

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control \_\_\_\_\_ Department or Agency: Alabama State Board of Respiratory Therapy  
Rule No.: Appendices II  
Rule Title: Forms List

\_\_\_\_\_ New \_\_\_\_\_ X \_\_\_\_\_ Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference

Would the absence of the proposed rule significantly Harm or endanger the public health, welfare, or safety? \_\_\_\_\_ No

Is there a reasonable relationship between the state's Police power and the protection of the public health, Safety, or welfare? \_\_\_\_\_ Yes

Is there another, less restrictive method of regulation Available that could adequately protect the public? \_\_\_\_\_ No

Does the proposed rule have the effect of directly or Indirectly increasing the costs of any goods or services Involved and, if so, to what degree? \_\_\_\_\_ No

Is the increase in cost, if any, more harmful to the public Than the harm that might result from the absence of The proposed rule? \_\_\_\_\_ No

Are all facets of the rulemaking process designed solely For the purpose of, and so they have, as their primary Effect, the protection of the public? \_\_\_\_\_ Yes

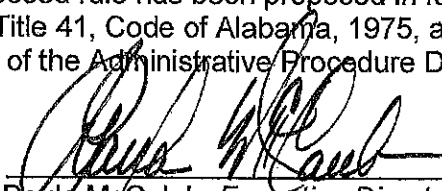
\*\*\*\*\*  
Does the proposed rule have an economic impact? \_\_\_\_\_ No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama, 1975.

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**Certification of Authorized Official**

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer   
Paula McCaleb, Executive Director 334.396.2332

Date: February 15, 2017

(DATE FILED)  
(STAMP)

**Alabama State Board of Respiratory Therapy**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:**

Alabama State Board of Respiratory Therapy

**RULE NO. & TITLE:**

Appendices II – Forms List

**INTENDED ACTION:**

To Amend.

**SUBSTANCE OF PROPOSED ACTION:**

The Alabama Board of Respiratory Therapy proposes to amend Rules and Regulations under which to operate. Specifically, to eliminate forms no longer utilized and provide a form for requesting electronic mailing labels.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:**

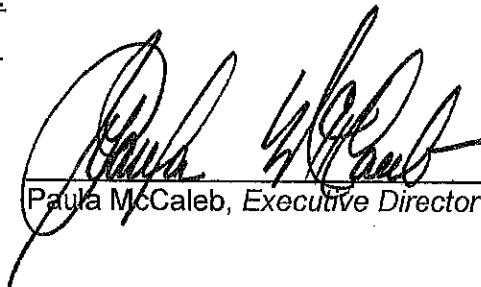
Written comments will be received by the Alabama State Board of Respiratory Therapy until 4:30 p.m. on April 5, 2017. Comments should be directed to Paula McCaleb, Executive Director, at P.O. Box 241386, Montgomery, AL 36124-1386, or via fax at 334-396-2384.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:**

April 5, 2017

**CONTACT PERSON AT AGENCY:**

Paula McCaleb, *Executive Director*  
334.396.2332

  
\_\_\_\_\_  
Paula McCaleb, *Executive Director*

**APPENDICES II**  
**Forms List**

Application  
Verification of Employment  
NBRC Credentials Verification Form  
Verification of Respiratory Care Education  
Verification of Employment in the Practice of Respiratory Therapy  
Verification of License from another State  
Complaint Form  
CEU Reporting Form  
Renewal Application  
Application for Change of Information or Replacement License  
Student Verification Form -- Employer  
Student Verification Form -- Program Director  
~~Request for Application Form~~  
Request for Electronic Mailing List

**Author: The Alabama State Board of Respiratory Therapy**

**Statutory Authority: Code of Alabama (1975) § 34-27B-1 thru § 34-27B-17.**

**Effective Date: September 14, 2005**