: 6 /2021 Verified:		
Employed: SOUTHWESTERN MEDICAL CENTER City: LAWTON Specialty: RRT Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2021 To: 4 /2021 Verified:		
Employed: NONE City: NORMAN Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 9 /2020 To: 4 /2021 Verified:		
Employed: mercyone medical City: MASON CITY Specialty: TRAVEL ASSIGNMENT FOR COVID Comments:	Supervisor: State: IA Country: UNITED STATES From: 8 /2020 To: 9 /2020 Verified:		
Employed: NONE City: MODESTO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 1 /2020 To: 8 /2020 Verified:		
Employed: STAR VALLEY HEALTH	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 3555 TERA DIANE LARKINS
 Respiratory Care Practitioner

City: AFTON Specialty: RRT Comments:	State: WY Country: From: 9 / 2019 To: 12 / 2019 Verified:
Employed: NONE City: MODESTO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 4 / 2019 To: 9 / 2019 Verified:
Employed: VIDANT MEDICAL City: GREENVILLE Specialty: RRT Comments:	Supervisor: State: NC Country: From: 11 / 2018 To: 4 / 2019 Verified:
Employed: HILO MEDICAL City: HILO Specialty: RRT Comments:	Supervisor: State: HI Country: From: 7 / 2018 To: 10 / 2018 Verified:
Employed: WAKE MED CHILDRENS City: RALIEGH Specialty: RRT Comments:	Supervisor: State: NC Country: From: 4 / 2018 To: 6 / 2018 Verified:
Employed: FAIRBANKS MEMORIAL City: FAIRBANKS Specialty: RRT Comments:	Supervisor: State: AK Country: From: 12 / 2017 To: 4 / 2018 Verified:
Employed: NONE City: MODESTO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 1 / 2017 To: 12 / 2017 Verified:
Employed: NONE City: MODESTO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 11 / 2015 To: 10 / 2016 Verified:
Employed: NONE City: MODESTO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: From: 2 / 2015 To: 9 / 2015 Verified:
Employed: LUCILE PACKARD CHILDRENS City: PALO ALTO Specialty: RRT Comments:	Supervisor: State: CA Country: From: 9 / 2014 To: 2 / 2015 Verified:
Employed: MERCY MEDICAL City: DES MOINES Specialty: RRT Comments:	Supervisor: State: IA Country: From: 6 / 2014 To: 9 / 2014 Verified:
Employed: SELECT SPECIALTY	Supervisor:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 3555 TERA DIANE LARKINS
 Respiratory Care Practitioner

City: DES MOINES Specialty: RRT Comments:	State: IA Country: From: 4 /2014 To: 6 /2014 Verified:
Employed: TWIN CITIES HOSPITAL City: PASO ROBLES Specialty: RT Comments:	Supervisor: State: CA Country: From: 12 /2013 To: 4 /2014 Verified:
Employed: NONE City: NORMAN Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 3 /2013 To: 12 /2013 Verified:
Employed: DECONESS HOSPITAL City: OKC Specialty: RRT Comments:	Supervisor: State: OK Country: From: 12 /2012 To: 3 /2013 Verified:
Employed: MERCY MEDICAL City: GUTHERIE Specialty: RRT Comments:	Supervisor: State: OK Country: From: 7 /2012 To: 1 /2013 Verified:
Employed: ST LUKES TRAVEL ASSIGNMENT City: CEDAR RAPIDS Specialty: RRT Comments:	Supervisor: State: IA Country: From: 4 /2012 To: 6 /2012 Verified:
Employed: OU MEDICAL CENTER City: OKLAHOMA CITY Specialty: RESP Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2011 To: 3 /2012 Verified:
Employed: TRI CITY HOSPITAL City: OCEANSIDE Specialty: IN AND OUTPATIENT BLOOD DRAWS Comments:	Supervisor: State: CA Country: UNITED STATES From: 5 /2008 To: 3 /2009 Verified:
Employed: NONE City: MODESTO Specialty: UNEMPLOYED Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 /2008 To: 5 /2008 Verified:
Employed: UCSD City: LA JOLLA Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: CA Country: UNITED STATES From: 8 /2007 To: 1 /2008 Verified:
Employed: WALMART City: OCEANSIDE Specialty: CUSTOMER SERVICE, CASHIER Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 /2007 To: 8 /2007 Verified:
Employed: NONE	Supervisor:

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 3555 TERA DIANE LARKINS
Respiratory Care Practitioner

City: OCEANSIDE Specialty: HOMEMAKER Comments:	State: CA Country: UNITED STATES From: 11 / 2006 To: 6 / 2007 Verified:
Employed: KAISER PERMANENTE City: SAN MARCOS Specialty: PHLEBOTOMIST, BLOOD DRAWS Comments:	Supervisor: State: CA Country: UNITED STATES From: 7 / 2006 To: 11 / 2006 Verified:
Employed: NONE City: OCEANSIDE Specialty: HOMEMAKER Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 / 2006 To: 7 / 2006 Verified:
Employed: Health care professionals temp agency City: MODESTO Specialty: MEDICAL ASSISTANT AND PHLEBOTOMIST Comments:	Supervisor: State: CA Country: UNITED STATES From: 7 / 2005 To: 1 / 2006 Verified:
Employed: NONE City: OCEANSIDE Specialty: HOMEMAKER Comments:	Supervisor: State: CA Country: UNITED STATES From: 1 / 2004 To: 7 / 2005 Verified:
Employed: CHW st. josephs medical center City: STOCKTON Specialty: PHLEBOTOMIST, IN/OUT PATIENT BLOOD DRAWS Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 / 2003 To: 1 / 2004 Verified:
Employed: NONE City: MODESTO Specialty: HOMEMAKER Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 / 2002 To: 10 / 2003 Verified:
Employed: SANTA RITA JAIL City: DUBLIN Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: CA Country: UNITED STATES From: 7 / 2002 To: 10 / 2002 Verified:
Employed: HEALTH CARE PROFESSIONALS TEMP AGENCY City: MODESTO Specialty: MEDICAL ASSISTANT AND PHLEBOTOMIST Comments:	Supervisor: State: CA Country: UNITED STATES From: 7 / 2001 To: 10 / 2002 Verified:
Employed: NONE City: MANTECA Specialty: LIVING WITH PARENTS WAITING FOR SCHOOL TO START Comments:	Supervisor: State: CA Country: UNITED STATES From: 4 / 1999 To: 9 / 2000 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 3555 TERA DIANE LARKINS
 Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
WY	Respiratory 1685	A	5/16/24	10/31/24	9/26/24
OK	RC 3555	I	5/19/11	5/31/23	9/26/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5425 JAMIE CHRISTINE ESPINOZA
 Respiratory Care Practitioner

Practice Address:
 July 26, 2024
 WESLEY MEDICAL CENTER
 550 N HILLSIDE

 WICHITA, KS 67214
 NOT OKLAHOMA

Status:
Res:
Received: 07/26/2024
Entered: 07/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5425
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/23/2024

PRE-MED EDUCATION			
School Name: HUTCHINSON COMMUNITY COLLEGE			
City: HUTCHINSON	State: KS	Country: UNITED STATES	
Degree: ASSOCIATE IN APPLIED SCIENCE	From: 8/2010	To: 7/ 2013	Verified:
School Name: HUTCHINSON HIGH SCHOOL			
City: HUTCHINSON	State: KS	Country: UNITED STATES	
Degree: DIPLOMA	From: 8/2000	To: 5/ 2003	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 5425 JAMIE CHRISTINE ESPINOZA
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Wesley Medical Center	Supervisor:		
City: WICHITA	State: KS	Country: UNITED STATES	
Specialty: CARING FOR PATIENTS IN BOTH ADULT ICU AND PICU.	From: 3 /2014	To: /	Verified:
Comments: 5/23/2024 CURRENTLY EMPLOYED HERE, TS			

Employed: NONE	Supervisor:		
City: HUTCHINSON	State: KS	Country: UNITED STATES	
Specialty: STAY AT HOME PARENT	From: 7 /2013	To: 3 /2014	Verified:
Comments:			

Employed: NONE	Supervisor:		
City: HUTCHINSON	State: KS	Country: UNITED STATES	
Specialty: STAY AT HOME PARENT	From: 1 /2004	To: 8 /2011	Verified:
Comments:			

Employed: ANSWERLINK	Supervisor:		
City: HUTCHINSON	State: KS	Country: UNITED STATES	
Specialty: OPERATOR	From: 5 /2003	To: 1 /2004	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Respiratory therapist 16-04446	A	11/27/13	3/31/25	5/23/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6213 TARAH LYN EDGAR
Respiratory Care Practitioner

Practice Address:

September 24, 2024

BETHANY CHILDREN'S HEALTH CENTER
6800 NW 39TH EXPRESSWAY

BETHANY, OK 73008
OKLAHOMA

Status:
Res:
Received: 09/10/2024
Entered: 09/10/2024
Temp Issued: 09/24/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6213
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC: 09/19/2024

PRE-MED EDUCATION			
School Name: AUTRY TECHNOLOGY/ NORTHERN OKLAHOMA COLLEGE	State: OK	Country: UNITED STATES	
City: ENID	From: 8/2022	To: 7/ 2024	Verified:
Degree: RESPIRATORY CARE			
School Name: NORTHERN OKLAHOMA COLLEGE	State: OK	Country: UNITED STATES	
City: TONKAWA	From: 6/2021	To: 5/ 2022	Verified:
Degree: PRE MED ASSOCIATES			
School Name: UNIVERSITY OF CENTRAL OKLAHOMA	State: OK	Country: UNITED STATES	
City: EDMOND	From: 8/2003	To: 5/ 2006	Verified:
Degree: BACHELORS DEGREE FASHION MARKETING			
School Name: NORTHERN OKLAHOMA COLLEGE	State: OK	Country: UNITED STATES	
City: TONKAWA	From: 8/2000	To: 5/ 2003	Verified:
Degree: ASSOCIATES DEGREEE			
School Name: TONKAWA HIGH SCHOOL	State: OK	Country: UNITED STATES	
City: TONKAWA	From: 8/1997	To: 5/ 2000	Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6213 TARAH LYN EDGAR
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: BETHANY CHILDREN'S HEALTH CENTER					
City: BETHANY		State: OK		Supervisor: LANORA SEARS, RC 3989	
Specialty: RC		Country: UNITED STATES		From: 9 / 2024	
Comments: 6800 NW 39TH EXPRESSWAY		To: /		Verified:	
BETHANY, OK 73008 405-789-6711					
Employed: BETHANY CHILDREN'S HEALTH CENTER					
City: BETHANY		State: OK		Supervisor: LANORA SEARS, RC 3889	
Specialty: PR		Country: UNITED STATES		From: 2 / 2024	
Comments: 6800 NW 39TH EXPRESSWAY		To: 9 / 2024		Verified:	
BETHANY, OK 73008 405-789-6711					
Employed: Exchange Bank					
City: PERRY		State: OK		Supervisor:	
Specialty: CUSTOMER SERVICE REP		Country: UNITED STATES		From: 1 / 2017	
Comments:		To: 7 / 2022		Verified:	
Employed: Thorn Original					
City: PERRY		State: OK		Supervisor:	
Specialty: FLORIST		Country: UNITED STATES		From: 8 / 2016	
Comments: FLORAL SHOP AND BOUTIQUE		To: 2 / 2017		Verified:	
Employed: NONE					
City: PERRY		State: OK		Supervisor:	
Specialty: UNEMPLOYED		Country: UNITED STATES		From: 1 / 2014	
Comments: UNEMPLOYED, BUT CARING FOR CRITICAL CARE NEEDS DAUGHTER FOR 2 YEARS AT A CHILDRENS HOSPITAL.		To: 5 / 2016		Verified:	
Employed: Exchange Bank					
City: PERRY		State: OK		Supervisor:	
Specialty: LOAN ASSISTANT		Country: UNITED STATES		From: 5 / 2007	
Comments:		To: 1 / 2014		Verified:	
Employed: The Buckle					
City: STILLWATER		State: OK		Supervisor:	
Specialty: ASSISTANT MANAGER		Country: UNITED STATES		From: 7 / 2005	
Comments:		To: 4 / 2007		Verified:	
Employed: The Buckle					
City: PONCA CITY		State: OK		Supervisor:	
Specialty: TEAM LEADER		Country: UNITED STATES		From: 7 / 2000	
Comments: / ASSISTANT MANAGER		To: 7 / 2005		Verified:	
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2261	A	1/4/24	1/31/25	9/10/24

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
RC	6213	TARAH LYN EDGAR

Respiratory Care Practitioner

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6490 COLTON RAY POOLE
Respiratory Care Practitioner

Practice Address:
August 01, 2024
HILLCREST MEDICAL CENTER
1120 S UTICA AVE

TULSA, OK 74104
TULSA

Status:
Res:
Received: 07/18/2024
Entered: 07/18/2024
Temp Issued: 08/16/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6490
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 08/15/2024

PRE-MED EDUCATION		
School Name: LABETTE COMMUNITY COLLEGE	State: KS	Country: UNITED STATES
City: PARSONS	From: 8/2022	To: 5/ 2024 Verified:
Degree: ASSOCIATE IN APPLIED SCIENCE-RESP		
School Name: CHERRYVALE MIDDLE/HIGH SCHOOL	State: KS	Country: UNITED STATES
City: CHERRYVALE	From: 8/2014	To: 5/ 2018 Verified:
Degree: DIPLOMA		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6490 COLTON RAY POOLE
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: RC Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-2304	Supervisor: NICOLE COLLINS, RC 4335 State: OK Country: From: 8 /2024 To: / Verified:
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Employed: Windsor Place At Home Care LLC City: INDEPENDENCE Specialty: CNA Comments: PROVIDES INDEPENDENT LIVING SUPPORT SERVICES FOR PATIENTS IN THEIR HOMES	Supervisor: State: KS Country: UNITED STATES From: 4 /2022 To: 6 /2023 Verified:
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Employed: Labette Health City: PARSONS Specialty: CNA Comments: A 99 BED HOSPITAL THAT PROVIDES ACUTE, INTENSIVE AND INPATIENT REHABILITATION CARE.	Supervisor: State: KS Country: UNITED STATES From: 8 /2018 To: 2 /2023 Verified:
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Employed: Cherryvale Nursing And Rehabilitation Center City: CHERRYVALE Specialty: CERTIFIED NURSE AIDE. Comments: A SKILLED NURSING FACILITY WHERE I WAS A CERTIFIED NURSE AIDE.	Supervisor: State: KS Country: UNITED STATES From: 12 /2016 To: 7 /2018 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6491 SHANIQUE NICOLE SHOBE
 Respiratory Care Practitioner

Practice Address:
 August 27, 2024
 HILLCREST MEDICAL CENTER
 1120 S UTICA

 TULSA, OK 74017
 TULSA

Status:
Res:
Received: 07/18/2024
Entered: 07/18/2024
Temp Issued: 08/27/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6491
Sex: F
Ethnic Origin: 2

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 08/15/2024

PRE-MED EDUCATION					
School Name: LABETTE COMMUNITY COLLEGE					
City: COFFEYVILLE		State: KS	Country: UNITED STATES		
Degree: ASSOCIATE IN RESPIRATORY CARE		From: 8/2022	To: 5/ 2024	Verified:	
<hr/>					
School Name: COFFEYVILLE COMMUNITY COLLEGE					
City: COFFEYVILLE		State: KS	Country: UNITED STATES		
Degree: MEDICAL ASSISTANT		From: 8/2020	To: 5/ 2021	Verified:	
<hr/>					
School Name: COFFEYVILLE COMMUNITY COLLEGE					
City: COFFEYVILLE		State: KS	Country: UNITED STATES		
Degree: ASSOCIATE		From: 8/2003	To: 5/ 2006	Verified:	
<hr/>					
School Name: FIELD KINDLEY HIGHSCHOOL					
City: COFFEYVILLE		State: KS	Country: UNITED STATES		
Degree: DIPLOMA		From: 8/1999	To: 5/ 2003	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6491 SHANIQUE NICOLE SHOBE
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: RC Comments: 1120 S UTICA AVE TULSA, OK 74017 918-579-2304	Supervisor: NICOLE COLLINS, RC 4335 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:
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Employed: Windsor Place at Home care City: COFFEYVILLE Specialty: ASSISTED WITH DAILY LIVING SKILLS/CNA/CMA Comments:	Supervisor: State: KS Country: UNITED STATES From: 7 /2019 To: 12 /2022 Verified:
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Employed: QUEST DIAGNOSTICS City: LENEXA Specialty: CUSTOMER SERVICE REP Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2017 To: 5 /2019 Verified:
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Employed: METLIFE City: TULSA Specialty: CUSTOMER SERVICE REP Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2012 To: 7 /2017 Verified:
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Employed: JUMPSTART City: COFFEYVILLE Specialty: CASHIER Comments:	Supervisor: State: KS Country: UNITED STATES From: 1 /2011 To: 2 /2012 Verified:
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Employed: NONE City: COFFEYVILLE Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: KS Country: UNITED STATES From: 6 /2006 To: 12 /2010 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6494 ANGELA SIFINGO
Respiratory Care Practitioner

Practice Address:
August 20, 2024

Status:
Res:
Received: 07/23/2024
Entered: 07/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6494
Sex: F
Ethnic Origin: 2

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 08/20/2024

PRE-MED EDUCATION					
School Name:	TYLER JUNIOR COLLEGE		State: TX	Country: UNITED STATES	
City:	TYLER		From: 3/2015	To: 12/2017	Verified:
Degree:	ASSOCIATE- RESP				
School Name:	DALLAS NURSING INSTITUTE		State: TX	Country: UNITED STATES	
City:	DALLAS		From: 6/2006	To: 8/2007	Verified:
Degree:	LVN				
School Name:	OKMULGEE STATE TECH		State: OK	Country: UNITED STATES	
City:	OKMULGEE		From: 8/1983	To: 5/1984	Verified:
Degree:					
School Name:	SOUTHEAST OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES	
City:	DURANT		From: 8/1982	To: 5/1983	Verified:
Degree:					
School Name:	GRANT HIGH SCHOOL		State: OK	Country: UNITED STATES	
City:	GRANT		From: 8/1979	To: 5/1982	Verified:
Degree:	DIPLOMA				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6494 ANGELA SIFINGO
 Respiratory Care Practitioner

Employed: CHILDREN HH	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: HH NURSE	From: 7 / 2015	To: / Verified:
Comments: 8/28/24MT- CURRENTLY WORKING		
Employed: EPIC MEDSTAFF AGENCY	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: HH NURSE	From: 1 / 2008	To: 6 / 2015 Verified:
Comments:		
Employed: HOME DEPOT	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: CSR	From: 3 / 2005	To: 11 / 2007 Verified:
Comments:		
Employed: NONE	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: UNEMPLOYED	From: 9 / 2004	To: 2 / 2005 Verified:
Comments:		
Employed: MCI WORLDCOM	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: CSR	From: 8 / 1999	To: 8 / 2004 Verified:
Comments:		
Employed: WESTMARK MANAGEMENT	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: RECEPTIONIST	From: 10 / 1988	To: 6 / 1999 Verified:
Comments:		
Employed: PARKLAND HOSPITAL	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: ER CLERK	From: 4 / 1986	To: 9 / 1988 Verified:
Comments:		
Employed: HUGO POLICE DEPARTMENT	Supervisor:	
City: DALLAS	State: TX	Country: UNITED STATES
Specialty: DISPATCHER	From: 7 / 1984	To: 2 / 1986 Verified:
Comments:		
Other Licenses		
State	Lic Type and Number	Status Issued Exp Verif
TX	RESP RCP02001944	A 8/15/18 5/31/26 8/20/24

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
RC	6494	ANGELA SIFINGO

Respiratory Care Practitioner

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6500 RYAN DEAN CARR
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS SOUTHWEST MEDICAL CENTER **Supervisor:** TANYA NEFF, RC 1911
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: RC **From:** 8 /2024 **To:** / **Verified:**
Comments: 4401 S WESTERN AVE
 OKLAHOMA CITY, OK 73170
 405-317-7517

Employed: INTEGRIS SOUTHWEST MEDICAL CENTER **Supervisor:** TANYA NEFF, RC 1911
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 1 /2024 **To:** 8 /2024 **Verified:**
Comments: 4401 S WESTERN AVE
 OKLAHOMA CITY, OK 73109
 405-636-7069

Employed: Integris Health **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: TECH **From:** 1 /2022 **To:** 8 /2024 **Verified:**
Comments: I WORK AS A TECH IN THE EMERGENCY DEPARTMENT AT INTEGRIS SOUTHWEST
 MEDICAL CENTER.

Employed: PANERA BREAD **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: TEAM LEAD **From:** 1 /2020 **To:** 12 /2021 **Verified:**
Comments:

Employed: CHICK-FIL-A **Supervisor:**
City: MOORE **State:** OK **Country:** UNITED STATES
Specialty: BOH EMPLOYEE **From:** 3 /2018 **To:** 12 /2020 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Provisional respiratory care practitioner 2284	A	2/12/24	8/31/24	8/21/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6501 LUCY YANG
 Respiratory Care Practitioner

Practice Address:

August 12, 2024

INTEGRIS HEALTH BAPTIST MEDICAL CENTER
 3300 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112
 OKLAHOMA

Status:
Res:
Received: 08/05/2024
Entered: 08/05/2024
Temp Issued: 08/12/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6501
Sex: F
Ethnic Origin: 6

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

NBRC: 08/12/2024

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION

School Name: OKLAHOMA CITY COMMUNITY COLLEGE/FRANCIS TUTTLE
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: AAS RESP **From:** 8/2022 **To:** 5/ 2024 **Verified:**

School Name: OKLAHOMA STATE UNIVERSITY
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2020 **To:** 5/ 2021 **Verified:**

School Name: UNIVERSITY OF ARKANSAS FORT SMITH
City: FORT SMITH **State:** AR **Country:** UNITED STATES
Degree: **From:** 8/2012 **To:** 1/ 2015 **Verified:**

School Name: NATIONAL PARK COMMUNITY COLLEGE
City: HOT SPRINGS **State:** AR **Country:** UNITED STATES
Degree: **From:** 8/2010 **To:** 5/ 2011 **Verified:**

School Name: UNIVERSITY OF ARKANSAS LITTLE ROCK
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Degree: **From:** 8/2009 **To:** 5/ 2010 **Verified:**

School Name: CENTERPOINT HIGH SCHOOL
City: AMITY **State:** AR **Country:** UNITED STATES
Degree: **From:** 9/2006 **To:** 5/ 2009 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 6501 LUCY YANG
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: 3300 NW EXPRESSWAY City: OKLAHOMA CITY Specialty: RC Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 314-780-3479	Supervisor: DAWN AYALA, RC 3568 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:		
Employed: INTEGRIS BAPTIST MEDICAL CENTER RESPIRATORY DEPT City: OKLAHOMA CITY Specialty: PR Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3534	Supervisor: DAWN AYALA, RC 3568 State: OK Country: UNITED STATES From: 5 /2024 To: 8 /2024 Verified:		
Employed: NORMAN REGIONAL HEALTH SYSTEM City: NORMAN Specialty: PR Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797	Supervisor: VANITA SOUTHWARD, RC 5217 State: OK Country: UNITED STATES From: 4 /2024 To: / Verified: 4/9/2024		
Employed: Integris Community Hospital City: OKLAHOMA CITY Specialty: PATIENT ACCESS SPECIALIST Comments: 3/27/2027 CURRENTLY EMPLOYED HERE. TS	Supervisor: State: OK Country: UNITED STATES From: 2 /2019 To: / Verified:		
Employed: St. John's Medical Center City: TULSA Specialty: PATIENT ACCESS REPRESENTATIVE Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2018 To: 1 /2019 Verified:		
Employed: OU Children's Hospital City: OKLAHOMA CITY Specialty: REGISTRAR Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2016 To: 1 /2018 Verified:		
Employed: NONE City: OKLAHOMA CITY Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2015 To: 12 /2016 Verified:		
Employed: JC Penney City: FORT SMITH Specialty: SALE ASSOCIATE Comments:	Supervisor: State: AR Country: UNITED STATES From: 11 /2013 To: 1 /2015 Verified:		
Employed: J's Hallmark City: FORT SMITH Specialty: SALE ASSOCIATE Comments:	Supervisor: State: AR Country: UNITED STATES From: 8 /2012 To: 7 /2013 Verified:		
Employed: Abercrombie & amp; amp; Fitch	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6501 LUCY YANG
 Respiratory Care Practitioner

City: FORT SMITH Specialty: SALE ASSOCIATE Comments:	State: AR Country: UNITED STATES From: 9 / 2011 To: 7 / 2012 Verified:
Employed: NONE City: GLENWOOD Specialty: SUMMER BREAK Comments:	Supervisor: State: AR Country: From: 6 / 2011 To: 8 / 2011 Verified:
Employed: Abercrombie & Fitch City: LITTLE ROCK Specialty: SALE ASSOCIATE Comments:	Supervisor: State: AR Country: UNITED STATES From: 9 / 2009 To: 6 / 2010 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2302	A	5/13/24	11/30/24	8/12/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6502 NYKOLE MARIE STULL
Respiratory Care Practitioner

Practice Address:
August 06, 2024
FRANCIS TUTTLE TECHNOLOGY CENTER
12777 N ROCKWELL AVE

OKLAHOMA CITY, OK 73142
OKLAHOMA

Status:
Res:
Received: 08/06/2024
Entered: 08/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6502
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 09/03/2024

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree: ASSOCIATES IN RESPIRATORY THERAPY	From: 8/2017	To: 5/ 2024	Verified:
School Name: BLANCHARD HIGH SCHOOL			
City: BLACHARD	State: OK	Country: UNITED STATES	
Degree:	From: 8/2012	To: 5/ 2016	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6502 NYKOLE MARIE STULL
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS SOUTHWEST MEDICAL CENTER **Supervisor:** TANYA NEFF, RC 1911
City: OKC **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 4 /2024 **To:** / **Verified:** 4/3/2024
Comments: 4401 S WESTERN AVE
 OKC, OK 73109
 405-636-7069

Employed: Just kids pediatrics **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT **From:** 9 /2019 **To:** 5 /2023 **Verified:**
Comments: TENDING TO PATIENTS, GIVING VACCINES, SCHEDULING APPOINTMENTS ALONG WITH
 CHECKING VITALS,

Employed: Genghis grill **Supervisor:**
City: MOORE **State:** OK **Country:** UNITED STATES
Specialty: WAITRESS **From:** 6 /2017 **To:** 9 /2019 **Verified:**
Comments: DELIVERING FOOD, TAKING CARE OF CUSTOMERS, TAKING ORDERS FOR
 CUSTOMERS, KEEPING THE RESTAURANT CLEAN

Employed: TIFFANY EPPERLY **Supervisor:**
City: EDMOND **State:** OK **Country:** UNITED STATES
Specialty: CHILD CARE **From:** 6 /2017 **To:** 10 /2019 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2311	A	8/19/24	2/28/25	9/3/24

DEFICIENCIES

OTHER DEFICIENCIES: "UPGRADE APPLICATION" CANNOT BEGIN PRACTICE AS AN RC UNTIL TEMP LETTER IS ISSUED AS A RESPIRATORY CARE PRACTITIONER / MUST SUBMIT UPDATED FORM 5 FOR TEMP LETTER.

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 6503 JESIKA MARIE GAYLOR
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: NORMAN REGIONAL HEALTH SYSTEM City: NORMAN Specialty: RC Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797	Supervisor: VANITA SOUTHWARD, RC 5217 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:		
Employed: NORMAN REGIONAL HEALTH SYSTEM City: NORMAN Specialty: PR Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797	Supervisor: VANITA SOUTHWARD, RC 5217 State: OK Country: UNITED STATES From: 1 /2024 To: 8 /2024 Verified:		
Employed: Norman Regional Health City: NORMAN Specialty: RESPIRATORY TECH Comments: 1/9/24MT- CURRENTLY WORKING	Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 1 /2024 Verified:		
Employed: Saint Anthony Hospital City: OKC Specialty: MEDICAL ASSISTANT/SCRIBE Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2019 To: 6 /2021 Verified:		
Employed: Alliance Health Midwest Emergency Room City: MIDWEST CITY Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2018 To: 11 /2019 Verified:		
Employed: Integris Southwest City: OKC Specialty: MEDICAL ASSISTANT/MEDICAL SCRIBE Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2017 To: 10 /2018 Verified:		
Employed: Army National Guard City: OKC Specialty: SUPPLY SUPERVISOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2016 To: 5 /2022 Verified:		
Employed: Access Medical Center/Urgent Care City: NORMAN Specialty: MEDICAL ASSISTANT Comments: APPLY CLEAN DRESSINGS, SLINGS, STOCKINGS, OR SUPPORT BANDAGES, UNDER DIRECTION OF PHYSICIAN. ASSIS	Supervisor: State: OK Country: UNITED STATES From: 6 /2013 To: 9 /2016 Verified:		
Employed: Buffalo Wild Wings City: NORMAN Specialty: SERVER/BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2011 To: 9 /2016 Verified:		

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type **Number** **Name**
RC 6503 JESIKA MARIE GAYLOR
Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2293	A	2/12/24	8/31/24	8/6/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6504 CAITLIN SHAINÉ MONDEN
 Respiratory Care Practitioner

Practice Address:
 September 12, 2024
 INTEGRIS BAPTIST MEDICAL CENTER
 3300 NW EXPRESSWAY

 OKLAHOMA CITY, OK 73112
 OKLAHOMA

Status:
Res:
Received: 08/09/2024
Entered: 08/09/2024
Temp Issued: 09/13/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6504
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/06/2024

PRE-MED EDUCATION					
School Name: ROSE STATE COLLEGE City: MIDWEST CITY	State: OK	Country: UNITED STATES	From: 8/2022	To: 8/ 2024	Verified:
Degree: ASSOCIATES OF APPLIED SCIENCE-RESP					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND	State: OK	Country: UNITED STATES	From: 8/2012	To: 5/ 2020	Verified:
Degree:					
School Name: ROSE STATE COLLEGE City: MIDWEST CITY	State: OK	Country: UNITED STATES	From: 8/2010	To: 5/ 2012	Verified:
Degree:					
School Name: APOSTOLIC FAITH SCHOOL City: GUTHRIE	State: OK	Country: UNITED STATES	From: 8/1998	To: 5/ 2010	Verified:
Degree:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6504 CAITLIN SHAINÉ MONDEN
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS BAPTIST MEDICAL CENTER	Supervisor: DAWN AYALA, RC 3568		
City: OKLAHOMA CITY	State: OK	Country:	
Specialty: RC	From: 9 /2024	To: /	Verified:
Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3537			

Employed: Yokozuna	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: MANAGER	From: 3 /2023	To: 7 /2024	Verified:
Comments:			

Employed: Michael Risley, Attorney at Law	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: CASE MANAGER AND OFFICE ASSISTANT	From: 8 /2020	To: 8 /2021	Verified:
Comments:			

Employed: Texas Roadhouse	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: BARTENDER AND SERVER	From: 5 /2018	To: 3 /2023	Verified:
Comments:			

Employed: Pub W	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: BARTENDER	From: 5 /2016	To: 5 /2018	Verified:
Comments:			

Employed: TGI Fridays	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: BARTENDER	From: 6 /2015	To: 7 /2016	Verified:
Comments:			

Employed: BancFirst	Supervisor:		
City: GUTHRIE	State: OK	Country: UNITED STATES	
Specialty: UNIVERSAL BANKER	From: 8 /2014	To: 6 /2015	Verified:
Comments:			

Employed: Boneyard Grill	Supervisor:		
City: GUTHRIE	State: OK	Country: UNITED STATES	
Specialty: SERVER	From: 9 /2012	To: 12 /2014	Verified:
Comments:			

Employed: Sonic Drive-In	Supervisor:		
City: GUTHRIE	State: OK	Country: UNITED STATES	
Specialty: CREW TRAINER - TRAINED NEW HIRES	From: 8 /2010	To: 9 /2012	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
RC	6504	CAITLIN SHAINÉ MONDEN

Respiratory Care Practitioner

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6505 PADEN DELANEY MITCHELL
 Respiratory Care Practitioner

Practice Address:

August 20, 2024
 OU HEALTH
 700 N.E. 13TH ST

OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:

Res:
Received: 08/09/2024
Entered: 08/09/2024
Temp Issued: 08/21/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6505
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/09/2024

PRE-MED EDUCATION					
School Name: MIDWESTERN STATE UNIVERSITY					
City: WICHITA FALLS		State: TX		Country: UNITED STATES	
Degree: AAS RESP		From: 6/2021		To: 5/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018		To: 5/ 2020 Verified:	
<hr/>					
School Name: BURKBURNETT HIGH SCHOOL					
City: BURKBURNETT		State: TX		Country: UNITED STATES	
Degree:		From: 9/2014		To: 5/ 2018 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6505 PADEN DELANEY MITCHELL
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OU HEALTH City: OKLAHOMA CITY Specialty: RC Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: LORI NAISMITH, RC 3335 State: OK Country: UNITED STATES From: 8 / 2024 To: / Verified:
Employed: OU HEALTH City: OKLAHOMA CITY Specialty: PR Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: LORI NAISMITH, RC 3335 State: OK Country: UNITED STATES From: 6 / 2024 To: 8 / 2024 Verified: 4/22/2024
Employed: Midwestern State University City: WICHITA FALLS Specialty: LEARNING CENTER TUTOR Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 / 2023 To: 5 / 2024 Verified:
Employed: United Regional Health Care System City: WICHITA FALLS Specialty: RESPIRATORY CARE STUDENT Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 / 2023 To: 2 / 2024 Verified:
Employed: Aspen Dental City: WICHITA FALLS Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 / 2020 To: 12 / 2021 Verified:
Employed: University of Oklahoma City: NORMAN Specialty: OFFICE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 / 2019 To: 5 / 2020 Verified:
Employed: University of Oklahoma City: NORMAN Specialty: FOOD SERVICE CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 2018 To: 6 / 2019 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
RC 6507 VICTORIA LYNN MCNUTT
Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6510 KENDRA RENE VERMILLION
Respiratory Care Practitioner

Practice Address:
August 20, 2024
STILLWATER MEDICAL CENTER
1323 W SIXTH AVE
STILLWATER, OK 74074
PAYNE
UNITED STATES

Status:
Res:
Received: 08/14/2024
Entered: 08/14/2024
Temp Issued: 08/20/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6510
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: Orig. Lic. Exp:

Table with 5 columns: Test, Score, Date Taken, Date Verified, Attempts. Rows include Test 1, Test 2, Test 3, Test AV, Total Possible, Okla Passing, Total Score.

NBRC: 08/14/2024

Table titled 'PRE-MED EDUCATION' with 5 rows of school information including School Name, City, Degree, State, Country, From, To, and Verified dates.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6510 KENDRA RENE VERMILLION
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed:	STILLWATER MEDICAL CENTER	Supervisor:	ALEXIS GRIBBEN, RC 3473		
	City: STILLWATER	State: OK	Country:	UNITED STATES	
	Specialty: RC	From: 8 /2024	To: /	Verified:	
Comments:	1323 W SIXTH AVE STILLWATER, OK 74074 405-742-5229				
Employed:	INTEGRIS BASS BAPTIST HEALTH CENTER	Supervisor:	MALLORY GREEN, RC 4324		
	City: ENID	State: OK	Country:	UNITED STATES	
	Specialty: PR	From: 2 /2024	To: 8 /2024	Verified:	
Comments:	600 S MONROE ENID, OK 73701 580-548-1243				
Employed:	OKLAHOMA CHILDREN'S HOSPITAL	Supervisor:	TARA JOHNSON, RC 2722		
	City: OKLAHOMA CITY	State: OK	Country:	UNITED STATES	
	Specialty: PR	From: 6 /2023	To: 8 /2024	Verified:	
Comments:	1200 CHILDREN'S AVE OKLAHOMA CITY, OK 73104 405-417-6009				
Employed:	STILLWATER MEDICAL CENTER	Supervisor:	ALEXIS GRIBBEN, RC 3473		
	City: STILLWATER	State: OK	Country:	UNITED STATES	
	Specialty: PR	From: 6 /2023	To: 8 /2024	Verified:	
Comments:	1323 W SIXTH AVE STILLWATER, OK 74074 405-742-5229				
Employed:	Life EMS	Supervisor:			
	City: ENID	State: OK	Country:	UNITED STATES	
	Specialty: EMT	From: 3 /2016	To: 6 /2023	Verified:	
Comments:	5/2/23MT- CURRENTLY WORKING WORKING AS A MEDIC ON AN AMBULANCE WITH LEADERSHIP POSITION WITHIN THE COMPANY				
Employed:	LIVINGSTON'S MACHINERY	Supervisor:			
	City: FAIRVIEW	State: OK	Country:	UNITED STATES	
	Specialty: SECRETARY	From: 12 /2012	To: 3 /2016	Verified:	
Comments:					
Employed:	DLO	Supervisor:			
	City: ENID	State: OK	Country:	UNITED STATES	
	Specialty: PHLEBOTOMIST	From: 2 /2012	To: 12 /2013	Verified:	
Comments:					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2240	A	8/23/23	8/31/24	8/14/24

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
RC	6510	KENDRA RENE VERMILLION

Respiratory Care Practitioner

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6512 KWAKU ANSAH AGYEMANG
 Respiratory Care Practitioner

Practice Address:
 September 12, 2024

Status:
Res:
Received: 08/17/2024
Entered: 08/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6512
Sex: M
Ethnic Origin: 2

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/12/2024

PRE-MED EDUCATION					
School Name: OLD DOMINION UNIVERSITY					
City: NORFOLK		State: VA		Country: UNITED STATES	
Degree: HEALTH ADMINSTRATION		From: 1/2016		To: 12/ 2016 Verified:	
<hr/>					
School Name: NORTHERN VIRGINIA COMMUNITY COLLEGE					
City: ANNADALE		State: VA		Country: UNITED STATES	
Degree: RESPIRATORY THERAPY		From: 1/2009		To: 5/ 2011 Verified:	
<hr/>					
School Name: TALL OAK HIGH SCHOOL					
City: BOWIE		State: MD		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 1/1999		To: 5/ 2002 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6512 KWAKU ANSAH AGYEMANG
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: UMMC City: BALTIMORE Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: MD Country: UNITED STATES From: 6 / 2021 To: 7 / 2024 Verified:
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Employed: BSA HOSPITAL City: AMARILLO Specialty: RC Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 / 2020 To: 6 / 2021 Verified:
--	---

Employed: GEORGE TOWN UNIVERSITY HOSPITAL City: WASHINGTON Specialty: RC Comments:	Supervisor: State: DC Country: UNITED STATES From: 11 / 2018 To: 12 / 2020 Verified:
---	--

Employed: Virginia Hospital Center City: ARLINGTON Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: VA Country: UNITED STATES From: 10 / 2013 To: 11 / 2018 Verified:
--	--

Employed: Children National Medical Center City: WASHINGTON Specialty: RESPIRATORY THERAPIST Comments:	Supervisor: State: DC Country: UNITED STATES From: 7 / 2011 To: 2 / 2024 Verified:
---	--

Employed: NAVY FEDERAL CREDIT UNION City: VIENNA Specialty: CUSTOMER SERVICE REP Comments:	Supervisor: State: VA Country: UNITED STATES From: 10 / 2008 To: 5 / 2011 Verified:
---	---

Employed: CHEVY CHASE BANK City: LAUREL Specialty: CUSTOMER SERVICE REP Comments:	Supervisor: State: MD Country: UNITED STATES From: 5 / 2002 To: 10 / 2008 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
VA	Respiratory Care Practitioner 0117006977	A	12/21/11	3/31/25	9/12/24
DC	Respiratory Care Practitioner RC1335	A	8/8/11	1/31/25	8/29/24
MD	Respiratory Care Practitioner L0006218	A	6/19/14	5/30/26	8/20/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6513 PRESLEY SAXTON
 Respiratory Care Practitioner

Practice Address:

September 17, 2024
 OKLAHOMA CHILDREN'S HOSPITAL
 1200 CHILDREN'S AVE

 OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:
Res:
Received: 08/18/2024
Entered: 08/18/2024
Temp Issued: 09/17/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6513
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 09/12/2024

PRE-MED EDUCATION					
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY	State: OK	Country: UNITED STATES			
Degree: ASSOCIATES IN APPLIED SCIENCE RESPIRATORY THERAPY	From: 8/2019	To: 7/ 2024	Verified:		
School Name: CHOCTAW HIGH SCHOOL					
City: CHOCTAW	State: OK	Country: UNITED STATES			
Degree:	From: 8/2017	To: 5/ 2021	Verified:		
PRACTICE HISTORY					
Employed: OKLAHOMA CHILDREN'S HOSPITAL	Supervisor: TARA JOHNSON, RC 2722				
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Specialty: RC	From: 10 /2024	To: /	Verified:		
Comments: 1200 CHILDREN'S AVE OKLAHOMA CITY, OK 73104 405-249-6150					
Employed: Physical Therapy Central	Supervisor:				
City: MIDWEST CITY	State: OK	Country: UNITED STATES			
Specialty: PT TECH	From: 7 /2022	To: 3 /2024	Verified:		
Comments: PREPARES PATIENTS FOR TREATMENT, ASSISTING WITH TRANSFERS AND TRANSPORTATION AS NEEDED					

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
RC 6513 PRESLEY SAXTON
Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6515 MASON M FORD
 Respiratory Care Practitioner

Practice Address:
 August 20, 2024
 NORMAN REGIONAL HEALTH SYSTEM
 901 N PORTER AVE

 NORMAN, OK 73070
 CLEVELAND

Status:
Res:
Received: 08/20/2024
Entered: 08/20/2024
Temp Issued: 08/20/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6515
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/20/2024

PRE-MED EDUCATION					
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES IN RESPIRATORY THERAPY		From: 6/2021		To: 7/2024 Verified:	
<hr/>					
School Name: ECADEMY CHARTER					
City: TURLOCK		State: CA		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2010		To: 2/2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6515 MASON M FORD
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: NORMAN REGIONAL HEALTH SYSTEM **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: RC **From:** 8 / 2024 **To:** / **Verified:**
Comments: 901 N PORTER AVE
 NORMAN, OK 73070
 405-307-1797

Employed: NORMAN REGIONAL HEALTH SYSTEM **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: PR **From:** 2 / 2024 **To:** 8 / 2024 **Verified:**
Comments: 901 N PORTER AVE
 NORMAN, OK 73070
 405-307-1797

Employed: Norman regional health system **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: RESP TECH **From:** 1 / 2021 **To:** 2 / 2024 **Verified:**
Comments: 1/13/24MT- CURRENTLY WORKING
 I AM A RESPIRATORY TECHNICIAN, RESPONSIBLE FOR GOING TO CODES, CLEANING
 EQUIPMENT, EKG, AND ABI.

Employed: Home Depot **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: HARDWARE ASSOCIATE **From:** 1 / 2020 **To:** 1 / 2021 **Verified:**
Comments:

Employed: Willowbrook veterinary hospital **Supervisor:**
City: TIGARD **State:** OR **Country:** UNITED STATES
Specialty: VETERINARY TECHNICIAN **From:** 3 / 2017 **To:** 1 / 2020 **Verified:**
Comments:

Employed: Canal veterinary clinic **Supervisor:**
City: TURLOCK **State:** CA **Country:** UNITED STATES
Specialty: VETERINARY TECHNICIAN **From:** 1 / 2015 **To:** 3 / 2017 **Verified:**
Comments:

Employed: Carmax **Supervisor:**
City: MILWAUKEE **State:** OR **Country:** UNITED STATES
Specialty: AUTOMOTIVE TECHNICIAN **From:** 10 / 2014 **To:** 1 / 2015 **Verified:**
Comments:

Employed: R&W specialty **Supervisor:**
City: TURLOCK **State:** CA **Country:** UNITED STATES
Specialty: INSTALLER **From:** 2 / 2014 **To:** 10 / 2014 **Verified:**
Comments: CONSTRUCTION WORK INSTALLING CEILINGS/ AND BATHROOM ACCESSORIES

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type Number Name
RC 6515 MASON M FORD
Respiratory Care Practitioner

Other Licenses						
State	Lic Type and Number		Status	Issued	Exp	Verif
OK	PR	2290	I	2/12/24	8/31/24	10/24/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6516 MONIQUE MELBA TAPIA
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: Shannon Cardiac & Pulmonary Rehab **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 1 /2016 **To:** 6 /2024 **Verified:**
Comments: RESPIRATORY THERAPIST FOR CARDIAC AND PULMONARY REHAB.

Employed: Shannon Medical Center **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 6 /2015 **To:** 1 /2016 **Verified:**
Comments: RESPIRATORY THERAPIST DOING FLOOR THERAPY IN THE HOSPITAL.

Employed: Shannon Clinic **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT FOR ONCOLOGY **From:** 12 /2011 **To:** 6 /2015 **Verified:**
Comments:

Employed: GalvestonISD **Supervisor:**
City: GALVESTON **State:** TX **Country:** UNITED STATES
Specialty: NURSES AIDE FOR THE SCHOOL DISTRICT **From:** 10 /2011 **To:** 12 /2011 **Verified:**
Comments:

Employed: Shannon Clinic **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: MEDICAL ASSISTANT FOR ONCOLOGY **From:** 1 /2007 **To:** 9 /2011 **Verified:**
Comments:

Employed: Union GroveISD **Supervisor:**
City: UNION GROVE **State:** TX **Country:** UNITED STATES
Specialty: WORKED IN ACCOUNTS PAYABLE **From:** 8 /2005 **To:** 6 /2007 **Verified:**
Comments: WORKED IN ACCOUNTS PAYABLE FOR THE ADMINISTRATION OFFICE

Employed: NONE **Supervisor:**
City: GILMER **State:** TX **Country:** UNITED STATES
Specialty: STAY AT HOME MOM **From:** 6 /2004 **To:** 8 /2005 **Verified:**
Comments:

Employed: Shannon Clinic **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: RECEPTIONIST FOR THE UROLOGY DEPT **From:** 5 /1999 **To:** 6 /2004 **Verified:**
Comments:

Employed: Sitel **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: WAS A TELEMARKETER FOR LONG DISTANCE SERVICES **From:** 7 /1997 **To:** 4 /1999 **Verified:**
Comments:

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type Number Name
RC 6516 MONIQUE MELBA TAPIA
Respiratory Care Practitioner

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Respiratory Care Practitioner RCP02000190	A	6/8/16	5/31/26	9/16/24
TX	RC-TEMP TRC00079132	I	5/5/15	5/5/16	9/16/24

<u>DEFICIENCIES</u>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6517 AMANDA FAULK
Respiratory Care Practitioner

Practice Address:
September 30, 2024
OKLAHOMA CHILDREN'S HOSPITAL
1200 CHILDREN'S AVE

OKLAHOMA CITY, OK 73104
OKLAHOMA

Status:
Res:
Received: 08/21/2024
Entered: 08/21/2024
Temp Issued: 09/30/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6517
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC: 09/16/2024

PRE-MED EDUCATION				
School Name: ROSE STATE	State: OK	Country: UNITED STATES		
City: MIDWEST CITY	From: 8/2022	To: 7/ 2024	Verified:	
Degree: RESPIRATORY THERAPIST				
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	State: OK	Country: UNITED STATES		
City: OKLAHOMA CITY	From: 8/2009	To: 5/ 2011	Verified:	
Degree:				
School Name: FOLEY HIGH SCHOOL	State: AL	Country: UNITED STATES		
City: FOLEY	From: 8/2003	To: 5/ 2007	Verified:	
Degree:				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6517 AMANDA FAULK
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: OKLAHOMA CHILDREN'S HOSPITAL City: OKLAHOMA CITY Specialty: RC Comments: 1200 CHILDREN'S AVE OKLAHOMA CITY, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:
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Employed: Grace Place City: OKLAHOMA CITY Specialty: PRESCHOOL TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2016 To: 5 /2022 Verified:
---	--

Employed: None City: OKLAHOMA CITY Specialty: STAY AT HOME MOM Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2013 To: 6 /2017 Verified:
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Employed: CMR City: OKLAHOMA CITY Specialty: CLAIMS SUBROGATION FILE ANALYST Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2011 To: 7 /2013 Verified:
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Employed: None City: FT. STEWART Specialty: MILITARY SPOUSE / HOMEMAKER Comments:	Supervisor: State: GA Country: UNITED STATES From: 5 /2007 To: 8 /2009 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6519 ASHLEY MARIE KEMP
 Respiratory Care Practitioner

Practice Address:

August 21, 2024
 NORMAN REGIONAL HEALTH SYTEM
 3300 HEALTHPLEX PKWY

 NORMAN, OK 73072
 CLEVELAND

 UNITED STATES

Status:

Res:
Received: 08/21/2024
Entered: 08/21/2024
Temp Issued: 08/21/2024
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6519
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/21/2024

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6519 ASHLEY MARIE KEMP
 Respiratory Care Practitioner

PRE-MED EDUCATION			
School Name: ROSE STATE UNIVERSITY	City: MIDWEST CITY	State: OK	Country: UNITED STATES
Degree: RESPIRATORY		From: 8/2023	To: 7/ 2024 Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:		From: 8/2022	To: 5/ 2023 Verified:
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY	City: WEATHERFORD	State: OK	Country: UNITED STATES
Degree:		From: 1/2020	To: 5/ 2022 Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:		From: 8/2019	To: 12/ 2019 Verified:
School Name: SEMINOLE STATE	City: SEMINOLE	State: OK	Country: UNITED STATES
Degree:		From: 1/2019	To: 5/ 2019 Verified:
School Name: UNIVERSITY OF SCIENCE AND ARTS OKLAHOMA	City: CHICKASHA	State: OK	Country: UNITED STATES
Degree:		From: 8/2018	To: 12/ 2018 Verified:
School Name: REDLANDS UNIVERSITY	City: EL RENO	State: OK	Country: UNITED STATES
Degree:		From: 8/2017	To: 5/ 2018 Verified:
School Name: AMBER-POCASSET HIGH SCHOOL	City: AMBER	State: OK	Country: UNITED STATES
Degree: DIPLOMA		From: 7/2014	To: 5/ 2018 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6519 ASHLEY MARIE KEMP
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: NORMAN REGIONAL HEALTH SYSTEM		Supervisor: VANITA SOUTHWARD, RC 5217	
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: RC	From: 8 /2024	To: /	Verified:
Comments: 3300 HEALTHPLEX PKWY NORMAN, OK 73072 405-515-1000			

Employed: NORMAN REGIONAL HEALTH SYSTEM		Supervisor: VANITA SOUTHWARD, RC 5217	
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: PR	From: 2 /2024	To: 8 /2024	Verified:
Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797			

Employed: Norman Regional Health System		Supervisor:	
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: RESPIRATORY TECHNICIAN	From: 11 /2023	To: 1 /2024	Verified:
Comments:			

Employed: Frosted Mug Bar and Grill		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: WAITRESS AND BARTENDER	From: 7 /2019	To: 11 /2023	Verified:
Comments: WAITRESS AND BARTENDER. I ALSO WORKED AT THE EDMOND LOCATION SOME.			

Employed: Grady Memorial Hospital		Supervisor:	
City: CHICKASHA	State: OK	Country: UNITED STATES	
Specialty: MEDICAL ASSISTANT	From: 12 /2018	To: 7 /2019	Verified:
Comments:			

Employed: YMCA		Supervisor:	
City: CHICKASHA	State: OK	Country: UNITED STATES	
Specialty: LIFEGUARD	From: 5 /2018	To: 7 /2019	Verified:
Comments:			

Employed: Jimmys Egg		Supervisor:	
City: CHICKASHA	State: OK	Country: UNITED STATES	
Specialty: WAITRESS	From: 5 /2018	To: 12 /2018	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2291	A	2/12/24	8/31/24	8/21/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6520 HALEY ELISE WELTON
Respiratory Care Practitioner

Practice Address:

September 19, 2024
OKLAHOMA CHILDRENS HOSPITAL
1200 CHILDRENS AVE

OKLAHOMA CITY, OK 73104
OKLAHOMA

Status:
Res:
Received: 08/23/2024
Entered: 08/23/2024
Temp Issued: 09/24/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6520
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

NBRC: 08/23/2024

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION

School Name: ROSE STATE COLLEGE
City: MIDWEST CITY **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATE'S DEGREE-RESPIRATORY **From:** 8/2023 **To:** 8/ 2024 **Verified:**

School Name: OKLAHOMA CITY COMMUNITY COLLEGE
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATE'S DEGREE **From:** 8/2021 **To:** 5/ 2023 **Verified:**

School Name: NORTHERN OKLAHOMA COLLEGE
City: STILLWATER **State:** OK **Country:** UNITED STATES
Degree: **From:** 1/2017 **To:** 5/ 2017 **Verified:**

School Name: OKLAHOMA STATE UNIVERSITY
City: STILLWATER **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2015 **To:** 5/ 2016 **Verified:**

School Name: BURLESON HIGH SCHOOL
City: BURLESON **State:** TX **Country:** UNITED STATES
Degree: DIPLOMA **From:** 8/2012 **To:** 6/ 2015 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 6520 HALEY ELISE WELTON
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: OKLAHOMA CHILDRENS HOSPITAL City: OKLAHOMA CITY Specialty: RC Comments: 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104 405-249-6150	Supervisor: TARA JOHNSON, RC 2722 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:		
Employed: Mahogany Prime Steakhouse City: OKLAHOMA CITY Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: / Verified:		
Employed: Yo Pablo! City: NORMAN Specialty: BARTENDER, SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2021 To: 12 /2021 Verified:		
Employed: The Eleanor City: OKLAHOMA CITY Specialty: COCKTAIL WAITRESS, BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2020 To: 7 /2020 Verified:		
Employed: Dr. Kenneth Guthrie Optometrist City: OKLAHOMA CITY Specialty: OPTOMETRIC TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2019 To: 9 /2021 Verified:		
Employed: Texas Roadhouse City: OKLAHOMA CITY Specialty: SERVER, BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2019 To: 2 /2020 Verified:		
Employed: Laura Berger City: STILLWATER Specialty: FAMILY NANNY/BABYSITTER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2016 To: 5 /2019 Verified:		
Employed: Texas Roadhouse City: STILLWATER Specialty: SERVER, BARTENDER, KITCHEN Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2016 To: 5 /2019 Verified:		
Employed: IHOP City: BURLESON Specialty: SERVER Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 /2016 To: 8 /2016 Verified:		
Employed: Buffalo Wild Wings City: STILLWATER Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 5 /2016 Verified:		
Employed: Cotton Patch Cafe City: BURLESON Specialty: SERVER 	Supervisor: State: TX Country: UNITED STATES From: 8 /2014 To: 8 /2015 Verified:		

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
RC 6520 HALEY ELISE WELTON
Respiratory Care Practitioner

Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6521 SYLICE MICHEL GARZA
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: NORMAN REGIONAL HEALTH SYSTEM	Supervisor: VANITA SOUTHWARD, RC 5217		
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: RC	From: 8 /2024	To: /	Verified:
Comments: 3300 HEALTHPLEX PKWY NORMAN, OK 73110 405-515-1000			
Employed: NORMAN REGIONAL HEALTH SYSTEM	Supervisor: VANITA SOUTHWARD, RC 5217		
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: PR	From: 2 /2024	To: 8 /2024	Verified:
Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797			
Employed: Norman Regional Health System	Supervisor:		
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: RESPIRATORY TECHNICIAN	From: 10 /2023	To: /	Verified:
Comments: 1/18/2024: CURRENTLY WORKING HERE(SJ) MAINTAIN RESPIRATORY EQUIPMENT AND PERFORM ROUTINE AND SCHEDULED EKGS. STOCK SUPPLIES ON EACH FLOOR			
Employed: Integris Health	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: MEDICAL EQUIPMENT TECHNICIAN	From: 4 /2023	To: 10 /2023	Verified:
Comments: PROVIDED PATIENTS WITH THE PROPER KNOWLEDGE AND MAINTENANCE OF THEIR PAP DEVICE. MAINTAINED SUPPLY.			
Employed: Chicken N Pickle	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: TAKE GUESTS FOOD AND DRINK ORDERS.	From: 5 /2022	To: 4 /2023	Verified:
Comments: TAKE GUESTS FOOD AND DRINK ORDERS. DIRECT GUESTS TO TABLES.			
Employed: Topgolf	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: TEAM MEMBER	From: 3 /2021	To: 5 /2022	Verified:
Comments: CLEANED BAY AREA. BROUGHT FOOD AND DRINKS TO BAY. AID ANY GUEST THAT MAY NEED IT.			
Employed: Walmart	Supervisor:		
City: MIDWEST CITY	State: OK	Country: UNITED STATES	
Specialty: STORE ASSOCIATE	From: 4 /2020	To: 4 /2021	Verified:
Comments: MAINTAINED AND DISINFECTED FITTING ROOMS. FOLDED AND HUNG ANY APPAREL THAT WAS OUT OF PLACE.			
Employed: Andys Altitude	Supervisor:		
City: MIDWEST CITY	State: OK	Country: UNITED STATES	
Specialty: EMPLOYED	From: 10 /2019	To: 4 /2020	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
RC	6521	SYLICE MICHEL GARZA
Respiratory Care Practitioner		

Comments: ENSURED THE SAFETY OF ALL GUESTS WHILE PARTAKING IN VARIOUS ATTRACTIONS.
MAINTAINED A SAFE SPACE.

Employed: Warren Regal Theater

City: MIDWEST CITY

Specialty: CASHIER, FLOOR STAFF, AND COOK

Comments: CROSS TRAINED IN POSITIONS INCLUDING, CASHIER, FLOOR STAFF, AND COOK.
MAINTAINED THEATERS

Supervisor:

State: OK **Country:** UNITED STATES

From: 4 /2019 **To:** 10 /2019 **Verified:**

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2292	A	2/12/24	8/31/24	8/23/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6524 CYRUS JAY LAMBETH-HARMON
 Respiratory Care Practitioner

Practice Address:

August 26, 2024

NORMAN REGIONAL HEALTH SYSTEM
 3300 HEALTHPLEX PKWY

NORMAN, OK 73071
 CLEVELAND

Status:

Res:
Received: 08/26/2024
Entered: 08/26/2024
Temp Issued: 08/26/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6524
Sex: M
Ethnic Origin: 1

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/26/2024

PRE-MED EDUCATION**School Name:** ROSE STATE COLLEGE**City:** MIDWEST CITY**State:** OK**Country:** UNITED STATES**Degree:** RESPIRATORY THERAPY**From:** 8/2023**To:** 7/ 2024**Verified:****School Name:** RANDALL UNIVERSITY**City:** MOORE**State:** OK**Country:** UNITED STATES**Degree:****From:** 8/2019**To:** 4/ 2021**Verified:****School Name:** HOMESCHOOL**City:** NORMAN**State:** OK**Country:** UNITED STATES**Degree:****From:** 8/2015**To:** 5/ 2019**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6524 CYRUS JAY LAMBETH-HARMON
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: NORMAN REGIONAL HEALTH SYSTEM	Supervisor: VANITA SOUTHWARD, RC 5217
City: NORMAN	State: OK Country: UNITED STATES
Specialty: RC	From: 8 / 2024 To: / Verified:
Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797	

Employed: NORMAN REGIONAL HEALTH SYSTEM	Supervisor: VANITA SOUTHWARD, RC 5217
City: NORMAN	State: OK Country: UNITED STATES
Specialty: PR	From: 2 / 2024 To: 8 / 2024 Verified:
Comments: 901 N PORTER AVE NORMAN, OK 73070 405-307-1797	

Employed: Norman Regional Health System	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: RESPIRATORY THERAPIST TECHNICIAN	From: 11 / 2023 To: 2 / 2024 Verified:
Comments:	

Employed: JD McCarty Center	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: DIRECT CARE SERVICES	From: 12 / 2021 To: 8 / 2023 Verified:
Comments:	

Employed: Dicks Sporting Goods	Supervisor:
City: MOORE	State: OK Country: UNITED STATES
Specialty: FOOTWEAR ASSOCIATE	From: 4 / 2019 To: 11 / 2021 Verified:
Comments:	

Employed: Raising Canes	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: FRY COOK, CASHIER, KITCHEN LEAD	From: 8 / 2016 To: 4 / 2019 Verified:
Comments:	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2294	A	2/12/24	8/31/24	8/27/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6525 MAKENNA LEE PARSONS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: RC Comments: 1120 S UTICA AVENUE TULSA, OK 74104 918-579-8000	Supervisor: NICOLE COLLINS, RC 4335 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:
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Employed: HILLCREST MEDICAL CENTER City: TULSA Specialty: PR Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-2304	Supervisor: NICOLE COLLINS, RC 4335 State: OK Country: UNITED STATES From: 6 /2023 To: 8 /2024 Verified:
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Employed: Holzer Medical Center City: GALLIPOLIS Specialty: PROVISIONAL RESPIRATORY Comments: I WORKED UNDER A PROVISIONAL RESPIRATORY THERAPY LICENSE IN OHIO BEFORE TRANSFER TO TULSA, OK.	Supervisor: State: OH Country: UNITED STATES From: 7 /2021 To: 7 /2022 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	PR L1.09047	I	10/27/21	10/27/22	6/19/23
KY	PR STUDENT	I	4/14/22	5/4/22	6/19/23
OK	PR 2243	A	8/23/23	8/31/24	8/29/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6526 KELSEY HACKNEY
 Respiratory Care Practitioner

Practice Address:
 September 09, 2024

NOT OKLAHOMA

Status:
Res:
Received: 08/29/2024
Entered: 08/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6526
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 08/29/2024

PRE-MED EDUCATION			
<hr/>			
School Name: NOC/ AUTRY TECHNOLOGY CENTER	State: OK	Country: UNITED STATES	
City: ENID	From: 8/2022	To: 7/ 2024	Verified:
Degree: RESPIRATORY CARE			
<hr/>			
School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY			
City: ALVA	State: OK	Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE, HEALTH AND SPORTS SCIENCE	From: 8/2019	To: 5/ 2022	Verified:
<hr/>			
School Name: SOUTH CENTRAL HIGH SCHOOL			
City: COLDWATER	State: KS	Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA	From: 8/2015	To: 5/ 2019	Verified:
<hr/>			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6526 KELSEY HACKNEY
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: SSM ST ANTHONY HOSPITAL City: OKLAHOMA CITY Specialty: PR Comments: 1000 N LEE OKLAHOMA CITY, OK 73102 405-272-7201	Supervisor: VICKIE NATION, RC 65 State: OK Country: UNITED STATES From: 7 /2023 To: 8 /2024 Verified:
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Employed: Louies Bar and Grill City: YUKON Specialty: WAITRESS Comments: 6/8/23MT- CURRENTLY WORKING TO GO AND CURBSIDE.	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 7 /2023 Verified:
--	--

Employed: Share Convalescent Home City: ALVA Specialty: CNA Comments: WORKED AS A CERTIFIED NURSE AIDE	Supervisor: State: OK Country: UNITED STATES From: 2 /2020 To: 11 /2021 Verified:
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Employed: Ashland Health Center City: ASHLAND Specialty: CNA Comments: WORKED AS A CERTIFIED NURSE AIDE	Supervisor: State: KS Country: UNITED STATES From: 7 /2017 To: 4 /2022 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2257	A	8/23/23	2/28/25	8/29/24

DEFICIENCIES

OTHER DEFICIENCIES: PRACTICE AS AN RC CANNOT BEGIN UNTIL YOU HAVE A TEMPORARY LETTER TO PRACTICE/ NEED UPDATED FORM 5 WITH NEW SUPERVISION

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6531 JENNIFER CORINA TOJ
Respiratory Care Practitioner

Practice Address:
September 17, 2024
INTEGRIS BAPTIST MEDICAL CENTER
3300 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112
OKLAHOMA

Status:
Res:
Received: 09/03/2024
Entered: 09/03/2024
Temp Issued: 09/17/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6531
Sex: F
Ethnic Origin: 4

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC: 09/03/2024

PRE-MED EDUCATION				
School Name: ROSE STATE COLLEGE City: MIDWEST CITY Degree: RESPIRATORY THERAPIST	State: OK From: 8/2023	Country: UNITED STATES To: 7/ 2024	Verified:	
School Name: SOUTHERN NAZARENE UNIVERSITY City: OKLAHOMA CITY Degree:	State: OK From: 8/2020	Country: UNITED STATES To: 5/ 2022	Verified:	
School Name: TYLER JUNIOR COLLEGE City: TYLER Degree:	State: TX From: 1/2011	Country: UNITED STATES To: 12/ 2013	Verified:	
School Name: JOHN TYLER HIGH SCHOOL City: TYLER Degree:	State: TX From: 8/2006	Country: UNITED STATES To: 6/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 RC 6531 JENNIFER CORINA TOJ
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: INTEGRIS BAPTIST MEDICAL CENTER RESPIRATORY DEPT City: OKLAHOMA CITY Specialty: RC Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3534	Supervisor: DAWN AYALA, RC3568 State: OK Country: UNITED STATES From: 9 / 2024 To: / Verified:		
Employed: INTEGRIS BAPTIST MEDICAL CENTER RESPIRATORY DEPT City: OKLAHOMA CITY Specialty: PR Comments: 3300 NW EXPRESSWAY OKLAHOMA CITY, OK 73112 405-949-3534	Supervisor: ANNA VILLA, RC 3705 State: OK Country: UNITED STATES From: 2 / 2024 To: 9 / 2024 Verified:		
Employed: Integris health baptist medical center City: OKLAHOMA CITY Specialty: NURSE ASSITANT Comments: 4/7/2024 CURRENTLY EMPLOYED HERE,TS	Supervisor: State: OK Country: UNITED STATES From: 7 / 2020 To: / Verified:		
Employed: Christus francis hospital City: TYLER Specialty: HUC Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 / 2020 To: 6 / 2020 Verified:		
Employed: UT Tyler Hospital City: TYLER Specialty: NURSE ASSISTANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 / 2019 To: 1 / 2020 Verified:		
Employed: Charlton Methodist Medical Center City: DALLAS Specialty: CERTIFIED NURSE ASSITANT Comments:	Supervisor: State: TX Country: UNITED STATES From: 10 / 2016 To: 7 / 2020 Verified:		
Employed: NONE City: TYLER Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 / 2016 To: 10 / 2016 Verified:		
Employed: HANGERS OF HOPE City: TYLER Specialty: CUSTOMER SERVICE Comments:	Supervisor: State: TX Country: From: 11 / 2015 To: 6 / 2016 Verified:		
Employed: Max Beauty Supply City: TYLER Specialty: CUSTOMER SERVICE Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 / 2011 To: 10 / 2015 Verified:		
Employed: NONE City: TYLER Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 / 2010 To: 1 / 2011 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6531 JENNIFER CORINA TOJ
 Respiratory Care Practitioner

Employed: NONE City: TYLER Specialty: UNEMPLOYED Comments:	Supervisor: State: TX Country: From: 8 / 2009 To: 6 / 2010 Verified:
---	--

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2298	A	5/13/24	11/30/24	9/3/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6534 JOHN LEWIS HOWARD
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: University of Florida **Supervisor:**
City: GAINESVILLE **State:** FL **Country:** UNITED STATES
Specialty: DATA ANALYST **From:** 9 /2022 **To:** / **Verified:**
Comments: 10/1/2024:CURRENTLY WORKING HERE(SJ)

Employed: United States Air Force Reserve **Supervisor:**
City: PATRICK SFB **State:** FL **Country:** UNITED STATES
Specialty: RESPIRATORY THERAPIST **From:** 3 /2022 **To:** / **Verified:**
Comments: 10/1/2024:CURRENTLY WORKING HERE(SJ)

RESPIRATORY THERAPIST SERVING IN THE 920TH AEROMEDICAL STAGING
 SQUADRON.

Employed: Polk State College **Supervisor:**
City: LAKELAND **State:** FL **Country:** UNITED STATES
Specialty: TUTOR **From:** 11 /2021 **To:** / **Verified:**
Comments: 10/1/2024:CURRENTLY WORKING HERE(SJ)

Employed: Polk County Sheriff's Office **Supervisor:**
City: LAKELAND **State:** FL **Country:** UNITED STATES
Specialty: PROPERTY AND EVIDENCE CLERK **From:** 5 /2021 **To:** 1 /2022 **Verified:**
Comments:

Employed: United States Census Bureau **Supervisor:**
City: LAKELAND **State:** FL **Country:** UNITED STATES
Specialty: BILINGUAL ENUMERATOR FOR THE
 2020 CENSUS **From:** 8 /2020 **To:** 10 /2020 **Verified:**
Comments:

Employed: United States Marine Corps Reserve **Supervisor:**
City: TAMPA **State:** FL **Country:** UNITED STATES
Specialty: FOOD SERVICE SPECIALIST **From:** 12 /2017 **To:** 3 /2022 **Verified:**
Comments: FOOD SERVICE SPECIALIST, HEADQUARTERS AND SERVICE COMPANY, 4TH
 AMPHIBIOUS ASSAULT BATTALION.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Registered Respiratory Therapist RT24690	A	1/31/24	5/31/25	9/30/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6536 JACKY LE
 Respiratory Care Practitioner

Practice Address:

October 16, 2024
 INTEGRIS SOUTHWEST MEDICAL CENTER
 4401 S WESTERN AVE

 OKLAHOMA CITY, OK 73109
 OKLAHOMA

Status:

Res:
Received: 09/13/2024
Entered: 09/13/2024
Temp Issued: 10/16/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6536
Sex: F
Ethnic Origin: 6

Endorsed By: NBRC**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

NBRC: 10/01/2024

PRE-MED EDUCATION

School Name: ROSE STATE COLLEGE
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: RESPIRATORY THERAPY **From:** 8/2019 **To:** 7/ 2024 **Verified:**

School Name: OKLAHOMA STATE UNIVERSITY-OKLAHOMA CITY
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATE IN APPLIED SCIENCE **From:** 5/2017 **To:** 5/ 2021 **Verified:**

School Name: MUSTANG HIGH SCHOOL
City: MUSTANG **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2013 **To:** 5/ 2017 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6536 JACKY LE
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: INTEGRIS SOUTHWEST MEDICAL CENTER	Supervisor: TANYA NEFF, RC1911		
City: OKC	State: OK	Country:	
Specialty: RC	From: 10 /2024	To: /	Verified:
Comments:			

Employed: Integris southwest medical center	Supervisor: TANYA NEFF, RC 1911		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PR	From: 4 /2024	To: /	Verified:
Comments: 4401 S WESTERN AVE OKLAHOMA CITY, OK 73109 405-636-7069			

Employed: Amazon	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: WAREHOUSE ASSOCIATE	From: 8 /2019	To: 12 /2020	Verified:
Comments:			

Employed: Nails 4 U	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: RECEPTIONIST	From: 9 /2018	To: 2 /2023	Verified:
Comments:			

Employed: Express	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: SALES ASSOCIATE	From: 8 /2018	To: 12 /2018	Verified:
Comments:			

Employed: Victorian estates assisted living	Supervisor:		
City: YUKON	State: OK	Country: UNITED STATES	
Specialty: CNA	From: 12 /2017	To: 12 /2018	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Provisional respiratory care 2288	A	4/4/24	10/31/24	10/1/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6537 ROBYN TRAVIS
 Respiratory Care Practitioner

Practice Address:
 September 14, 2024
 UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCE
 4301 W MARKHAM ST

 LITTLE ROCK, AR 72205
 NOT OKLAHOMA

Status:
Res:
Received: 09/14/2024
Entered: 09/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6537
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

NBRC: 10/01/2024

PRE-MED EDUCATION					
School Name: UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES					
City: LITTLE ROCK		State: AR		Country: UNITED STATES	
Degree: BACHELOR'S DEGREE/ RESPIRATORY		From: 8/2020		To: 5/ 2022 Verified:	
<hr/>					
School Name: MONTEREY PENINSULA COLLEGE					
City: MONTEREY		State: CA		Country: UNITED STATES	
Degree: ASSOCIATE'S DEGREE		From: 8/2017		To: 5/ 2020 Verified:	
<hr/>					
School Name: SOUTHWEST TECHNOLOGY CENTER					
City: ALTUS		State: OK		Country: UNITED STATES	
Degree: ADVANCED EMT CERTIFICATE		From: 8/2012		To: 5/ 2013 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY - OKLAHOMA CITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: EMT BASIC CERTIFICATE		From: 8/2008		To: 5/ 2009 Verified:	
<hr/>					
School Name: EDMOND SANTA FE HIGH SCHOOL					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2003		To: 5/ 2007 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6537 ROBYN TRAVIS
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: University of Arkansas for Medical Sciences **Supervisor:**
City: LITTLE ROCK **State:** AR **Country:** UNITED STATES
Specialty: REGISTERED RESPIRATORY THERAPIST **From:** 8 /2021 **To:** 9 /2024 **Verified:**
Comments: PRACTICED FIRST AS A STUDENT INTERN, THEN AS A REGISTERED RESPIRATORY THERAPIST

Employed: AMR Monterey County **Supervisor:**
City: MONTEREY **State:** CA **Country:** UNITED STATES
Specialty: PRACTICED ON AMBULANCE AS AN ADVANCED EMT **From:** 3 /2017 **To:** 8 /2020 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: MONTEREY **State:** CA **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 8 /2016 **To:** 3 /2017 **Verified:**
Comments:

Employed: Jackson County Emergency Medical Services **Supervisor:**
City: ALTUS **State:** OK **Country:** UNITED STATES
Specialty: ADVANCED EMT **From:** 1 /2010 **To:** 8 /2016 **Verified:**
Comments: PRACTICED FIRST AS A BASIC, THEN AS AN ADVANCED EMT

Employed: Parkview Emergency Medical Services **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: EMT **From:** 6 /2009 **To:** 1 /2010 **Verified:**
Comments: PRACTICED AS EMT BASIC WHILE PROVIDING PATIENT CARE AND EMERGENCY VEHICLE OPERATIONS.

Employed: ACADEMY SPORTS **Supervisor:**
City: EDMOND **State:** OK **Country:** UNITED STATES
Specialty: ASSOCIATE **From:** 1 /2008 **To:** 8 /2008 **Verified:**
Comments:

Employed: SPORTSMAN WAREHOUSE **Supervisor:**
City: OKC **State:** OK **Country:** UNITED STATES
Specialty: ASSOCIATE **From:** 6 /2007 **To:** 12 /2007 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Respiratory Care Practitioner RCP-4630	A	6/30/22	7/31/25	9/13/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6538 ALMA ANALLELI GARAY-GARAY
 Respiratory Care Practitioner

Practice Address:

September 20, 2024

BEAVER COUNTY MEMORIAL HOSPITAL
 212 E 8TH ST

BEAVER, OK 73932
 BEAVER

Status:**Endorsed By:** NBRC**Res:****Orig Issued:****Orig. Lic. Exp:****Received:** 09/14/2024**Entered:** 09/14/2024**Temp Issued:** 10/04/2024**Temp Expires:** 11/21/2024**Train Issued:****Train Expires:****Fed Rec:****AMA Rec:****Board Action:****License #:** 6538**Sex:** F**Ethnic Origin:** 4**NBRC:** 09/12/2024

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION**School Name:** SEWARD COUNTY COMMUNITY COLLEGE**City:** LIBERAL**State:** KS**Country:** UNITED STATES**Degree:** ASSOCIATES IN RESPIRATORY
THERAPY**From:** 1/2023**To:** 5/2024**Verified:****School Name:** NORTHWESTERN OKLAHOMA STATE UNIVERSITY**City:** ALVA**State:** OK**Country:** UNITED STATES**Degree:** BACHELORS IN HEALTH AND
SPORT SCIENCE**From:** 8/2019**To:** 5/2021**Verified:****School Name:** BARTON COUNTY COMMUNITY COLLEGE**City:** GREAT BEND**State:** KS**Country:** UNITED STATES**Degree:** ASSOCIATE IN APPLIED SCIENCE**From:** 8/2017**To:** 5/2019**Verified:****School Name:** GREAT BEND HIGH SCHOOL**City:** GREAT BEND**State:** KS**Country:** UNITED STATES**Degree:** DIPLOMA**From:** 8/2013**To:** 5/2017**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6538 ALMA ANALLELI GARAY-GARAY
 Respiratory Care Practitioner

PRACTICE HISTORY

Employed: BEAVER COUNTY MEMORIAL HOSPITAL		Supervisor:	
City: BEAVER		State: OK	Country:
Specialty: RC	From: 10 / 2024	To: /	Verified:
Comments: 212 E 8TH STREET BEAVER, OK 73932 580-625-4551			

Employed: NONE		Supervisor:	
City: LIBERAL		State: KS	Country: UNITED STATES
Specialty: STAY AT HOME MOM	From: 10 / 2022	To: /	Verified:
Comments:			

Employed: Advanced Therapy & Sport Medicine		Supervisor:	
City: GREAT BEND		State: KS	Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECH, FRONT DESK SERVICE.	From: 1 / 2021	To: 10 / 2022	Verified:
Comments:			

Employed: Beadles nursing home		Supervisor:	
City: ALVA		State: OK	Country: UNITED STATES
Specialty: CERTIFIED NURSE AID.	From: 1 / 2020	To: 1 / 2021	Verified:
Comments:			

Employed: Country Place Senior Living		Supervisor:	
City: HOISINGTON		State: KS	Country: UNITED STATES
Specialty: CERTIFIED NURSE AID, CERTIFIED MEDICATION AID	From: 1 / 2018	To: 10 / 2022	Verified:
Comments:			

Employed: Walmart Supercenter		Supervisor:	
City: GREAT BEND		State: KS	Country: UNITED STATES
Specialty: CASHIER, SERVICE DESK.	From: 1 / 2016	To: 1 / 2019	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6539 KRYSTIN NICHOLE SWART
 Respiratory Care Practitioner

PRACTICE HISTORY					
Employed: SSM HEALTH ST ANTHONY City: OKLAHOMA CITY Specialty: RC Comments: 1000 N LEE OKLAHOMA CITY, OK 73102 405-272-6444	Supervisor: CHERI WOOD, RC 2058 State: OK Country: From: 10 /2024 To: / Verified:				
Employed: NONE City: NORMAN Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 6 /2019 To: 8 /2023 Verified:				
Employed: Integris baptist City: OKC Specialty: CERTIFIED NURSING ASSISTANT. Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2018 To: 6 /2019 Verified:				
Employed: Norman Regional Hospital City: NORMAN Specialty: CERTIFIED NURSING ASSISTANT. Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2017 To: 11 /2018 Verified:				
Employed: Visiting Angels City: YUKON Specialty: HOME CAREGIVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2016 To: 11 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6541 CRYSTAL L FRY
Respiratory Care Practitioner

Practice Address:
October 14, 2024
OU HEALTH
700 NE 13TH ST

OKLAHOMA CITY, OK 73104
OKLAHOMA

Status:
Res:
Received: 10/04/2024
Entered: 10/04/2024
Temp Issued: 10/17/2024
Temp Expires: 11/21/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6541
Sex: F
Ethnic Origin: 1

Endorsed By: NBRC
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

NBRC: 10/04/2024

PRE-MED EDUCATION				
School Name: ROSE STATE COLLEGE City: MIDWEST CITY Degree: A.A.S. RESPIRATORY THERAPY	State: OK From: 8/2023	Country: UNITED STATES To: 7/ 2024	Verified:	
School Name: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Degree:	State: OK From: 1/2023	Country: UNITED STATES To: 5/ 2023	Verified:	
School Name: OCCC City: OKLAHOMA CITY Degree:	State: OK From: 8/2010	Country: UNITED STATES To: 5/ 2013	Verified:	
School Name: U.S. GRANT HIGH SCHOOL City: OKLAHOMA CITY Degree:	State: OK From: 8/2005	Country: UNITED STATES To: 12/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 RC 6541 CRYSTAL L FRY
 Respiratory Care Practitioner

PRACTICE HISTORY			
Employed: OU HEALTH City: OKLAHOMA CITY Specialty: RC Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4581	Supervisor: LORI NAISMITH, RC 3335 State: OK Country: From: 10 /2024 To: / Verified:		
Employed: OU HEALTH City: OKLAHOMA CITY Specialty: PR Comments: 700 NE 13TH STREET OKLAHOMA CITY, OK 73104 405-271-4581	Supervisor: LORI NAISMITH, RC 3335 State: OK Country: From: 7 /2024 To: 10 /2024 Verified:		
Employed: BETHANY CHILDRENS HEALTH CENTER City: BETHANY Specialty: PR Comments: 6/25/24 - DELETED BY FACILITY (VB) 6800 NW 39TH EXPRESSWAY BETHANY, OK 73008 405-789-6711	Supervisor: KELLY WOLF , RC 2933 State: OK Country: UNITED STATES From: 6 /2024 To: 6 /2024 Verified: 4/30/2024		
Employed: Integris Health City: OKLAHOMA CITY Specialty: NURSE TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2022 To: 10 /2022 Verified:		
Employed: DLO/Quest Diagnostics City: EDMOND Specialty: PHLEBOTOMIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 8 /2022 Verified:		
Employed: Oklahoma Department of Corrections City: LEXINGTON Specialty: CORRECTIONAL OFFICERS Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2019 To: 7 /2020 Verified:		
Employed: Oklahoma County Sheriff's Office City: OKLAHOMA CITY Specialty: DETENTION OFFICER Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2018 To: 7 /2019 Verified:		
Employed: OU Medical City: OKLAHOMA CITY Specialty: LAB ASSISTANT/PHLEBOTOMIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2018 To: 11 /2018 Verified:		
Employed: Norman Regional City: NORMAN Specialty: PHLEBOTOMIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2013 To: 9 /2018 Verified:		
Employed: Olive Garden City: OKLAHOMA CITY Specialty: BARTENDER/SERVER	Supervisor: State: OK Country: UNITED STATES From: 6 /2009 To: 6 /2024 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
RC 6541 CRYSTAL L FRY
Respiratory Care Practitioner

Comments:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PR 2318	A	8/19/24	2/28/25	10/4/24

DEFICIENCIES

Amended: November 1, 2024

**STATE OF OKLAHOMA
RESPIRATORY CARE PRACTICE ACT
TITLE 59 O.S., SECTION 2026 - 2045**

INDEX

- 2026. Short title
- 2027. Definitions
- 2028. Respiratory Care Advisory Committee - Members - Qualifications - Terms - Vacancies – Removal
- 2029. Respiratory Care Advisory Committee - Meetings - Officers - Quorum - Duties
- 2030. Duties of State Board of Medical Licensure and Supervision
- 2031. Powers of State Board of Medical Licensure and Supervision - Rules
- 2032. Reimbursement of expenses - Protection from liability
- 2033. License - Examination - License by endorsement
- 2034. Provisional license
- 2034.1. Temporary Critical Need Licenses
- 2035. License - Applicants who have not passed CRTT or RRT examination
- 2036. Use of title permitted - Presentation of license
- 2037. Renewal of license - Lapse and reinstatement - Inactive status - Continuing education requirements
- 2038. Deposit of fees - Appropriation to pay expenses
- 2039. Where respiratory practice may be performed
- 2040. Revocation, suspension or refusal to renew license - Probation, reprimand or denial of license
- 2041. Investigation of complaints - Notice of hearing - Subpoenas - Publication of names and addresses of suspended, etc. practitioners
- 2042. Practice of respiratory care without license prohibited - Exceptions - Practices of other health care personnel not to be limited - Performance of specific functions qualified by examination not prohibited
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- 2044. Misdemeanor violations - Penalties
- 2045. Use of other earned professional designations or credentials

Section 2026. Short title

This act shall be known and may be cited as the "Respiratory Care Practice Act".

Added by Laws 1995, c. 171, § 1, eff. November 1, 1995.

Section 2027. Definitions

As used in the Respiratory Care Practice Act:

1. "Board" means the State Board of Medical Licensure and Supervision;
2. "Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall also include the terms "inhalation therapy" and "respiratory therapy". The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment;
3. "Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the State Department of Health;
4. "Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care;
5. "Respiratory therapist" means an individual who has graduated from a respiratory therapist program that is accredited by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

Added by Laws 1995, c. 171, § 2, eff. November 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 1, eff. November 1, 2013.

Section 2028. Respiratory Care Advisory Committee - Members - Qualifications - Terms - Vacancies - Removal

A. 1. There is hereby created a Respiratory Care Advisory Committee within the State Board of Medical Licensure and Supervision, hereinafter referred to as the Committee, to assist in administering the provisions of the Respiratory Care Practice Act. The Committee shall consist of nine (9) members, appointed as follows:

- a. one member shall be a physician appointed by the Board from its membership,
- b. one member shall be a physician appointed by the Board from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board,
- c. one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership,
- d. one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners, and
- e. five members shall be licensed respiratory care practitioners appointed by the Board from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

2. Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

3. The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed to the Committee. These initial members shall, at the time of appointment, be credentialed as a Registered Respiratory Therapist (RRT) or current equivalent credential as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

B. Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995, and shall continue for the following periods: two physicians and two respiratory care practitioners for a period of three (3) years; and two physicians and three respiratory care practitioners for a period of four (4) years. Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of subsection C of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.

C. Upon expiration or vacancy of the term of a member, the respective nominating

authority may, as appropriate, submit to the appointing Board a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing Board, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision.

D. The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for incompetency, or for unethical or dishonorable conduct.

Added by Laws 1995, c. 171, § 3, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 2, eff. November 1, 2013.

Section 2029. Respiratory Care Advisory Committee - Meetings - Officers - Quorum - Duties

A. The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.

B. A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

C. The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 4, eff. Nov. 1, 1995.

Section 2030. Duties of State Board of Medical Licensure and Supervision

The State Board of Medical Licensure and Supervision shall:

1. Examine, license and renew the licenses of duly qualified applicants;
2. Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence, and the date and number of the license;
3. Cause the prosecution of all persons violating the Respiratory Care Practice Act and incur necessary expenses therefor;
4. Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable business hours;
5. Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license; and
6. Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, type and cause of action, date and penalty incurred, and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

Added by Laws 1995, c. 171, § 5, eff. Nov. 1, 1995.

Section 2031. Powers of State Board of Medical Licensure and Supervision - Rules

The State Board of Medical Licensure and Supervision may:

1. Promulgate rules, consistent with the laws of this state, as may be necessary to enforce the provisions of the Respiratory Care Practice Act. Rules shall be promulgated in accordance with Article I of the Administrative Procedures Act;
2. Employ such personnel as necessary to assist the Board in performing its function;
3. Establish license renewal requirements and procedures as deemed appropriate;
4. Secure the services of resource consultants as deemed necessary by the Board. Resource consultants shall be reimbursed for all actual and necessary expenses incurred while engaged in consultative service to the Board, pursuant to the State Travel Reimbursement Act;
5. Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading or reporting the results of licensing examinations. Such groups shall be capable of providing an examination which:
 - a. meets the standards of the National Commission for Health Certifying Agencies, or their equivalent,
 - b. is able to be validated, and
 - c. is nationally recognized as testing respiratory care competencies; and
6. Establish by rule license examination fees.

Added by Laws 1995, c. 171, § 6, eff. Nov. 1, 1995.

Section 2032. Reimbursement of expenses - Protection from liability

A. Members of the State Board of Medical Licensure and Supervision and members of the Respiratory Care Advisory Committee shall be reimbursed for all actual and necessary expenses incurred while engaged in the discharge of official duties pursuant to this act in accordance with the State Travel Reimbursement Act.

B. Members of the Board and Committee shall enjoy the same rights of protection from personal liability as those enjoyed by other employees of the state for actions taken while acting under the provisions of the Respiratory Care Practice Act and in the course of their duties.

Added by Laws 1995, c. 171, § 7, eff. Nov. 1, 1995.

Section 2033. License - Examination - License by endorsement

A. The applicant, except where otherwise defined in the Respiratory Care Practice Act, shall be required to pass an examination, whereupon the State Board of Medical Licensure and Supervision may issue to the applicant a license to practice respiratory care. The Board is authorized to provide for the examination of applicants or to facilitate verification of any applicant's claim that the applicant has successfully completed the required examination for national credentialing as a respiratory care practitioner.

B. The Board may issue a license to practice respiratory care by endorsement to:

1. 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 deemed by the Board to be equivalent to those required in this state;
2. Applicants holding credentials as a respiratory therapist conferred by the National Board for Respiratory Care (NBRC) or its successor organization as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision, provided such credentials have not been suspended or revoked; and
3. Applicants applying under the conditions of this section who certify under oath that their credentials have not been suspended or revoked.

Added by Laws 1995, c. 171, § 8, eff. Nov. 1, 1995; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2034. Provisional license

A. The State Board of Medical Licensure and Supervision may issue, upon payment of a fee established by the Board, a provisional license to practice respiratory care for a period of six (6) months under supervision of a consenting licensed respiratory care practitioner or consenting licensed physician. A provisional license may be issued to a person licensed in another state, territory or country who does not qualify for a license by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board. Provided, the applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country. A provisional license may be issued also to a graduate of a respiratory care education program, approved by the Commission on Accreditation for Respiratory Care (CoARC) or an equivalent national respiratory care educational accreditation agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision., who has applied to take the license examination and otherwise meets the qualifications of the Board.

B. A currently enrolled student may receive a provisional license as set out by the rules of the Board.

C. Provisional licenses may be renewed at the discretion of the Board for additional six-month periods.

Added by Laws 1995, c. 171, § 9, eff. Nov. 1, 1995.

Section 2034.1. Temporary Critical Need Licenses

The State Board of Medical Licensure and Supervision may issue temporary critical need licenses for respiratory care practitioners under Section 1 of this act. (See: Title 59 O.S. Sec. 6011)

Section 2035. License - Applicants who have not passed CRTT or RRT examination

A. The State Board of Medical Licensure and Supervision may issue a license to practice respiratory care, upon payment of a fee of Seventy-five Dollars (\$75.00), to persons who have

qualified pursuant to Section 2033 of this act.

B. 1. Other applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in a full time capacity for a period of more than twenty-four (24) months prior to the effective date of this act may, at the discretion of the Board, be issued a license to practice respiratory care upon payment of a fee of Seventy-five Dollars (\$75.00). Provided, such applicant must demonstrate through written evidence verified under oath and certified to by the employing health care facility that applicant has in fact been employed in such capacity for more than twenty-four (24) months preceding the effective date of this act.

2. All other applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate as required by rules of the Board that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of this act. Such applicants must pass an entry level examination administered by the Board during the thirty-six-month period in order to be issued a license to practice respiratory care. The fee for a special provisional license shall be Seventy-five Dollars (\$75.00).

Added by Laws 1995, c. 171, § 10, eff. Nov. 1, 1995.

Section 2036. Use of title permitted - Presentation of license

A. A person holding a license to practice respiratory care in this state may use the title "respiratory care practitioner" and the abbreviation "R.C.P."

B. A licensee shall present this license when requested.

Added by Laws 1995, c. 171, § 11, eff. Nov. 1, 1995.

Section 2037. Renewal of license - Lapse and reinstatement - Inactive status - Continuing education requirements

A. Except as otherwise provided in the Respiratory Care Practice Act, a license shall be renewed biennially. The State Board of Medical Licensure and Supervision shall mail notices at least thirty (30) calendar days prior to expiration for renewal of licenses to every person to whom a license was issued or renewed during the preceding renewal period. The licensee shall complete the notice of renewal and return it to the Board with the renewal fee of Seventy-five Dollars (\$75.00) before the date of expiration.

B. Upon receipt of the notice of renewal and the fee, the Board shall verify its contents and shall issue the licensee a license for the current renewal period, which shall be valid for the period stated thereon.

C. A licensee who allows the license to lapse by failing to renew it may be reinstated by the Board upon payment of the renewal fee and reinstatement fee of One Hundred Dollars (\$100.00); provided, that such request for reinstatement is received within thirty (30) days of the

end of the renewal period.

D. 1. A licensed respiratory care practitioner who does not intend to engage in the practice of respiratory care shall send a written notice to that effect to the Board and is not required to submit a notice of renewal and pay the renewal fee as long as the practitioner remains inactive. Upon desiring to resume the practice of respiratory care, the practitioner shall notify the Board in writing of this intent and shall satisfy the current requirements of the Board in addition to submitting a notice of renewal and remitting the renewal fee for the current renewal period and the reinstatement fee.

2. Rules of the Board shall provide for a specific period of time of continuous inactivity after which retesting is required.

E. The Board is authorized to establish by rule fees for replacement and duplicate licenses.

F. The Board shall by rule prescribe continuing education requirements, not to exceed twelve (12) clock hours biennially, as a condition for renewal of license. The program criteria with respect thereto shall be approved by the Board.

Added by Laws 1995, c. 171, § 12, eff. Nov. 1, 1995.

Section 2038. Deposit of fees - Appropriation to pay expenses

Fees received by the State Board of Medical Licensure and Supervision and any other monies collected pursuant to the Respiratory Care Practice Act shall be deposited with the State Treasurer who shall place the same in the regular depository fund of the Board. Said deposit, less the ten percent (10%) gross fees paid into the General Revenue Fund, is hereby appropriated and shall be used to pay expenses incurred pursuant to the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 13, eff. Nov. 1, 1995.

Section 2039. Where respiratory practice may be performed

The practice of respiratory care may be performed in any clinic, physician's office, hospital, nursing facility, private dwelling or other place in accordance with the prescription or verbal order of a physician, and shall be performed under the supervision of a qualified medical director or physician licensed to practice medicine or surgery in this state.

Added by Laws 1995, c. 171, § 14, eff. Nov. 1, 1995.

Section 2040. Revocation, suspension or refusal to renew license - Probation, reprimand or denial of license

The State Board of Medical Licensure and Supervision may revoke, suspend or refuse to renew any license or place on probation, or otherwise reprimand a licensee or deny a license to an applicant if it finds that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice respiratory care;

2. Is unfit or incompetent by reason of negligence, habits, or other causes of incompetency;
3. Is habitually intemperate in the use of alcoholic beverages;
4. Is addicted to, or has improperly obtained, possessed, used or distributed habit-forming drugs or narcotics;
5. Is guilty of dishonest or unethical conduct;
6. Has practiced respiratory care after the license has expired or has been suspended;
7. Has practiced respiratory care under cover of any license illegally or fraudulently obtained or issued;
8. Has violated or aided or abetted others in violation of any provision of the Respiratory Care Practice Act;
9. Has been guilty of unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board; or
10. Is guilty of the unauthorized practice of medicine.

Added by Laws 1995, c. 171, § 15, eff. Nov. 1, 1995.

Section 2041. Investigation of complaints - Notice of hearing - Subpoenas - Publication of names and addresses of suspended, etc. practitioners

A. Upon filing of a written complaint with the State Board of Medical Licensure and Supervision, charging a person with any of the acts described in Section 2040 of this act, the authorized employee of the Board may make an investigation. If the Board finds reasonable grounds for the complaint, a time and place for a hearing shall be set, notice of which shall be served on the licensee, or applicant at least fifteen (15) calendar days prior thereto. The notice shall be by personal service or by certified or registered mail sent to the last-known address of the person.

B. The Board or its designee may issue subpoenas for the attendance of witnesses and the production of necessary evidence on any investigation or hearing before it. Upon request of the respondent or the respondent's counsel, the Board may issue subpoenas on behalf of the respondent.

C. Unless otherwise provided in the Respiratory Care Practice Act, hearing procedures shall be conducted in accordance with, and a person who feels aggrieved by a decision of the Board may make an appeal pursuant to, Article II of the Administrative Procedures Act.

D. If found to be guilty as charged, the practitioner shall pay for all costs incurred by the Board.

E. The Board shall make public on a case-by-case basis the names and addresses of persons whose licenses have been denied, surrendered, revoked, suspended or who have been denied renewal of their licenses, and persons who have been practicing respiratory care in violation of the Respiratory Care Practice Act.

Added by Laws 1995, c. 171, § 16, eff. Nov. 1, 1995.

Section 2042. Practice of respiratory care without license prohibited - Exceptions - Practices of other health care personnel not to be limited - Performance of specific functions qualified by examination not prohibited

A. No person shall practice respiratory care or represent themselves to be a respiratory care practitioner unless licensed under the Respiratory Care Practice Act, except as otherwise provided by the Respiratory Care Practice Act.

B. The Respiratory Care Practice Act does not prohibit:

1. The practice of respiratory care which is an integral part of the program of study by students enrolled in a respiratory care education program recognized by the State Board of Medical Licensure and Supervision. Students enrolled in respiratory therapy education programs shall be identified as "student -RCP" and shall only provide respiratory care under clinical supervision;

2. Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold out to be a respiratory care practitioner;

3. Monitoring, installation or delivery of medical devices, gases and equipment and the maintenance thereof by a nonlicensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member;

4. Respiratory care services rendered in the course of an emergency;

5. Persons in the military services or working in federal facilities from rendering respiratory care services when functioning in the course of their assigned duties;

6. The respiratory care practitioner from performing advances in the art and techniques of respiratory care learned through formalized or specialized training; and

7. For purposes of continuing education, consulting, or training, any person performing respiratory care in the state, if these services are performed for no more than thirty (30) days in a calendar year in association with a respiratory care practitioner licensed pursuant to the Respiratory Care Practice Act or in association with a licensed physician or surgeon, if:

a. the person is licensed as a respiratory care practitioner or the equivalent, as determined by the State Board of Medical Licensure and Supervision, in good standing in another state or the District of Columbia, or

b. the person holds a professional respiratory care credential as conferred by the National Board for Respiratory Care or its successor or equivalent accrediting agency as identified by the Respiratory Care Advisory Committee and approved by the State Board of Medical Licensure and Supervision.

C. Nothing in the Respiratory Care Practice Act shall limit, preclude, or otherwise interfere with the lawful practices of persons working under the supervision of the responsible physician. In addition, nothing in the Respiratory Care Practice Act shall interfere with the practices of health care personnel who are formally trained and licensed by appropriate agencies of this state.

D. An individual who, by passing an examination which includes content in one or more of the functions included in the Respiratory Care Practice Act, and who has passed an examination that meets the standards of the National Commission for Health Certifying Agencies (NCHCA) or an equivalent organization, shall not be prohibited from performing the procedures for which they were tested. An individual who has demonstrated competency in one or more areas covered by the Respiratory Care Practice Act may perform only those functions for which the individual is qualified by examination to perform. The standards of the National Commission for Health Certifying Agencies shall serve to evaluate those examinations and examining organizations.

E. Practitioners regulated under the Respiratory Care Practice Act shall be covered under the "Good Samaritan Act", Section 5 et seq. of Title 76 of the Oklahoma Statutes.

Added by Laws 1995, c. 171, § 17, eff. Nov. 1, 1995 ; Amended by Laws 2013, HB 1032, c. 72, § 3, eff. November 1, 2013.

Section 2043. Acts not to be construed to permit practice of medicine

Nothing in the Respiratory Care Practice Act shall be construed to permit the practice of medicine.

Added by Laws 1995, c. 171, § 18, eff. Nov. 1, 1995.

Section 2044. Misdemeanor violations - Penalties

A. It is a misdemeanor for any person to:

1. Sell, fraudulently obtain or furnish any respiratory care license or record, or aid or abet therein;
2. Practice respiratory care under cover of any respiratory care diploma, license or record illegally or fraudulently obtained or issued;
3. Practice respiratory care unless duly licensed to do so under the provisions of the Respiratory Care Practice Act;
4. Impersonate in any manner or pretend to be a respiratory care practitioner or use the title "respiratory care practitioner", the letters "R.C.P.", or other words, letters, signs, symbols or devices to indicate the person using them is a licensed respiratory care practitioner, unless duly authorized by license to perform under the provisions of the Respiratory Care Practice Act;
5. Practice respiratory care during the time a license is suspended, revoked or expired;
6. Fail to notify the State Board of Medical Licensure and Supervision of the suspension, probation, or revocation of any past or currently held licenses, certifications, or registrations required to practice respiratory care in this or any other jurisdiction;
7. Knowingly employ unlicensed persons in the practice of respiratory care in the capacity of a respiratory care practitioner;
8. Make false representations or impersonate or act as a proxy for another person or allow or aid any person or impersonate the person in connection with any examination or application for licensing or request to be examined or licensed; or
9. Otherwise violate any provisions of the Respiratory Care Practice Act.

B. Such misdemeanor shall be punishable by a fine of not more than One Thousand Dollars (\$1,000.00) or by imprisonment for not more than six (6) months, or by both such fine and imprisonment for each offense.

Added by Laws 1995, c. 171, § 19, eff. Nov. 1, 1995.

Section 2045. Use of other earned professional designations or credentials

A. Nothing contained in the Respiratory Care Practice Act shall preclude a respiratory care

practitioner, a respiratory therapist, or a respiratory therapy technician exempt from being licensed under the Respiratory Care Practice Act or a provisional license holder from using or displaying earned professional designations or credentials including, but not limited to, CRTT, RRT, CPFT, and RPFT. However, a respiratory care practitioner may use and display the designation Respiratory Care Practitioner or RCP in conjunction with the use or display of any such other earned professional designation or credentials.

B. A provisional or special provisional license holder shall not use or display the designation Respiratory Care Practitioner or RCP but may use or display any earned professional designations or credentials.

Added by Laws 1995, c. 171, § 20, eff. Nov. 1, 1995.

Amended 8/26/2010

***OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 45. RESPIRATORY CARE PRACTITIONER**

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*This is an unofficial copy of Chapter 45 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

SUBCHAPTER 1. ADMINISTRATION AND ORGANIZATION

Section

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- 435:45-1-2. Definitions
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435:45-1-1. Purpose

The rules of this Chapter have been adopted to implement the provisions of the Respiratory Care Practice Act and to establish the organization and procedural framework of the agency, the Advisory Committee and the Board of Medical Licensure and Supervision; to establish procedures for examination, credential review, licensure, regulation and discipline of the profession of respiratory care.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-1-2. Definitions

In addition to terms defined in §2027 of Title 59 of the Oklahoma Statutes, the following words and terms when used in this Chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Accredited training and education program" means a respiratory technician or respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Board" means the State Board of Medical Licensure and Supervision.

"Committee" means the Respiratory Care Advisory Committee.

"Direct supervision" means direct clinical on-site supervision that is personal management and control of the clinical practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect during the licensure application process or until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor delineates the specific tasks and duties to be performed and is on the premises, readily available to respond and provide direct clinical supervision sufficient to assure that the provisional license holder is practicing under the direction of an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician.

"Formally trained/licensed" means a person who has documented evidence of professional education/training in respiratory care modalities, theory, and clinical application which shall be conducted via an accredited educational program recognized by the Respiratory Therapy Advisory Committee and the Board of Medical Licensure and Supervision as providing expertise in respiratory care training. Those individuals requesting practice privileges pursuant to the provisions of the Respiratory Care Practice Act shall have evidence by written examination of their competency and the scope of their privileges shall be determined by the evidence of their

competency testing.

"Full time practice" means greater than 1,000 hours a year.

"General supervision" means the responsible supervision and control of the practice of the student or provisional/special provisional license holder. Supervision begins when an Oklahoma licensed respiratory care practitioner or Oklahoma licensed physician signs the Form #5, Verification of Supervision, and remains in effect until the Board receives written notice of termination of supervision from the supervisor or upon the Board's approval of a new supervisor. The Form #5 supervisor is regularly and routinely on-site. When not on-site, the Form #5 supervisor is on call and readily available physically or through direct telecommunication for consultation. The student or provisional/special provisional license holder will respond to acute changes in the patient's physiological state and report these findings promptly to the supervisor on duty.

"Graduate" means a non-licensed person who has completed a respiratory technician or respiratory therapist education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, pursuant to a provisional license issued under the regulations of this Chapter.

"Licensing period" means the two-year period from the date of original issuance of a license to an applicant.

"Practice of respiratory care" shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board of Medical Licensure and Supervision or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment.

"Provisional license holder" means:

- (A) a person who is engaged in the practice of respiratory care for remuneration while enrolled in an accredited respiratory technician or respiratory therapist training and education program, pursuant to a provisional license;
- (B) a graduate of a respiratory technician or respiratory therapist education program, accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization, who has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision;
- (C) a person licensed in another state, territory or country who does not qualify for a license

by endorsement but has applied to take the license examination and otherwise meets the qualifications of the Board of Medical Licensure and Supervision. Such applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced respiratory care in another state, territory or country.

"Qualified medical director" means the licensed physician responsible for respiratory care services or the licensed physician designated as such by the clinic, hospital, or employing health care facility. The physician must be a medical staff member or medical director of a health care facility licensed by the Oklahoma State Department of Health.

"Respiratory care practitioner" means a person licensed by this state and employed in the practice of respiratory care.

"Respiratory care protocols" means a predetermined, written medical care plan approved by the physician and includes standing orders. Standing orders are defined responses to specific clinical situations.

"Respiratory therapist" means an individual who has graduated from a respiratory therapist program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organization.

"Respiratory therapy technician" means an individual who has graduated from a respiratory therapy technician program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor organizations.

"Special provisional license holder" means all other applicants who have not passed the examination for Certified Respiratory Therapy Technician (CRTT) or Registered Respiratory Therapist (RRT); have been in the full time practice of respiratory care for a period of less than twenty-four (24) months; and through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a special provisional license to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from the effective date of the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq. Such applicants must pass an entry level examination administered by the National Board of Respiratory Care during the thirty-six-month period in order to be issued a license to practice respiratory care.

"Standing order" means a defined response to a specific clinical situation.

"Student" means a person enrolled in an accredited respiratory technician or respiratory therapist training and education program and who receives no remuneration for respiratory care services performed as part of an accredited respiratory technician or respiratory therapist program. This person needs no provisional/special provisional license.

"Supervision" means direction and control of students and provisional license holders in the practice of respiratory care. The supervisor(s) indicated on the Form #5, Verification of Supervision, remain(s) responsible for the respiratory care given and is on the premises and on duty during all hours worked by the student or provisional license holder.

"Supervision of student holding provisional licenses" means the supervision of each student holding a provisional license. The Board of Medical Licensure and Supervision will send each student holding a provisional license a letter which includes a task list of procedures the student may perform. Prior to initially engaging in any clinical assignments and upon any

modification of the task list, a student provisional license holder must present the letter to his or her employer. The individual(s) who sign(s) as the supervisor of the student provisional license holder on Form #5 will also receive a copy of the letter indicating the tasks the student is able to perform when working as an employee.

"Supervisor" means an Oklahoma licensed respiratory care practitioner or an Oklahoma licensed physician who is on the premises and on duty at any time the student or provisional license holder is on duty. The Supervisor is responsible for respiratory care given by the student or provisional license holder.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 1221, eff 2-26-96 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3950, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 20 Ok Reg 984, eff 5-21-03]

435:45-1-3. Terms of members - removal from Committee

(a) The Respiratory Care Advisory Committee shall consist of nine (9) members, appointed as follows:

- (1) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from its membership;
- (2) one member shall be a physician appointed by the State Board of Medical Licensure and Supervision from a list of qualified individuals submitted by the Oklahoma State Medical Association and who is not a member of the Board;
- (3) one member shall be a physician appointed by the State Board of Osteopathic Examiners from its membership;
- (4) one member shall be a physician appointed by the State Board of Osteopathic Examiners from a list of qualified individuals submitted by the Oklahoma Osteopathic Association and who is not a member of the State Board of Osteopathic Examiners; and
- (5) five members shall be licensed respiratory care practitioners appointed by the State Board of Medical Licensure and Supervision from a list of respiratory care practitioners submitted by the Oklahoma Society for Respiratory Care (OSRC).

(b) Other than the physicians appointed from the membership of the State Board of Medical Licensure and Supervision and of the State Board of Osteopathic Examiners, the physician members shall have special qualifications in the diagnosis and treatment of respiratory problems and, wherever possible, be qualified in the management of acute and chronic respiratory disorders.

(c) The respiratory care practitioner members shall have been engaged in rendering respiratory care services to the public, teaching or research in respiratory care for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of respiratory care in this state, except for the members first appointed by the Committee. These initial members shall, at the time of appointment, be credentialed as a Certified Respiratory Therapy Technician (CRTT) or a Registered Respiratory Therapist (RRT), conferred by the National Board for Respiratory Care (NBRC) or its successor organization, and all shall fulfill the requirements for licensure pursuant to 59 O.S., Sections 2026 et seq.

(d) Members of the Committee shall be appointed for terms of four (4) years. Provided, the terms of office of the members first appointed shall begin November 1, 1995 and shall continue

for the following periods:

- (1) two physicians and two respiratory care practitioners for a period of three (3) years;
 - (2) two physicians and three respiratory care practitioners for a period of four (4) years.
- (e) Upon the expiration of a member's term of office, the appointing authority for that member shall appoint a successor pursuant to the provisions of this section. Vacancies on the Committee shall be filled in like manner for the balance of an unexpired term. No member shall serve more than three consecutive terms. Each member shall serve until a successor is appointed and qualified.
- (f) Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, a list of three persons qualified to serve on the Committee to fill the expired term of their respective member. Appointments may be made from these lists by the appointing authority, and additional lists may be provided by the respective organizations if requested by the State Board of Medical Licensure and Supervision or State Board of Osteopathic Examiners.
- (g) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of any duty required by law, for failure to attend at least 50% of the regularly scheduled meetings in a calendar year, for incompetency, or for unethical or dishonorable conduct.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 14 Ok Reg 2033, eff 5-26-98]

435:45-1-4. Method of operations

(a) Committee meetings - quorum - advise Board.

- (1) The Respiratory Care Advisory Committee shall meet at least twice each year and shall elect biennially during odd-numbered years a chair and vice-chair from among its members. The Committee may convene at the request of the chair, or a majority of the Committee, or as the Committee may determine for such other meetings as may be deemed necessary to transact its business.
- (2) A majority of the members of the Committee, including the chair and vice-chair, shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Committee to take action by vote.
- (3) The Committee shall advise the Board in developing policy and rules pertaining to the Respiratory Care Practice Act, 59 O.S., Section 2026 et seq.

(b) Transaction of official business. The State Board of Medical Licensure and Supervision shall:

- (1) Examine, license and renew the licenses of duly qualified applicants. To assist in the process the Board shall:
 - (A) Contract with the National Board of Respiratory Care for the use of the "entry-level" respiratory care examination. The fees for examination shall be determined by the National Board of Respiratory Care.
 - (B) Consider recommendations of the Respiratory Care Advisory Committee who will review applications and submit recommendations to the Board.

- (C) Renew licenses biennially from the date of issuance.
- (2) Maintain an up-to-date list of every person licensed to practice respiratory care pursuant to the Respiratory Care Practice Act. The list shall show the licensee's last-known place of employment, last-known place of residence and the date and number of the license.
- (3) Cause the prosecution of all persons violating 59 O.S., Section 2026 et seq. and incur necessary expenses thereof. The Respiratory Care Advisory Committee shall assist the Board as directed.
- (4) Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable hours.
- (5) Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license. The Respiratory Care Advisory Committee shall assist the Board as directed in conducting necessary hearings and investigations.
- (6) Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. This information shall include the name, social security number, type and cause of action, date and penalty incurred and the length of penalty. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

SUBCHAPTER 3. APPLICATION FOR LICENSURE

Section

- 435:45-3-1. Application procedures
 435:45-3-2. Required documentation
 435:45-3-3. Authorization to practice temporarily
 435:45-3-4. Reinstatement guidelines
 435:45-3-5. Re-entry guidelines

435:45-3-1. Application procedures

- (a) Every person seeking licensure as a respiratory care practitioner shall meet all requirements established by the Respiratory Care Practice Act and the rules of this Chapter.
- (b) Any incomplete or missing information, documentation or fees shall render the application incomplete. The issuance of a license shall be suspended pending completion of all application requirements. Applicants with incomplete applications shall be notified in writing by the Board as to their application status. Incomplete applications will be considered abandoned after sixty (60) days. Any applicable fees paid shall not be refunded.
- (c) Applications and forms shall be provided by the Board upon a written request.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-2. Required documentation

- (a) Applicants holding credentials conferred by the National Board of Respiratory Care (NBRC)

as a certified respiratory therapy technician (CRTT) or as a registered respiratory therapist (RRT) must submit the following:

- (1) "Allied Health" application form and appropriate fee(s);
 - (2) National Board of Respiratory Care credential verification, to be submitted directly from the National Board of Respiratory Care;
 - (3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (b) Applicants who have not passed the CRTT or RRT examination and who have been practicing respiratory care in the full time capacity for a period of more than twenty-four (24) months prior to November 1, 1995 must submit the following:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of clinical experience certified to by the employing health care facility;
 - (3) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (c) Applicants who have successfully completed an accredited respiratory technician or respiratory therapist training and education program as provided by the Respiratory Care Act must submit the following:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of professional education to be completed by the educational organization and submitted directly to the Board;
 - (3) Verification of supervision;
 - (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.
- (d) Students receiving remuneration as a result of their employment by a health care facility or organization and working in the capacity of a respiratory care practitioner must make application for "Provisional License" which shall include:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of supervision;
 - (3) List of competency evaluations to determine scope of practice verified and submitted directly to the Board from the educational facility. A provisional license holder can perform only those tasks verified. The list of competency evaluations may be updated on an ongoing basis by the educational facility.
- (e) Applicants who are licensed in another state, territory or country who do not qualify for a license by endorsement but have applied to take the license examination and who otherwise meet the qualifications of the Board must submit:
- (1) "Allied Health" application form and appropriate fee(s);
 - (2) Verification of clinical experience documenting either current practice or practice within the last six months of respiratory care within another state, territory or country;
 - (3) Verification of supervision;
 - (4) Verification of acceptance to sit for the National Board of Respiratory Care Certification Examination for Entry Level Respiratory Therapy Practitioners (CRTT) or verification of acceptance to sit for all examinations deemed necessary for the National Board of Respiratory Care Registry Examination for Advanced Respiratory Therapy Practitioners

(RRT); and

(5) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(f) Applicants who have not passed the CRTT or RRT examinations and who have been in the full time practice of Respiratory care for a period of less than twenty-four (24) months, who, through written evidence verified by oath, demonstrate that they are currently functioning in the capacity of a respiratory care practitioner, may be given a "Special Provisional License" to practice respiratory care under the supervision of a consenting licensed respiratory care practitioner or consenting licensed physician for a period of no longer than thirty-six (36) months from November 1, 1995. Applicants must submit:

- (1) "Allied Health" application form and appropriate fee(s);
- (2) Verification of supervision;
- (3) Verification of clinical experience;
- (4) Verification of licensure from each state from which a license is currently or has been held to practice in a medically related field.

(g) Foreign-educated therapists whose native language is not English shall submit evidence of having passed the Test of English as a Foreign Language (TOEFL) with a score of at least 560; the Test of Spoken English (TSE) with a score of at least 50; and the Test of Written English (TWE) with a score of at least 4.5.

(h) Applicants who have never held an Oklahoma license and who have not practiced within the previous twelve months wishing to obtain a license may be required to meet one or more of the following guidelines:

- (1) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety(90) days.
 - (A) The supervising Therapist(s) shall provide to the Committee a report on the applicant's performance prior to licensure.
 - (B) Upon a personal appearance by the applicant the Committee has the discretion to change the level of supervision to general supervision.
- (2) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (3) Personal appearance before the Advisory Committee.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 15 Ok Reg 3952, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg , eff 7-12-01]

435:45-3-3. Authorization to practice temporarily

For the purpose of safeguarding the health, safety and welfare of the public, the Secretary of the Board may authorize the temporary practice, under the supervision of a licensed respiratory care practitioner, in the interim between acceptance of completed application and issuance of a license.

[Source: Added at 13 Ok Reg 2695, eff 6-27-96]

435:45-3-4. Reinstatement guidelines.

Respiratory Therapists with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) At least 12 continuing respiratory care education units.
- (3) Practice under the direct supervision of a licensed Respiratory Therapist for up to ninety (90) days. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (4) Pass the National Board for Respiratory Care (NBRC) entry-level examination.

[Source: Added at 15 Ok Reg 748, eff 12-15-97 (emergency); Added at 15 ok Reg 2034, eff 5-26-98]

435:45-3-5. Re-entry guidelines.

Respiratory Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Respiratory Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee.
- (2) Practice under the direct supervision of a licensed Respiratory Therapist for one month (at least 22 days) for each year the license was lapsed. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
- (3) Pass the National Board for Respiratory Care (NBRC) entry-level examination.
- (4) Obtain continuing education as determined by the Committee.

[Source: Added at 15 Ok Reg 748, eff 12-15-97 (emergency); Added at 15 Ok Reg 2034, eff 5-26-98; Amended at 23 Ok Reg 1102, eff 5-11-06]

SUBCHAPTER 5. REGULATION OF PRACTICE

Section

- 435:45-5-1. Continuing education
- 435:45-5-2. Renewal of provisional license
- 435:45-5-3. Grounds for disciplinary action
- 435:45-5-4. Standards of ethics and professional conduct

SUBCHAPTER 5. REGULATION OF PRACTICE**435:45-5-1. Continuing education.**

(a) The purpose of continuing education is to aid in maintaining competency in the advancing art and science of respiratory care. Continuing education is a variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, in-services education, institutes, seminars, home study, Internet courses, and workshops taken by Respiratory Care Practitioners for licensure renewal. These learning experiences are meant to

enhance the knowledge of the Respiratory Care Practitioner in direct and indirect patient care. Continuing education does not include basic education or training needed to become a licensed RCP.

(b) All program objectives, curricular content, presenter qualifications, and outcomes shall be subject to review. Contact hours will be determined based on program content, outcomes, and participant involvement.

(c) Respiratory Care Practitioner licenses shall be renewed every two years on or before the last day of the month in which initial licensure was granted.

(d) Regardless of the source, continuing education hours must be in clinical respiratory care or related areas of health care. The Board may consult with the Committee to resolve questions as to appropriate continuing education hours. The Board of Medical Licensure and Supervision shall be the final authority on acceptance of any educational activity requirements submitted by a licensee to meet the continuing education requirements.

(e) Licensees shall be responsible for submitting documentation of their continuing education unit activities to the Board upon request.

(f) Respiratory Care Practitioners must accrue twelve (12) CRCE (Continuing Respiratory Care Education) credits in each successive two year period (biennium) to maintain a license to practice in the state of Oklahoma. At least half of the required Continuing Respiratory Care Education hours must be directly related to clinical practice. Unless otherwise specified, one clock hour of direct instruction/training class time is equivalent to one continuing education unit.

(g) The Board shall accept American Medical Association (AMA) and American Osteopathic Association (AOA) credits. Other acceptable continuing education credits include all programs approved by, or where applicable the affiliates of, the American Association for Respiratory Care (AARC); the American Thoracic Society (ATS); the American College of Chest Physicians (ACCP); the American Society of Anesthesiology (ASA); the American Lung Association (ALA); the American College of Cardiology (ACC); the American Heart Association (AHA); the American Nursing Association (ANA), American Red Cross and the American Council for Continuing Medical Education (ACCME).

(h) Other agencies and professional organizations may be considered and approved for eligible continuing education credits upon review by the Chairman of the Committee with final approval by the Secretary of the Board. Those wishing to sponsor a program/meeting/class and receive approval for awarding CRCE credits must contact the Board and receive approval in advance. To apply toward satisfaction of the continuing education requirements, the following shall be submitted:

(1) The request shall be submitted in writing to the Board office at least thirty (30) days prior to the program. The Board shall give written notification of the approval or disapproval of the educational program or seminar.

(2) A request to be an eligible continuing education seminar or course shall include:

- (A) Name of the seminar or course;
- (B) Sponsoring party;
- (C) Objective of the seminar or format and subjects of seminar or course;
- (D) Number of hours resulting in CRCEs;
- (E) Method for certification of attendance;
- (F) Name and qualifications of the faculty; and

(G) Evaluation mechanism.

(i) RCPs who submit proof of successful completion of the National Board for Respiratory Care (NBRC) entry or the advanced practitioner credentialing examination or recertification examination may be granted continuing education credit as awarded by the American Association for Respiratory Care.

(j) Credits may be awarded for completion of continuing education processes in accordance with the following guidelines:

- (1) Direct conference/lecture/classroom attendance - 1.0 CRCE per hour.
- (2) Teleconference (audio only) - 0.5 CRCE per hour.
- (3) Teleconference (audio with handouts or slides) - 1.0 CRCE per hour.
- (4) Videoconference (live video) - 1.0 CRCE per hour.
- (5) Video tape instruction/programs - 0.2 CRCE per hour.
- (6) Correspondence journal/workbooks with test - 0.2 CRCE per subject.
- (7) Interactive video instruction (computer) with test - 1.0 CRCE per subject.
- (8) NBRC recertification examination (passing) - 6.0 CRCE per biennium.
- (9) Resuscitation and life support courses – limit one of the following courses per compliance period:

- (A) Advanced Cardiac Life Support – 6 CRCE;
- (B) Neonatal Resuscitation Program – 6 CRCE;
- (C) Pediatric Advanced Life Support – 6 CRCE;
- (D) Advanced Trauma Life Support – 6 CRCE;
- (E) Basic Life Support – 6 for initial certification; 3 for recertification.

(k) **Audit/Verification.** The Board staff will, each year, randomly or for cause select licensees to be audited for verification that continuing education requirements have been met.

(l) **Compliance.**

- (1) Licensees selected for audit must submit verification of meeting the continuing education requirement.
- (2) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.
- (3) A license obtained through misrepresentation shall result in Board action.

[Source: Added at 13 Ok Reg 1021, eff 11-21-95 (emergency); Added at 13 Ok Reg 2695, eff 6-27-96; Amended at 14 Ok Reg, eff 10-1-97 (emergency); Amended at 15 Ok Reg 3954, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1234, eff 5-14-99; Amended at 18 Ok Reg 1321, eff 5-11-01; Amended at 23 Ok Reg 822, eff 3-16-06 (emergency); Amended at 24 Ok Reg 1107, eff 5-11-0; Amended at 27 Ok Reg 2687, eff 8-26-10.]

435:45-5-2. Renewal of provisional license

(a) A provisional respiratory care practitioner license may be renewed every six months on or before the last day of the month in which the license expires. The application and fee for renewal of licensure shall be postmarked or hand delivered to the Board office on or before the required date. A provisional license may be renewed up to four times except that the license may not be renewed after elapse of one year from the date of graduation from a respiratory technician or respiratory therapist training and education program. To renew the license, the licensee must present evidence of:

- (1) current enrollment in a respiratory technician or respiratory therapist training and education program; or
 - (2) verification of acceptance to sit for the National Board of Respiratory Care examination or submission of proof of having sat for the exam but awaiting results, provided that the license may not be renewed after elapse of one year from the date of graduation.
- (b) Provisional licensees with licenses lapsed more than thirty days may be required to make a personal appearance before the Committee in addition to meeting requirements set out above.

[Source: Added at 18 Ok Reg 1321, eff 5-11-01]

435:45-5-3. Grounds for disciplinary action

(a) The Respiratory Care Advisory Committee may recommend to the Board to reprimand or place on probation any holder of a respiratory care practitioner (RCP) license, or may limit, suspend or revoke privileges, or may revoke or suspend any license issued to an RCP or deny a license to an applicant for unprofessional conduct. Acts which constitute unprofessional conduct include, but are not limited to:

- (1) Habitually intemperate or addicted use of any drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care and the responsibilities of the licensee.
- (2) Unauthorized possession and use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed independent practitioner of the state of Oklahoma.
- (3) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (4) Falsely manipulating drug supplies, narcotics or patient records, or forging a prescription for medication/drugs, or presenting a forged prescription.
- (5) Conviction of, or confession or plea of no contest to, a felony or of a crime involving moral turpitude.
- (6) Conviction of, or confession or plea of no contest to, a drug related offense.
- (7) Falsifying documents submitted to the Respiratory Care Advisory Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (8) Obtaining or attempting to obtain a license, certificate or documents of any form as a respiratory care practitioner by fraud or deception.
- (9) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a respiratory care practitioner.
- (10) Failure to report through proper channels the unsafe or illegal practice of any person who is providing patient care.
- (11) Negligence while in practice as a respiratory care practitioner or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Engaging in fraudulent billing practices and/or violation of federal Medicare and Medicaid laws or state medical assistance laws.
- (13) Being adjudged mentally incompetent by a court of competent jurisdiction.
- (14) Failing to timely make application for license renewal.
- (15) Verbally or physically abusing patients.
- (16) Discriminating in the rendering of patient care and respiratory care assignment(s).

- (17) Inaccurate recording, falsifying or altering of patient records.
 - (18) Leaving a patient care assignment or patient without properly advising appropriate personnel.
 - (19) Violating the confidentiality of information or knowledge concerning a patient(s).
 - (20) While engaged in the care of a patient, engaging in conduct with a patient, patient family member or significant other which is seductive or sexually demeaning/exploitive in nature.
 - (21) Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board.
 - (22) Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board.
 - (23) Failure to cooperate with a lawful investigation conducted by the Board.
 - (24) Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, agreement or order of the Board.
 - (25) Participating in the competency validations for Advanced Unlicensed Assistive Personnel as relates to respiratory therapy techniques or treatments.
- (b) A respiratory care practitioner who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervision of other respiratory care practitioners for so long as the Board deems appropriate; and may themselves be subject to disciplinary action pursuant to their conduct.

[Source: Added at 18 Ok Reg , eff 7-12-01]

435:45-5-4. Standards of Ethics and Professional Conduct

- (a) Purpose. The rules in this section on the profession of respiratory care practitioners shall be to establish the standards of professional conduct and code of ethics required of a licensee.
- (b) In the conduct of their professional activities the respiratory care practitioner shall be bound by the following ethical and professional principles. Respiratory care practitioners shall:
 - (1) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the professional and its professionals.
 - (2) Actively maintain and continually improve their professional competence, and represent it accurately.
 - (3) Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
 - (4) Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
 - (5) Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
 - (6) Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
 - (7) Promote disease prevention and wellness.
 - (8) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
 - (9) Follow sound scientific procedures and ethical principles in research.

- (10) Comply with state or federal laws that govern and relate to their practice.
- (11) Avoid any form of conduct that creates a conflict of interest, and shall follow the principles of ethical business behavior.
- (12) Promote the positive evolution of the professional, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- (13) Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

[Source: Added at 18 Ok Reg , eff 7-12-01]