Overview of requirements for Respiratory Therapists

*Important note*: while our data indicate the potential for policy variation across states, as states require some combination of training program, credential, and exam, our conversations with NBRC staff indicate that at times these differences are solely differences in how the laws are written. This is because often the requirement for licensure as a respiratory therapist is to either hold a credential from the National Board of Respiratory Care (NBRC) or have passed the NBRC’s Certified Respiratory Therapist (CRT) exam, and the NBRC requires education to take its exam.

Example: state A requires NBRC exam. State B requires training and NBRC exam, and states that training is part of the exam. State C requires training and NBRC exam, and does not state that training is part of the exam. For state A, only NBRC exam will be listed as a requirement. For state B, where training is explicitly part of the NBRC exam per verbiage in the statute and/or regulation, only the NBRC exam will be recorded in the data and training connected to the exam will be commented. For state C, where training is required per statute and/or regulation, and it is not explicit in the verbiage in the statute and/or regulation whether the training is part of the NBRC exam requirement, both training and exam will be listed in the data. It is possible (probable) that the training required in state B in this case is the same training required as part of the exam in state C, but since we can’t know that from the statute or regulation directly and have no way of confirming this is the case, we do not make assumptions we cannot cite. In this example, the data for state C would list exam and training while data for state A and B only list exam, even though it may be the case that in practice both states B and C have the same requirements (exam and training), and it is even probably state A has the same requirements since training is required for the exam.

Therefore, we encourage researchers to be careful in identifying variation in this data. Also, we do not collect data on reciprocity or grandfather clauses (although we hope to add this variation to the data in the future). Particularly in early years, variation due to grandfather clauses may have been collected as variation in requirements due to difficulty in distinguishing alternative pathways for all workers from grandfather clauses.

49 states and the District of Columbia require a license to practice as a respiratory therapist. The only state to not require a license is Alaska (Hawaii is the most recent state to institute a licensing regime, in 2011). However, according to NBRC staff, NBRC certification is still often required to practice in Alaska, because hospitals must require it for Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation. According to the Joint Commission Hospital Accreditation Fact Sheet approximately 70% of the nation’s hospitals are currently accredited by The Joint Commission, so although many hospitals may require NBRC certification for JCAHO accreditation, this is likely not true for all hospitals in Alaska.

Information about the CRT exam, including admissions requirements, is available on the NBRC’s website. This exam has two cut scores, a low cut score which earns the exam taker the CRT credential, and a high cut score which makes the exam taker eligible for the for the Clinical Simulation Examination, which leads to the Registered Respiratory Therapist (RRT) credential. While RRT certification is at a higher level than CRT certification and provide different signals to employers, in the vast majority of states they make no difference for licensure in the timeframe of these data (this data should be viewed as access level licensure). However, as NBRC staff noted to us, beginning in 2015 some states have recently switched to requiring the RRT certification. Requiring RRT versus CRT is outside the scope of this project currently but is a potential area to expand this data set in the future.