

Advisory Board on Respiratory Therapy

Virginia Board of Medicine

June 4, 2024

1:00 p.m.

Advisory Board on Respiratory Therapy

Board of Medicine

Tuesday, June 4, 2024 @ 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

	Page
Call to Order – Santiera Brown-Yearling, RRT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Janice Martin	
Introduction of Members – Santiera Brown-Yearling, RRT	
Minutes	1
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
2023 Healthcare Workforce Data Presentation -- Barbara Hodgdon, Ph.D.	2 - 31
New Business	
1. Regulatory Update 32 Matthew Novak	
2. Orientation to the Board of Medicine and Advisory Board33 - 64 Dr. Harp	

Announcements:

Next Scheduled Meeting: October 8, 2024 @ 1:00 p.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

Training Room 2

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Advisory Board Minutes

There are currently no previous minutes needing approval. The final approved minutes of the advisory board can be accessed on the Virginia Regulatory Town Hall at <https://townhall.virginia.gov/L/meetings.cfm> .

DRAFT

Virginia's Respiratory Therapist Workforce: 2023

Healthcare Workforce Data Center

February 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Henrico, VA 23233
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Follow us on Tumblr: www.vahwdc.tumblr.com
Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 3,500 Respiratory Therapists voluntarily participated in this survey. Without their efforts, the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BS
Research Assistant

Respiratory Therapy Advisory Board

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Santiera Brown, RRT
Chesapeake

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Reston

Executive Director

William L. Harp, MD

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The Respiratory Therapist Workforce At a Glance:

The Workforce

Licensees:	5,348
Virginia's Workforce:	4,168
FTEs:	3,472

Survey Response Rate

All Licensees:	67%
Renewing Practitioners:	89%

Demographics

Female:	73%
Diversity Index:	48%
Median Age:	45

Background

Rural Childhood:	43%
HS Degree in VA:	49%
Prof. Degree in VA:	57%

Education

Associate:	73%
Baccalaureate:	22%

Finances

Median Income: \$70k-\$80k	
Health Benefits:	65%
Under 40 w/ Ed. Debt:	58%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	69%
Satisfied?:	96%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	60%

Primary Roles

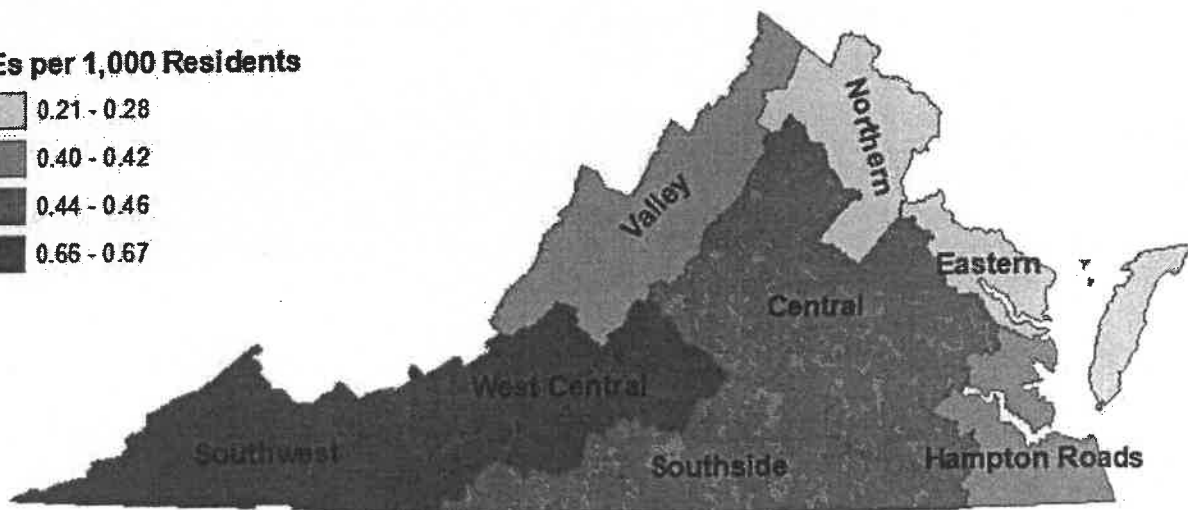
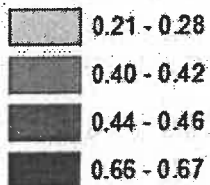
Patient Care:	83%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center

Full-Time Equivalency Units Provided by Respiratory Therapists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division



Results in Brief

This report contains the results of the 2023 Respiratory Therapist Workforce survey. More than 3,500 respiratory therapists (RTs) voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during the birth month of each RT on odd-numbered years. These survey respondents represent 67% of the 5,348 RTs who are licensed in the state and 89% of renewing practitioners.

The HWDC estimates that 4,168 RTs participated in Virginia's workforce during the survey period, which is defined as those professionals who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's RTs provided 3,472 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

Nearly three out of every four RTs are female, including 80% of those RTs who are under the age of 40. In a random encounter between two RTs, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 49% for those RTs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. More than two out of every five RTs grew up in a rural area, and one-quarter of RTs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 14% of all RTs work in a non-metro area of the state.

Among all RTs, 94% are currently employed in the profession, 69% hold one full-time job, and 33% work between 40 and 49 hours per week. More than half of all RTs work in the non-profit sector, while another 38% work in the for-profit sector. The typical RT earns between \$70,000 and \$80,000 per year, and 77% of RTs receive this income in the form of an hourly wage. In addition, 80% of RTs receive at least one employer-sponsored benefit, including 65% who have access to health insurance. Among all RTs, 96% indicated that they are satisfied with their current work situation, including 63% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to those of the 2015 respiratory therapist workforce. The number of licensed RTs in Virginia has increased by 25% (5,348 vs. 4,291). At the same time, the size of Virginia's RT workforce has increased by 12% (4,168 vs. 3,706), and the number of FTEs provided by this workforce has increased by 5% (3,472 vs. 3,310). Virginia's renewing RTs are more likely to respond to this survey (89% vs. 84%).

The percentage of Virginia's RT workforce that is female has increased (73% vs. 70%), and this trend has also occurred among those RTs who are under the age of 40 (80% vs. 75%). At the same time, the diversity index of Virginia's RT workforce has also increased (48% vs. 41%). A smaller increase in the diversity index has also occurred among RTs who are under the age of 40 (49% vs. 48%). RTs are slightly less likely to have grown up in a rural area (43% vs. 44%), but RTs who grew up in a rural area are slightly more likely to work in a non-metro area of Virginia (25% vs. 24%). In total, the percentage of all RTs who work in a non-metro area of the state has increased (14% vs. 13%).

Virginia's RTs are relatively more likely to hold a baccalaureate degree (22% vs. 15%) and less likely to hold associate degree (73% vs. 80%) as their highest professional degree. Additionally, Virginia's RTs are more likely to carry education debt (41% vs. 34%). RTs are more likely to work in the non-profit sector (54% vs. 51%) than in the for-profit sector (38% vs. 40%), and RTs are less likely to have worked at their primary work location for more than two years (60% vs. 75%).

The median annual income of Virginia's RT workforce has increased (\$70k-\$80k vs. \$50k-\$60k), and RTs are relatively more likely to receive this income by means of a contract or a per diem (12% vs. 2%) than in the form of either an hourly wage (77% vs. 86%) or a salary (10% vs. 12%). RTs are less likely to receive at least one employer-sponsored benefit (80% vs. 86%), including those RTs who have access to health insurance (65% vs. 69%). RTs are slightly more likely to indicate that they are satisfied with their current employment situation (96% vs. 95%), but the percentage of RTs who indicated that they are "very satisfied" has declined (63% vs. 67%).

Survey Response Rates

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,018	75%
New Licensees	653	12%
Non-Renewals	677	13%
All Licensees	5,348	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly nine out of every ten renewing RTs submitted a survey. These represent 67% of the 5,348 RTs who held a license at some point in 2023.

Definitions

- The Survey Period:** The survey was conducted throughout 2023 on the birth month of each practitioner.
- Target Population:** All RTs who held a Virginia license at some point in 2023.
- Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some RTs newly licensed in 2023.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	261	204	44%
30 to 34	265	316	54%
35 to 39	268	486	65%
40 to 44	209	483	70%
45 to 49	188	488	72%
50 to 54	157	500	76%
55 to 59	146	476	77%
60 and Over	273	628	70%
Total	1,767	3,581	67%
New Licenses			
Issued in 2023	653	0	0%
Metro Status			
Non-Metro	137	462	77%
Metro	536	2,201	80%
Not in Virginia	1,094	918	46%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,581
Response Rate, All Licensees	67%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RTs

Number:	5,348
New:	12%
Not Renewed:	13%

Survey Response Rates

All Licensees:	67%
Renewing Practitioners:	89%

Source: Va. Healthcare Workforce Data Center

The Workforce

At a Glance:

Workforce

2023 RT Workforce: 4,168
 FTEs: 3,472

Utilization Ratios

Licensees in VA Workforce: 78%
 Licensees per FTE: 1.54
 Workers per FTE: 1.20

Source: Va. Healthcare Workforce Data Center

Definitions

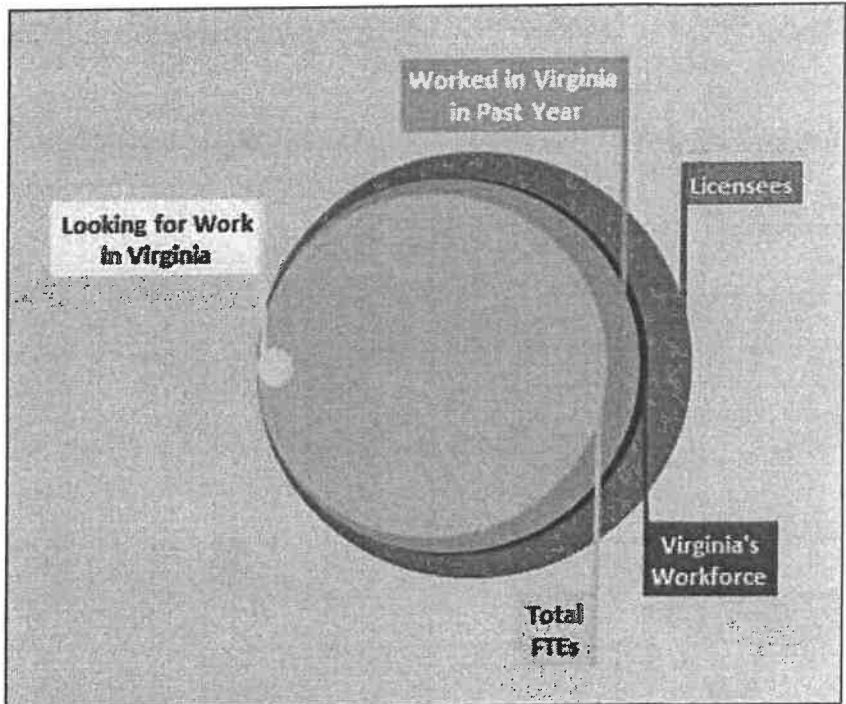
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RT Workforce

Status	#	%
Worked in Virginia in Past Year	4,129	99%
Looking for Work in Virginia	39	1%
Virginia's Workforce	4,168	100%
Total FTEs	3,472	
Licensees	5,348	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	51	14%	316	86%	366	10%
30 to 34	94	21%	359	79%	453	12%
35 to 39	133	25%	400	75%	532	14%
40 to 44	96	20%	397	81%	494	13%
45 to 49	150	33%	303	67%	453	12%
50 to 54	135	31%	299	69%	434	12%
55 to 59	118	30%	275	70%	393	11%
60 and Over	203	36%	354	64%	557	15%
Total	979	27%	2,703	73%	3,682	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	59%	2,630	70%	950	69%
Black	18%	650	17%	213	16%
Asian	7%	204	5%	84	6%
Other Race	1%	46	1%	13	1%
Two or More Races	5%	94	2%	43	3%
Hispanic	10%	148	4%	69	5%
Total	100%	3,772	100%	1,372	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 73%
% Under 40 Female: 80%

Age

Median Age: 45
% Under 40: 37%
% 55 and Over: 26%

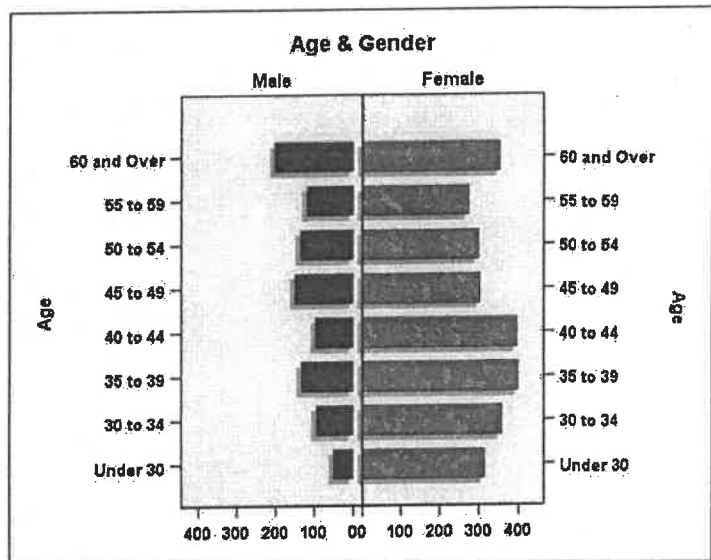
Diversity

Diversity Index: 48%
Under 40 Div. Index: 49%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RTs, there is a 48% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

Among all RTs, 37% are under the age of 40, and 80% of RTs who are under the age of 40 are female. In addition, the diversity index among RTs who are under the age of 40 is 49%.



Source: Va. Healthcare Workforce Data Center

Background

At a Glance:

Childhood

Urban Childhood: 17%
 Rural Childhood: 43%

Virginia Background

HS in Virginia: 49%
 Prof. Education in VA: 57%
 HS/Prof. Edu. in VA: 61%

Location Choice

% Rural to Non-Metro: 25%
 % Urban/Suburban to Non-Metro: 6%

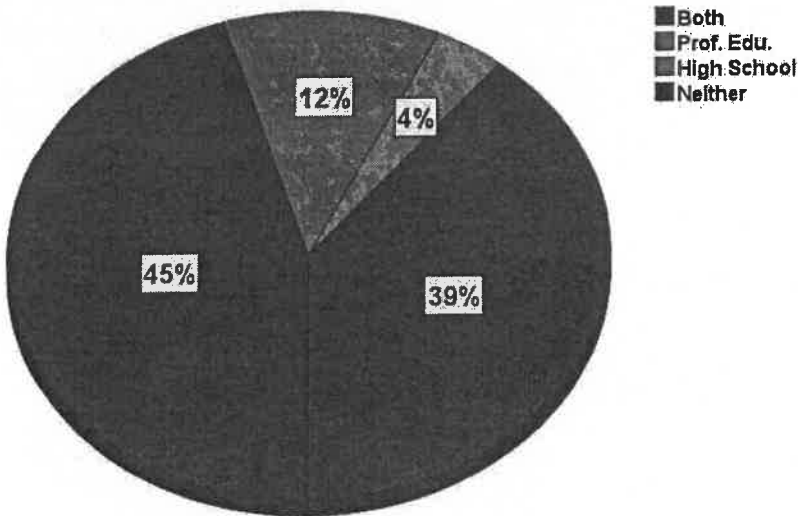
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	28%	49%	23%
2	Metro, 250,000 to 1 Million	59%	32%	9%
3	Metro, 250,000 or Less	53%	35%	12%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	74%	16%	11%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	69%	23%	8%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	91%	6%	3%
8	Rural, Metro Adjacent	63%	22%	15%
9	Rural, Non-Adjacent	84%	11%	5%
Overall		43%	40%	17%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than two out of every five RTs grew up in a rural area, and 25% of RTs who grew up in a rural area currently work in a non-metro county. In total, 14% of all RTs currently work in a non-metro county.

Top Ten States for Respiratory Therapist Recruitment

Rank	All Respiratory Therapist			
	High School	#	Professional School	#
1	Virginia	1,853	Virginia	2,120
2	Outside U.S./Canada	263	Maryland	228
3	Maryland	171	North Carolina	163
4	Pennsylvania	158	California	143
5	North Carolina	148	Pennsylvania	115
6	West Virginia	143	Texas	115
7	New York	125	Florida	98
8	Florida	102	West Virginia	74
9	California	100	New York	66
10	Ohio	69	Ohio	46

Source: Va. Healthcare Workforce Data Center

Among all licensed RTs, 49% received their high school degree in Virginia, and 57% received their initial professional degree in the state.

Among those RTs who have obtained their license in the past five years, 32% received their high school degree in Virginia, while 37% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	297	Virginia	337
2	North Carolina	72	North Carolina	76
3	Outside U.S./Canada	62	Maryland	74
4	Maryland	51	Texas	59
5	Pennsylvania	46	Florida	53
6	Florida	45	Pennsylvania	47
7	California	39	California	39
8	West Virginia	37	Georgia	20
9	New York	27	New York	19
10	Texas	25	Kentucky	18

Source: Va. Healthcare Workforce Data Center

More than one out of every five licensed RTs did not participate in Virginia's workforce in 2023. Among these RTs, 96% worked at some point in the past year, including 91% who are currently employed as RTs.

At a Glance:

Not in VA Workforce	
Total:	1,192
% of Licensees:	22%
Federal/Military:	4%
VA Border State/DC:	19%

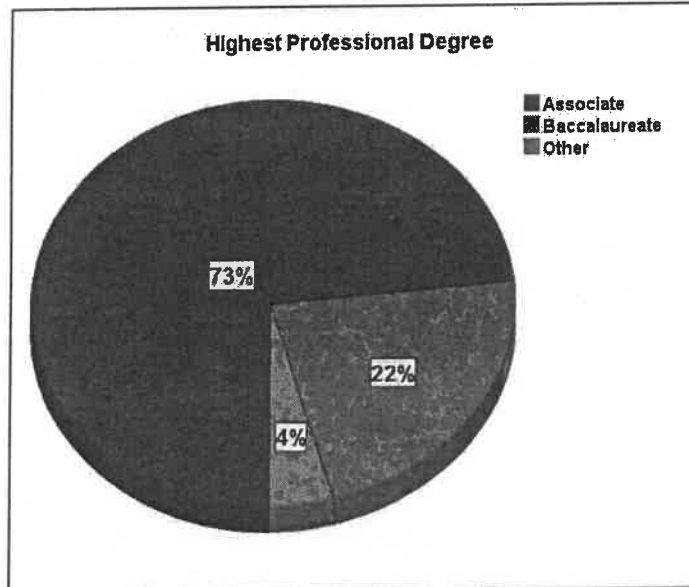
Source: Va. Healthcare Workforce Data Center

Education

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate	2,680	73%
Baccalaureate	816	22%
Post-Graduate Certificate	54	1%
Master's	99	3%
Doctoral	6	0%
Total	3,655	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate: 73%
Baccalaureate: 22%

Education Debt

Carry Debt: 41%
Under Age 40 w/ Debt: 58%
Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four RTs hold an associate degree as their highest professional degree.

More than two out of every five RTs carry education debt, including 58% of those RTs who are under the age of 40. For those RTs with education debt, the median outstanding balance is between \$20,000 and \$30,000.

Amount Carried	All RTs		RTs Under 40	
	#	%	#	%
None	1,895	59%	502	42%
Less than \$10,000	275	9%	150	13%
\$10,000-\$19,999	267	8%	145	12%
\$20,000-\$29,999	198	6%	110	9%
\$30,000-\$39,999	141	4%	78	7%
\$40,000-\$49,999	106	3%	57	5%
\$50,000-\$59,999	71	2%	33	3%
\$60,000-\$69,999	64	2%	29	2%
\$70,000-\$79,999	50	2%	24	2%
\$80,000-\$89,999	31	1%	14	1%
\$90,000-\$99,999	20	1%	11	1%
\$100,000 or More	87	3%	31	3%
Total	3,203	100%	1,182	100%

Source: Va. Healthcare Workforce Data Center

Specializations & Credentials

At a Glance:

Top Specialties

Critical Care:	59%
Neonatal-Pediatrics:	27%
Long-Term Care:	22%

Top Certifications

Registered RT:	74%
Certified RT:	50%
Neonatal/Pediatric:	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Respiratory Therapist (RRT)	3,105	74%
Certified Respiratory Therapist (CRT)	2,077	50%
Neonatal/Pediatric Specialty (NPS)	383	9%
Adult Critical Care Specialty (ACCS)	345	8%
Certified Pulmonary Function Technologist (CPFT)	134	3%
Registered Pulmonary Function Technologist (RPFT)	91	2%
Registered Polysomnographic Technologist (RPSGT)	82	2%
Certified Asthma Educator (AE-C)	41	1%
Sleep Disorders Specialty (SDS)	19	<1%
Other	43	1%
At Least One Certification	3,715	89%

Source: Va. Healthcare Workforce Data Center

Self-Designated Specialties

Specialty	#	% of Workforce
Critical Care	2,445	59%
Neonatal-Pediatrics	1,146	27%
Long-Term Care	909	22%
Home Care	587	14%
Pulmonary Diagnostics	509	12%
Education	507	12%
Pulmonary Rehab	436	10%
Polysomnography/Sleep Disorders	242	6%
ECMO/ECLS	195	5%
Surface & Air Transport	192	5%
Case Management	101	2%
Other	158	4%
At Least One Specialization	3,182	76%

Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten RTs have at least one certification, including 74% who are certified as a Registered Respiratory Therapist. More than three out of every four RTs have at least one specialization, including 59% who specialize in critical care.

Current Employment Situation

At a Glance:

Employment

Employed in Profession: 94%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 69%
 2 or More Positions: 15%

Weekly Hours:

40 to 49: 33%
 60 or More: 4%
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	<1%
Employed in an RT-Related Capacity	3,512	94%
Employed, NOT in an RT-Related Capacity	137	4%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2	<1%
Voluntarily Unemployed	59	2%
Retired	25	1%
Total	3,738	100%

Source: Va. Healthcare Workforce Data Center

Among all RTs, 94% are currently employed in the profession, 69% have one full-time job, and 33% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	86	2%
One Part-Time Position	508	14%
Two Part-Time Positions	76	2%
One Full-Time Position	2,554	69%
One Full-Time Position & One Part-Time Position	419	11%
Two Full-Time Positions	17	<1%
More than Two Positions	39	1%
Total	3,699	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	86	2%
1 to 9 Hours	18	<1%
10 to 19 Hours	115	3%
20 to 29 Hours	279	8%
30 to 39 Hours	1,630	45%
40 to 49 Hours	1,182	33%
50 to 59 Hours	159	4%
60 to 69 Hours	65	2%
70 to 79 Hours	42	1%
80 or More Hours	55	2%
Total	3,631	100%

Source: Va. Healthcare Workforce Data Center

Employment Quality

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	16	1%
Less than \$30,000	131	5%
\$30,000-\$39,999	105	4%
\$40,000-\$49,999	217	8%
\$50,000-\$59,999	398	14%
\$60,000-\$69,999	514	18%
\$70,000-\$79,999	458	16%
\$80,000-\$89,999	346	12%
\$90,000-\$99,999	176	6%
\$100,000-\$109,999	170	6%
\$110,000-\$119,999	79	3%
\$120,000 or More	175	6%
Total	2,787	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: \$70k-\$80k

Benefits
Health Insurance: 65%
Retirement: 61%

Satisfaction
Satisfied: 96%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,304	63%
Somewhat Satisfied	1,221	33%
Somewhat Dissatisfied	127	4%
Very Dissatisfied	28	1%
Total	3,680	100%

Source: Va. Healthcare Workforce Data Center

The typical RT earns between \$70,000 and \$80,000 per year. In addition, 80% of RTs receive at least one employer-sponsored benefit, including 65% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,334	66%	71%
Health Insurance	2,269	65%	65%
Dental Insurance	2,245	64%	65%
Retirement	2,157	61%	63%
Paid Sick Leave	1,897	54%	56%
Group Life Insurance	1,623	46%	49%
Signing/Retention Bonus	563	16%	18%
At Least One Benefit	2,810	80%	80%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

2023 Labor Market

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	28	1%
Experience Voluntary Unemployment?	185	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	132	3%
Work Two or More Positions at the Same Time?	709	17%
Switch Employers or Practices?	334	8%
Experience at Least One?	1,207	29%

Source: Va. Healthcare Workforce Data Center

Only 1% of RTs were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 2.9%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	90	2%	129	15%
Less than 6 Months	260	7%	138	16%
6 Months to 1 Year	416	11%	139	16%
1 to 2 Years	690	19%	157	18%
3 to 5 Years	653	18%	120	14%
6 to 10 Years	484	13%	70	8%
More than 10 Years	1,026	28%	101	12%
Subtotal	3,620	100%	855	100%
Did Not Have Location	67		3,240	
Item Missing	481		74	
Total	4,168		4,168	

Source: Va. Healthcare Workforce Data Center

More than three out of every four RTs receive an hourly wage at their primary work location, while 12% work by contract or on a per diem basis.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 3%

Turnover & Tenure
 Switched: 8%
 New Location: 26%
 Over 2 Years: 60%
 Over 2 Yrs., 2nd Location: 34%

Employment Type
 Hourly Wage: 77%
 Salary/Commission: 12%

Source: Va. Healthcare Workforce Data Center

Three out of every five RTs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	256	10%
Hourly Wage	1,901	77%
By Contract/Per Diem	301	12%
Business/Practice Income	5	<1%
Unpaid	6	<1%
Subtotal	2,469	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.3%. The unemployment rate from December 2023 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region: 24%
 Top 3 Regions: 63%
 Lowest Region: 1%

Locations

2 or More (2023): 25%
 2 or More (Now*): 20%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all RTs work in Central Virginia, Hampton Roads, and Northern Virginia.

A Closer Look:

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	871	24%	183	21%
Eastern	42	1%	14	2%
Hampton Roads	725	20%	157	18%
Northern	684	19%	155	17%
Southside	167	5%	25	3%
Southwest	282	8%	53	6%
Valley	243	7%	41	5%
West Central	507	14%	119	13%
Virginia Border State/D.C.	24	1%	30	3%
Other U.S. State	70	2%	112	13%
Outside of the U.S.	0	0%	0	0%
Total	3,615	100%	889	100%
Item Missing	486		40	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

One out of every five RTs currently have multiple work locations, while one-quarter of all RTs have had multiple work locations in the past year.

Locations	Work Locations in 2023		Work Locations Now*	
	#	%	#	%
0	39	1%	87	2%
1	2,675	74%	2,813	77%
2	667	18%	541	15%
3	220	6%	172	5%
4	10	<1%	6	<1%
5	8	<1%	6	<1%
6 or More	15	<1%	9	<1%
Total	3,634	100%	3,634	100%

*At the time of survey completion, January-December 2023.

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,310	38%	378	46%
Non-Profit	1,886	54%	368	45%
State/Local Government	154	4%	56	7%
Veterans Administration	63	2%	4	<1%
U.S. Military	40	1%	5	1%
Other Federal Government	16	<1%	6	1%
Total	3,469	100%	817	100%
Did Not Have Location	67		3,240	
Item Missing	632		112	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

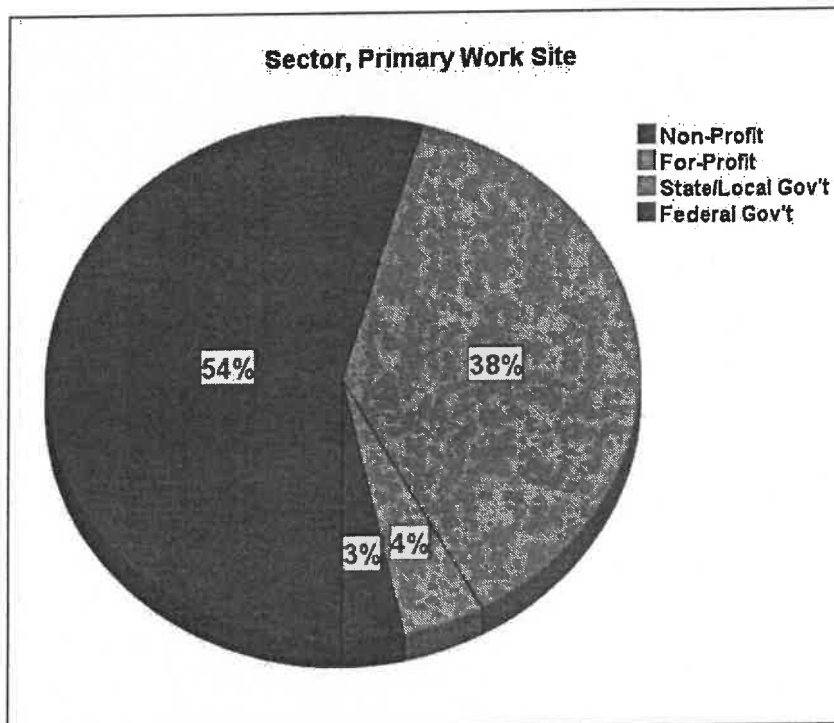
For-Profit: 38%
Federal: 3%

Top Establishments

Hospital, Inpatient: 61%
Academic Institution: 7%
Hospital, Outpatient: 6%

Source: Va. Healthcare Workforce Data Center

More than half of all RTs work in the non-profit sector, while another 38% work in the for-profit sector.



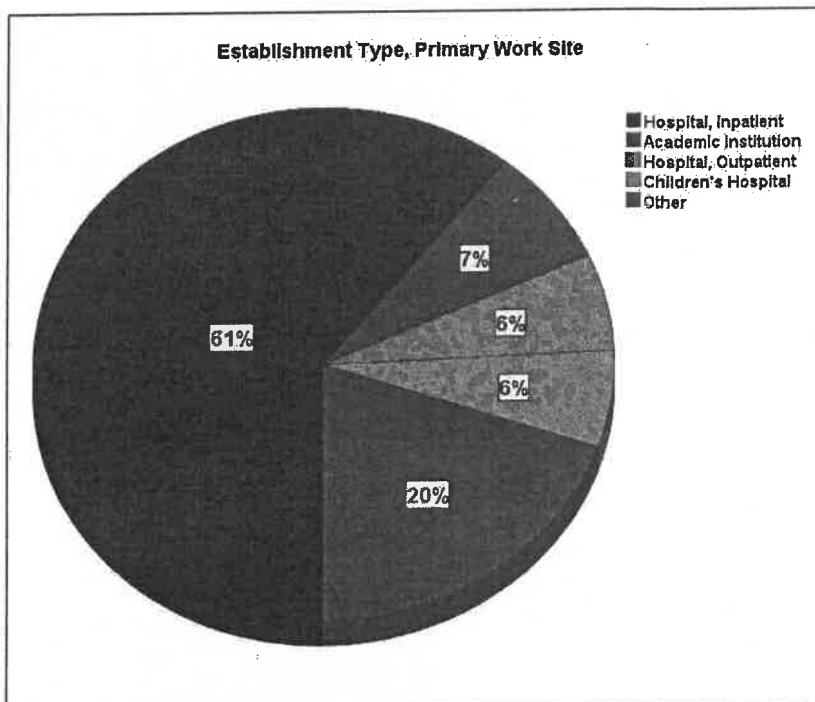
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	2,057	61%	479	62%
Academic Institution	253	7%	37	5%
General Hospital, Outpatient Department	208	6%	22	3%
Children's Hospital	207	6%	33	4%
Home Health Care	145	4%	42	5%
Rehabilitation Facility, Residential/Inpatient	98	3%	32	4%
Health Equipment Rental Company	61	2%	21	3%
Physician Office	60	2%	26	3%
Skilled Nursing Facility	59	2%	32	4%
Rehabilitation Facility, Outpatient Clinic	47	1%	7	1%
Sleep Center, Hospital Based	36	1%	1	<1%
Assisted Living or Continuing Care Facility	29	1%	8	1%
Other	130	4%	38	5%
Total	3,390	100%	778	100%
Did Not Have a Location	67		3,240	

Source: Va. Healthcare Workforce Data Center

More than three out of every five RTs work at the inpatient department of a general hospital, while another 7% work at an academic institution.

For RTs who also have a secondary work location, 62% work at the inpatient department of a general hospital, while another 5% work at a home health care establishment.



Source: Va. Healthcare Workforce Data Center

Languages

**At a Glance:
(Primary Locations)**

Languages Offered

Spanish:	19%
French:	11%
Chinese:	11%

Means of Communication

Virtual Translation:	72%
Onsite Translation:	42%
Respondent:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	778	19%
French	479	11%
Chinese	476	11%
Arabic	443	11%
Korean	443	11%
Vietnamese	429	10%
Tagalog/Filipino	420	10%
Hindi	411	10%
Persian	356	9%
Urdu	341	8%
Pashto	332	8%
Amharic, Somali, or Other Afro-Asiatic Languages	315	8%
Others	200	5%
At Least One Language	989	24%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five RTs are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	709	72%
Onsite Translation Service	416	42%
Respondent is Proficient	166	17%
Other Staff Member is Proficient	156	16%
Other	27	3%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four RTs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

Time Allocation

**At a Glance:
(Primary Locations)**

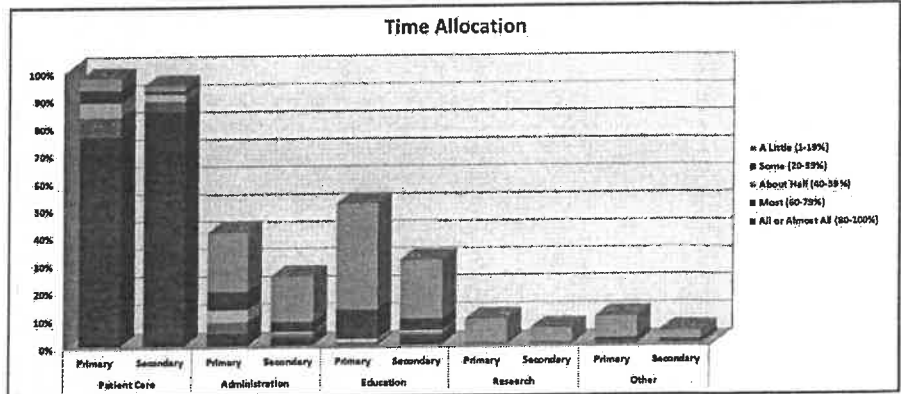
Typical Time Allocation
 Patient Care: 90%-99%
 Education: 1%-9%

Roles
 Patient Care: 83%
 Administration: 8%
 Education: 1%

Patient Care RTs
 Median Admin. Time: None
 Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

RTs typically spend most of their time in patient care activities. In fact, 83% of RTs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	76%	85%	4%	3%	0%	4%	0%	0%	0%	0%
Most (60-79%)	7%	4%	4%	1%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	5%	3%	5%	1%	1%	1%	0%	0%	0%	0%
Some (20-39%)	4%	1%	7%	4%	11%	4%	0%	0%	1%	1%
A Little (1-19%)	4%	2%	21%	16%	38%	21%	9%	5%	8%	3%
None (0%)	3%	5%	59%	75%	49%	69%	91%	94%	90%	95%

Source: Va. Healthcare Workforce Data Center

Retirement & Future Plans

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	176	6%	-	-
50 to 54	129	4%	11	1%
55 to 59	298	9%	50	4%
60 to 64	917	29%	328	27%
65 to 69	1,150	37%	566	47%
70 to 74	288	9%	170	14%
75 to 79	35	1%	23	2%
80 and Over	12	<1%	8	1%
I Do Not Intend to Retire	139	4%	46	4%
Total	3,145	100%	1,202	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs	
Under 65:	48%
Under 60:	19%
RTs 50 and Over	
Under 65:	32%
Under 60:	5%

Time Until Retirement

Within 2 Years:	7%
Within 10 Years:	25%
Half the Workforce:	By 2043

Source: Va. Healthcare Workforce Data Center

Nearly half of all RTs expect to retire by the age of 65. Among RTs who are age 50 and over, 32% expect to retire by the age of 65.

Within the next two years, 21% of all RTs expect to pursue additional educational opportunities, and 10% expect to increase their patient care hours.

Future Plans

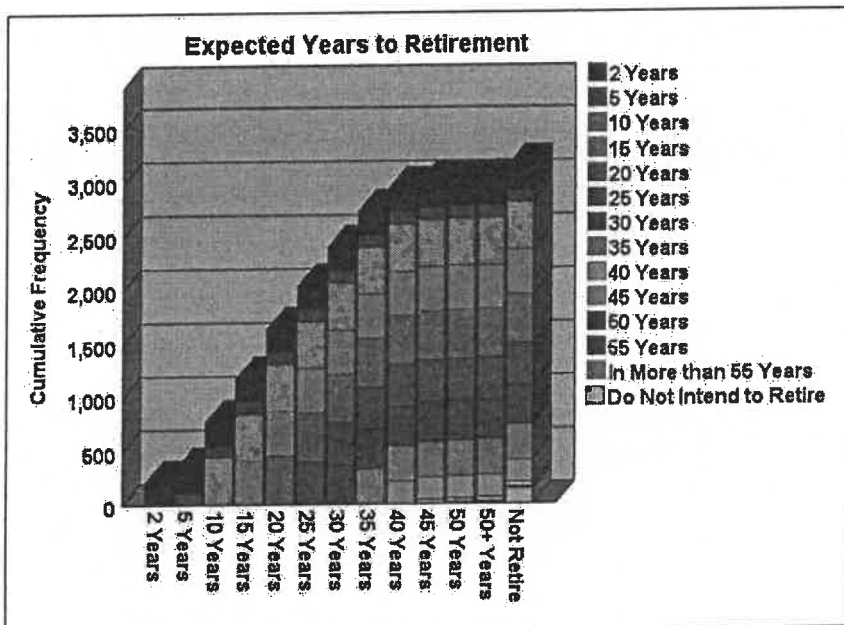
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	148	4%
Leave Virginia	180	4%
Decrease Patient Care Hours	382	9%
Decrease Teaching Hours	21	1%
Increase Participation		
Increase Patient Care Hours	399	10%
Increase Teaching Hours	251	6%
Pursue Additional Education	890	21%
Return to the Workforce	25	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 7% of RTs expect to retire in the next two years, 25% expect to retire within the next ten years. Half of the current workforce expect to retire by 2043.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	216	7%	7%
5 Years	116	4%	11%
10 Years	443	14%	25%
15 Years	410	13%	38%
20 Years	459	15%	52%
25 Years	398	13%	65%
30 Years	361	11%	76%
35 Years	332	11%	87%
40 Years	211	7%	94%
45 Years	42	1%	95%
50 Years	12	0%	95%
55 Years	7	0%	96%
In More than 55 Years	0	0%	96%
Do Not Intend to Retire	139	4%	100%
Total	3,145	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2033. Retirement will peak at 15% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2063.

Full-Time Equivalency Units

At a Glance:

FTEs

Total: 3,472
 FTEs/1,000 Residents²: 0.400
 Average: 0.85

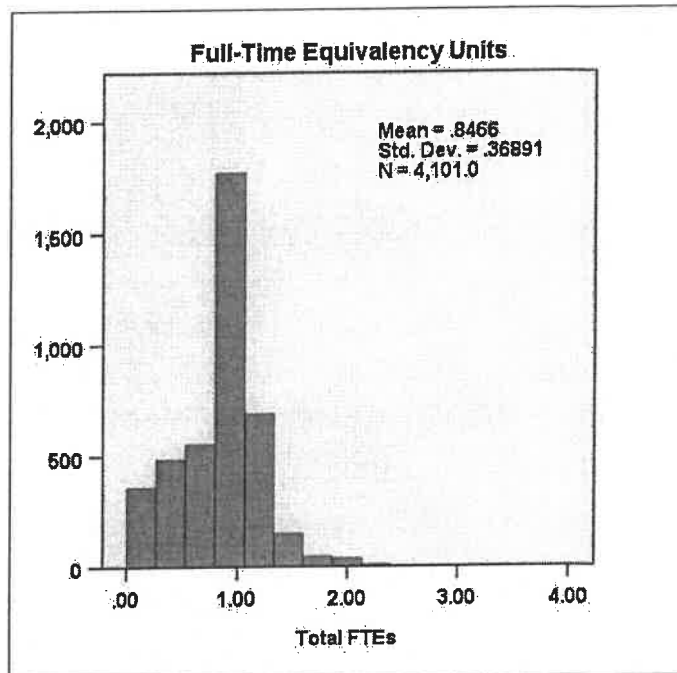
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

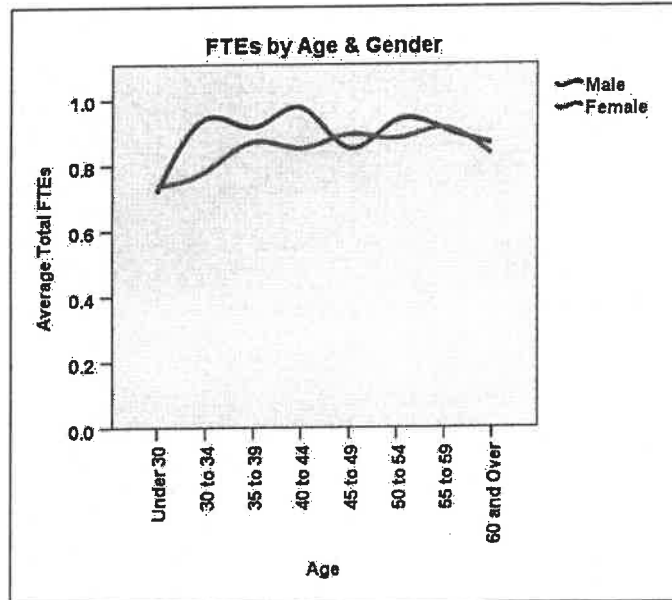


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.91 FTEs in 2023, or about 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Under 30	0.71	0.83
30 to 34	0.81	0.87
35 to 39	0.88	0.93
40 to 44	0.87	0.93
45 to 49	0.89	0.96
50 to 54	0.89	0.93
55 to 59	0.91	0.93
60 and Over	0.80	0.89
Gender		
Male	0.90	0.96
Female	0.84	0.93

Source: Va. Healthcare Workforce Data Center



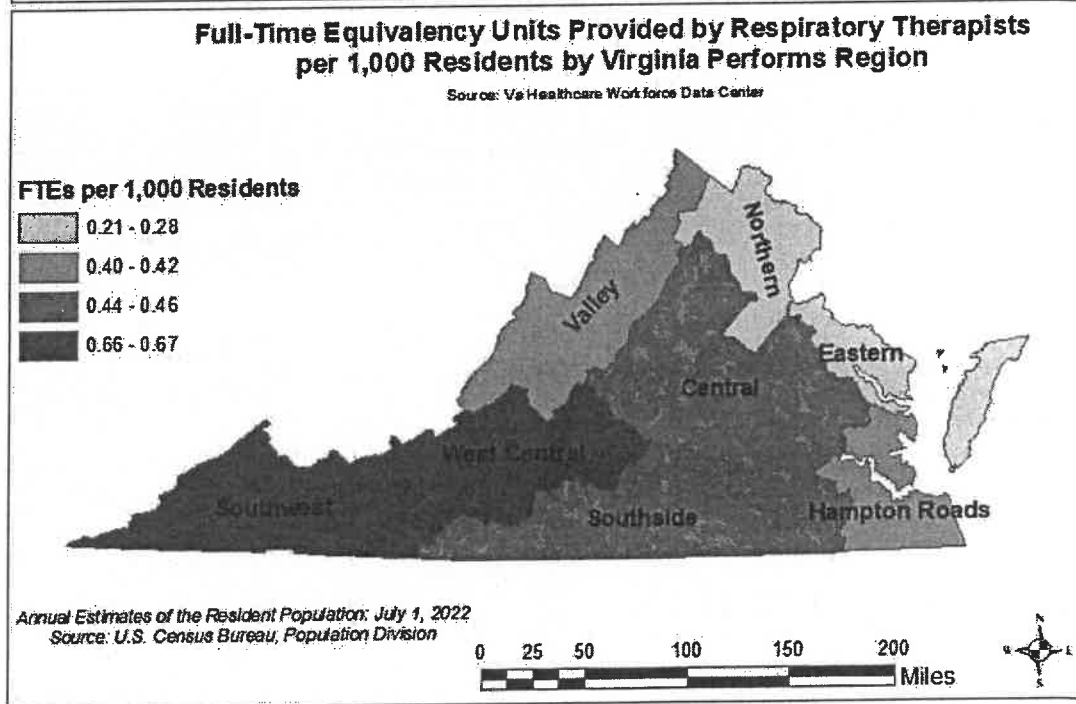
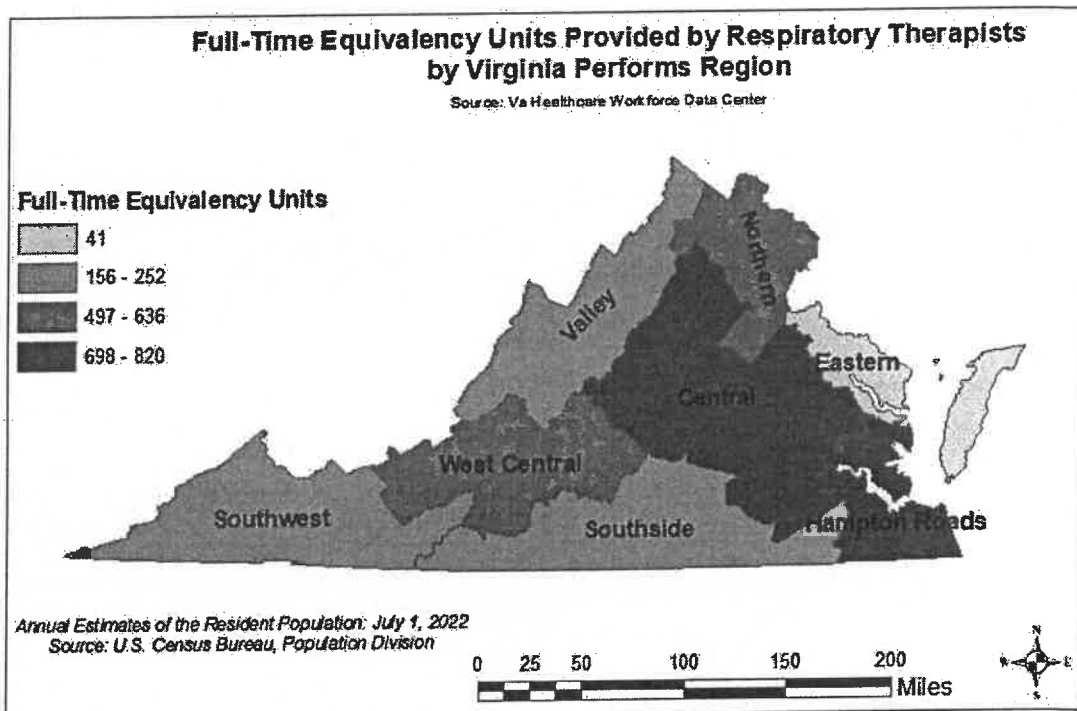
Source: Va. Healthcare Workforce Data Center

² Number of residents in 2022 was used as the denominator.

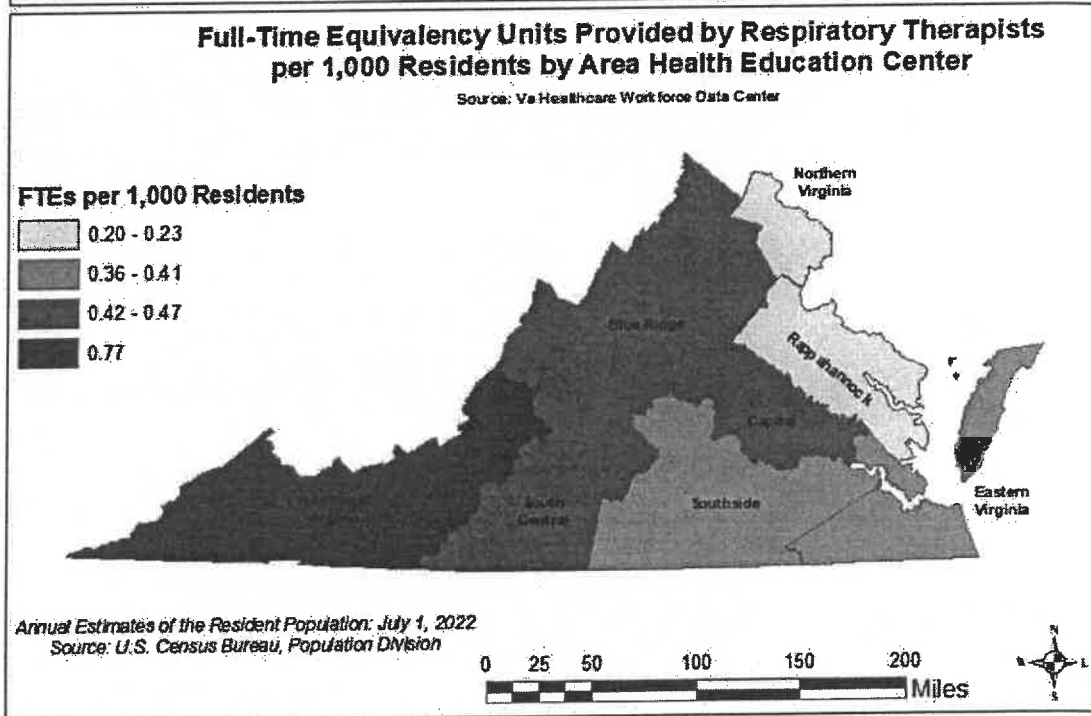
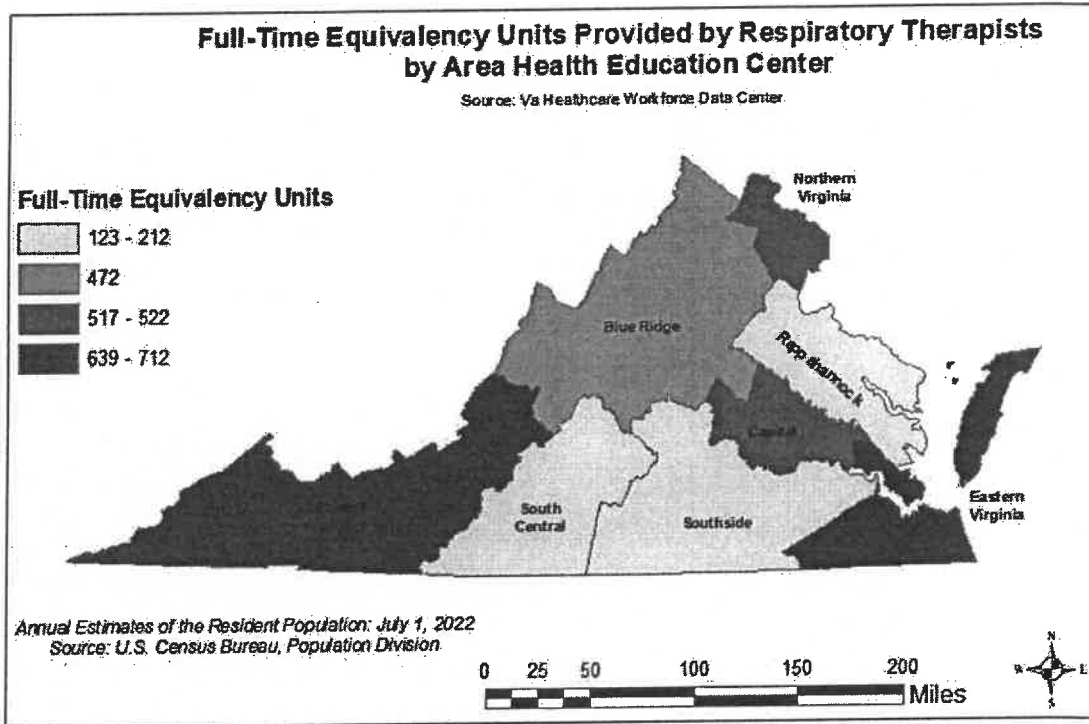
³ Due to assumption violations in Mixed between-within ANOVA (Interaction effect was significant).

Maps

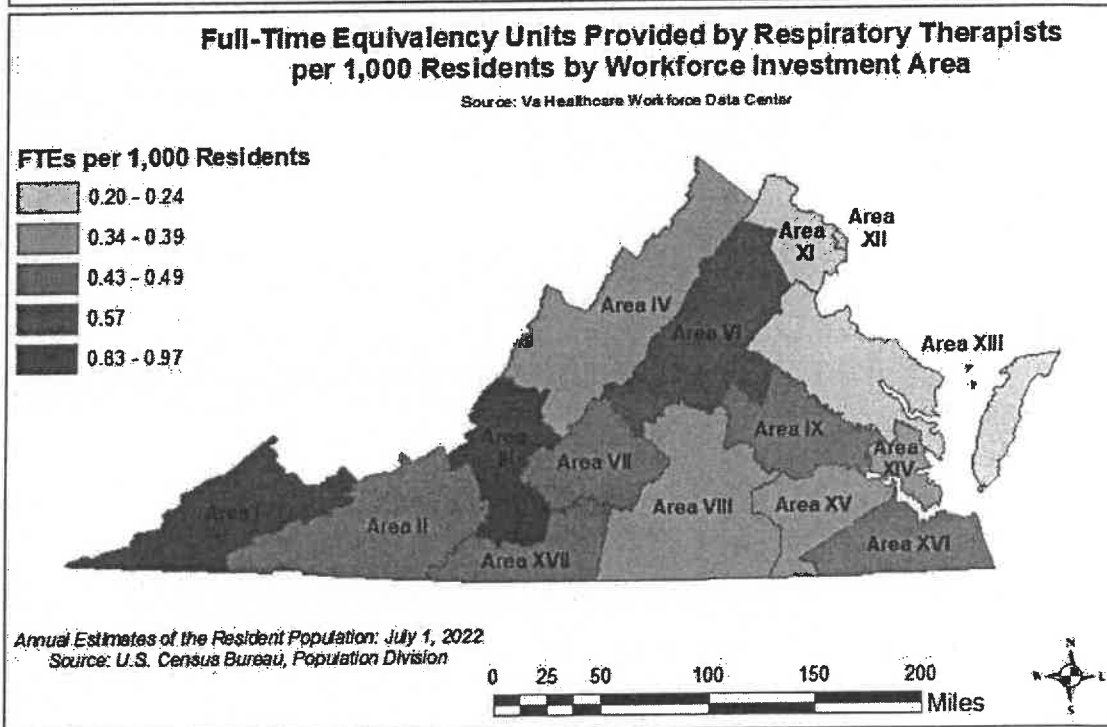
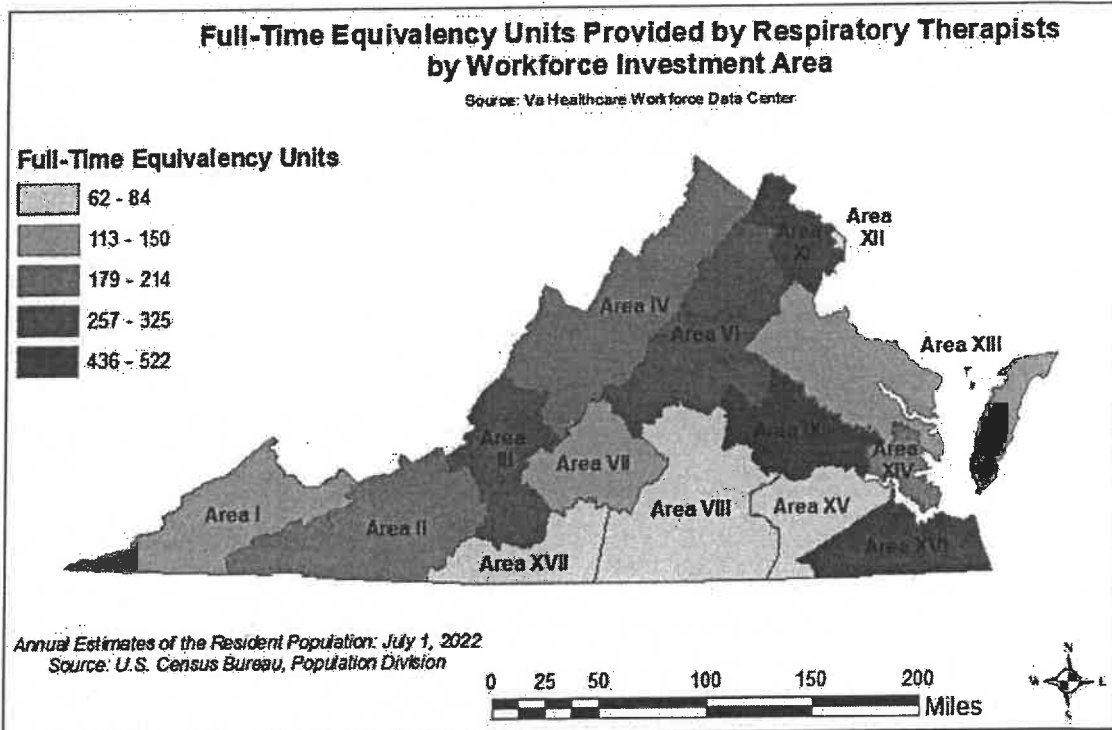
Virginia Performs Regions



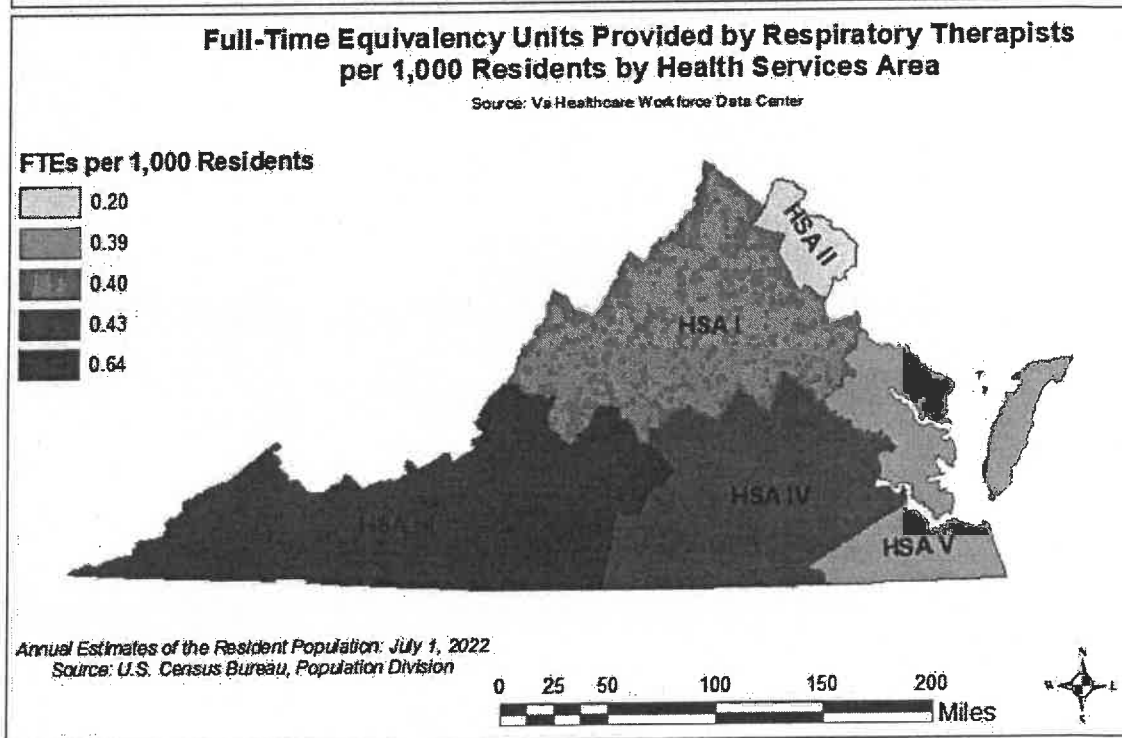
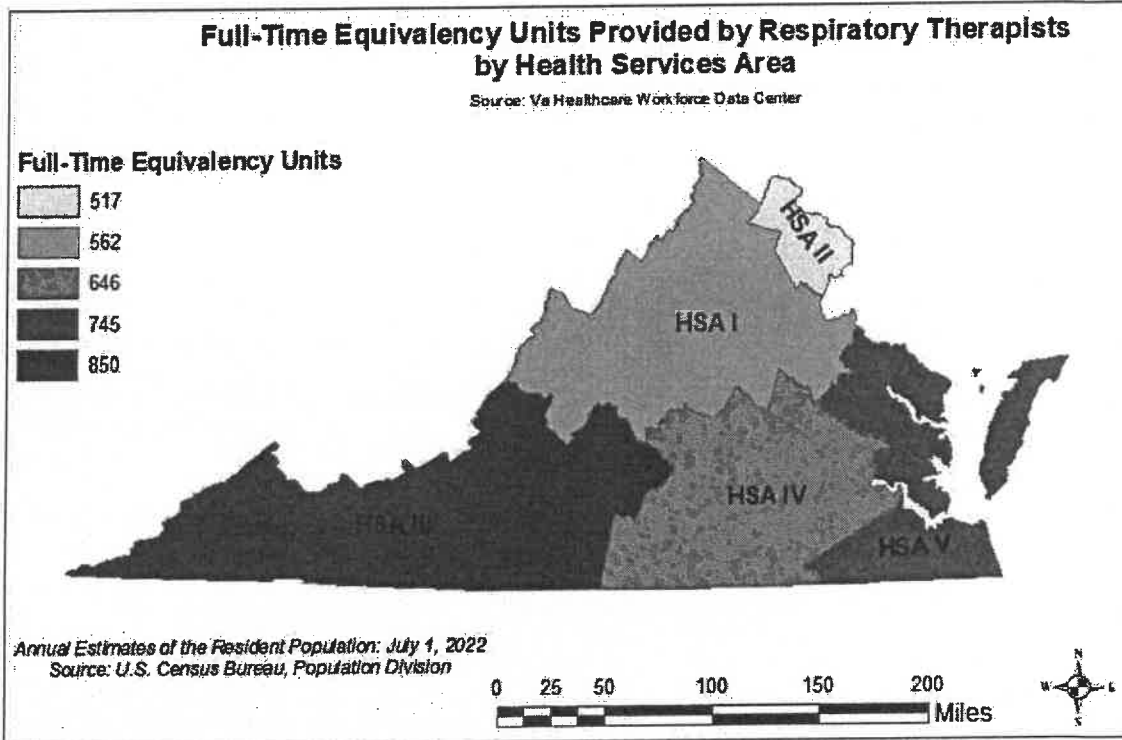
Area Health Education Center Regions



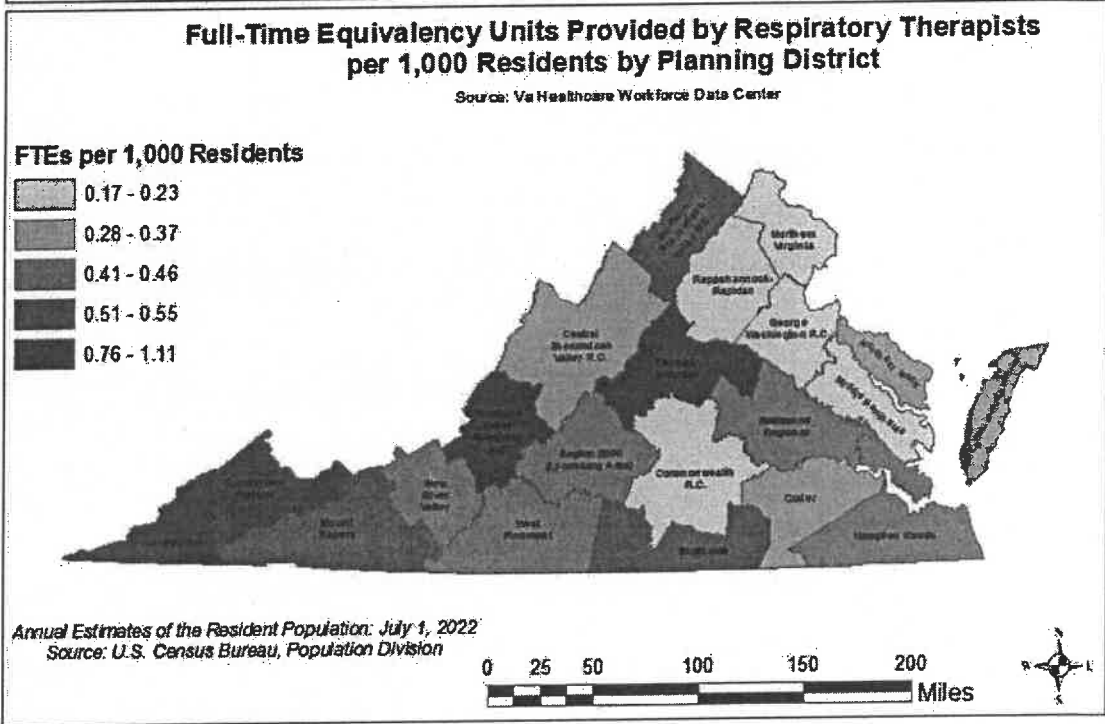
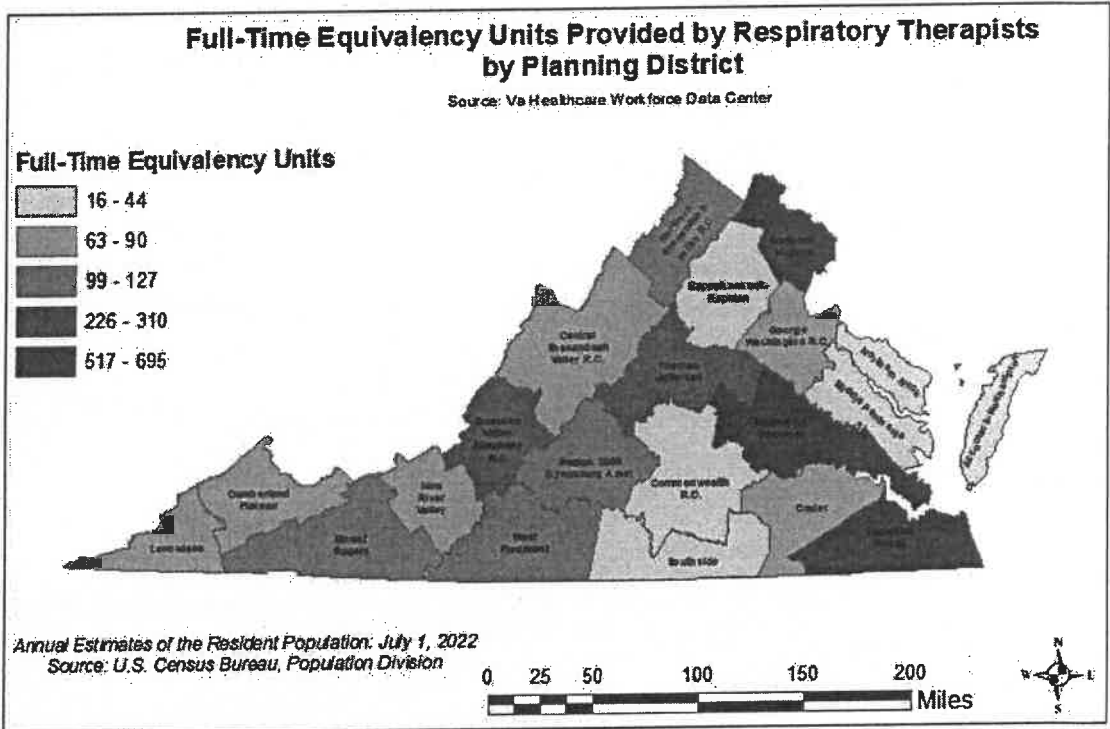
Workforce Investment Areas



Health Services Areas



Planning Districts



Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	1,909	81.46%	1.228	1.074	1.874
Metro, 250,000 to 1 Million	502	78.88%	1.268	1.109	1.935
Metro, 250,000 or Less	326	76.69%	1.304	1.141	1.990
Urban, Pop. 20,000+, Metro Adj.	99	75.76%	1.320	1.155	2.015
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	155	74.19%	1.348	1.179	2.057
Urban, Pop. 2,500-19,999, Non-Adj.	177	86.44%	1.157	1.012	1.766
Rural, Metro Adj.	101	66.34%	1.507	1.319	2.301
Rural, Non-Adj.	67	77.61%	1.288	1.127	1.967
Virginia Border State/D.C.	1,001	52.15%	1.918	1.678	2.927
Other U.S. State	1,011	39.17%	2.553	2.234	3.897

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	465	43.87%	2.279	1.766	3.897
30 to 34	581	54.39%	1.839	1.424	3.143
35 to 39	754	64.46%	1.551	1.202	2.652
40 to 44	692	69.80%	1.433	1.110	2.449
45 to 49	676	72.19%	1.385	1.073	2.368
50 to 54	657	76.10%	1.314	1.018	2.246
55 to 59	622	76.53%	1.307	1.012	2.234
60 and Over	901	69.70%	1.435	1.111	2.453

Source: Va. Healthcare Workforce Data Center

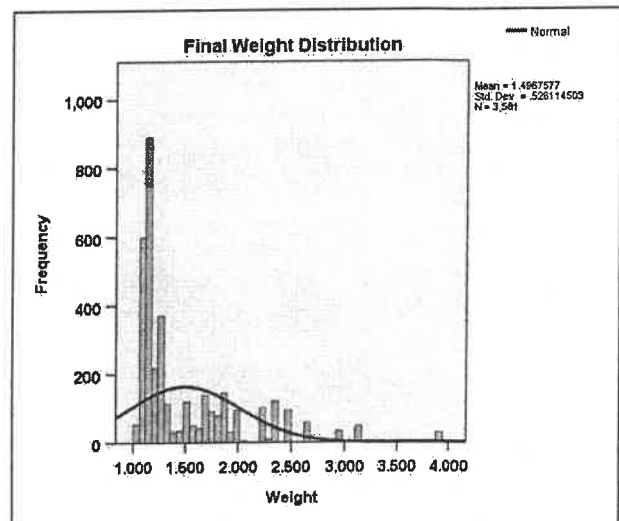
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

Overall Response Rate: 0.669596



Source: Va. Healthcare Workforce Data Center

Board of Medicine – Advisory Board on Respiratory Care
Regulatory Actions
As of May 2024

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC85-40	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	Secretary 291 days	Periodic review changes voted on at 2022 October Board meeting

At DPB or OAG

None.

Recently effective/awaiting publication

None.

Orientation
to the Board of Medicine &
Your Advisory Board

June 2024

Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – John Littel
- DHP Director – Arne Owens
- Board of Medicine President – Randy Clements, DPM
- Board members cannot speak for the Board or anyone in the Executive Branch.

Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens and Deputy Director Jenkins appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977

Today's Board of Medicine

18 members
appointed by
the Governor

1 MD from each
Congressional
District

1 DO

1 DPM

1 DC

4 citizen
members

Today's Board

- Pure Board of Medicine
- Composite Board
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Licensed Certified Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists & Advanced Practice Registered Nurses

Today's Advisory Boards

Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
 - 3 of the profession
 - 1 physician
 - 1 citizen member

Today's Advisory Boards

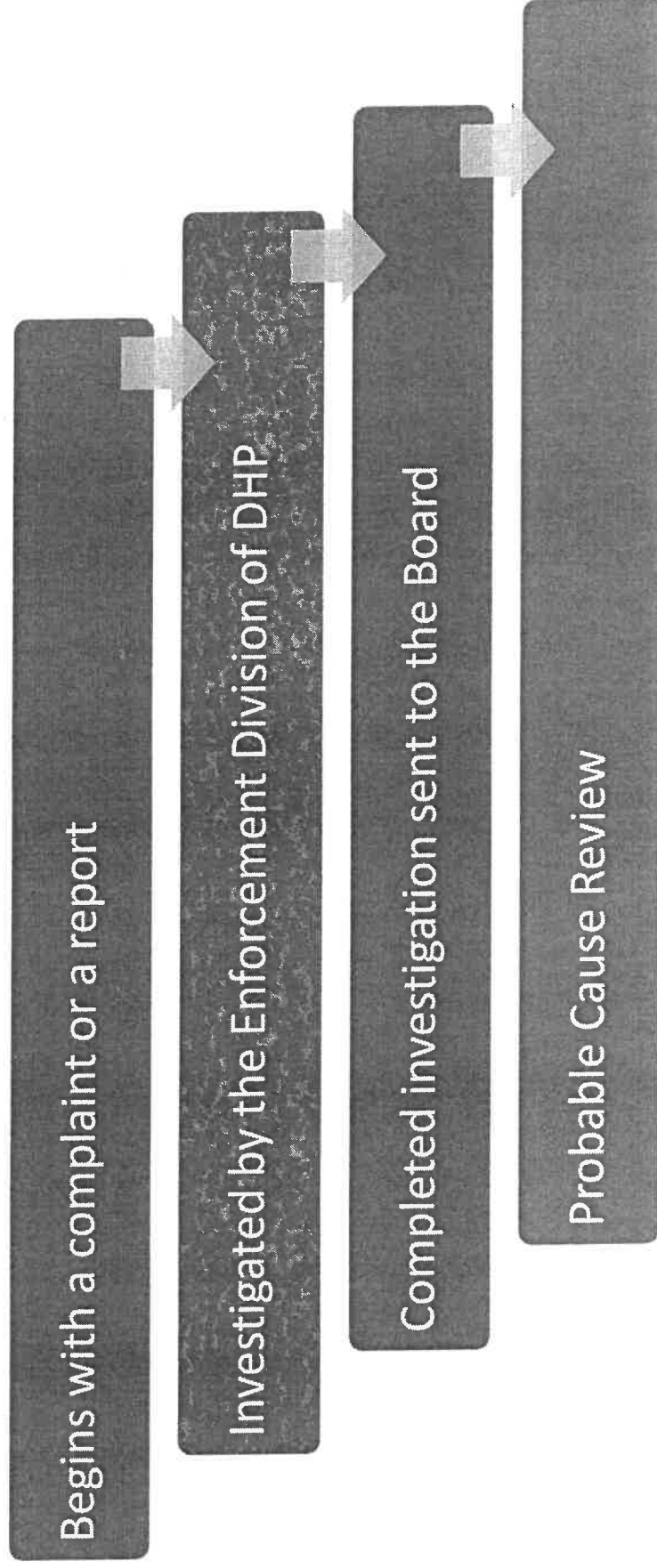
Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meets at least once a year
- May attend 1 meeting a year virtually for good cause
- Advise the Board of Medicine on:
 - Licensing
 - Discipline
 - Regulations

THE BOARD'S MISSION

-
- The protection of the public
 - License only qualified applicants
 - Discipline for unprofessional conduct
 - Promulgate regulations to implement law

THE BOARD'S DISCIPLINARY PROCESS



PROBABLE CAUSE REVIEW



Board staff and Board members



Review to understand what happened in the case



Apply the law and the regulations to determine if a violation has occurred



Two Board members must agree on standard of care



If specialized review is required, retain an expert reviewer for the standard of care

OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
 - Advisory letters
 - Confidential Consent Agreements
 - Pre-Hearing Consent Orders
 - Informal Conferences
 - Formal Hearings
 - Summary Suspensions

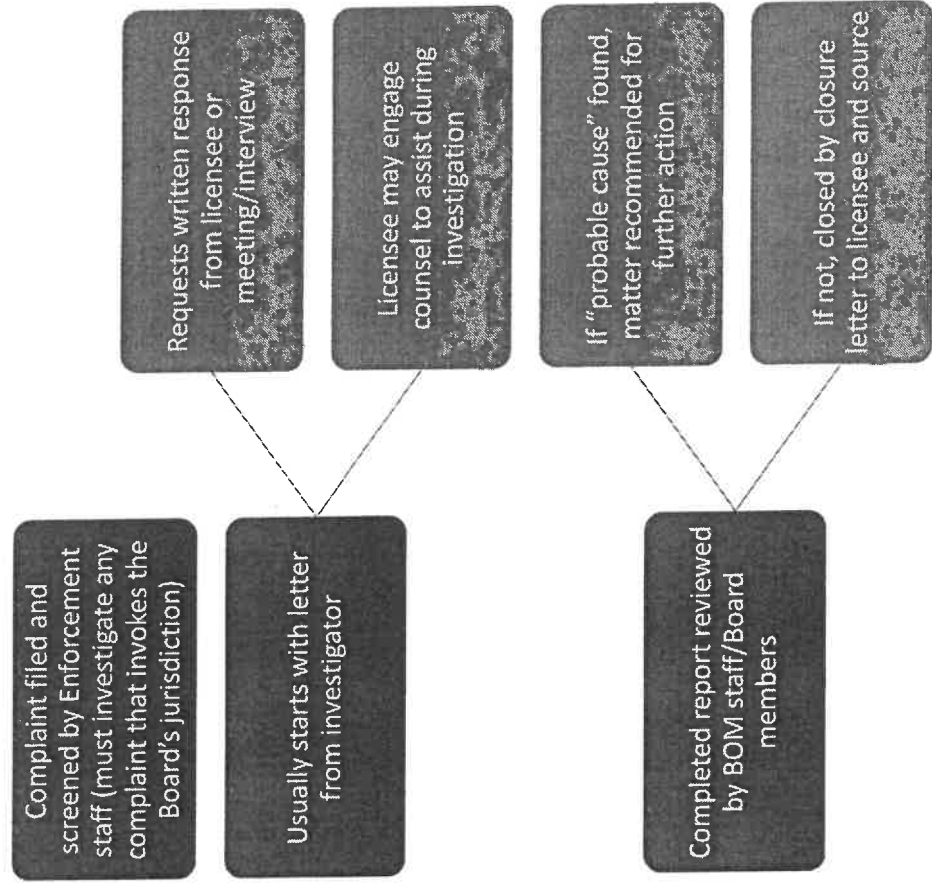
PRINCIPLES OF THE DISCIPLINARY PROCESS

- Confidentiality
- Protection of the public
- Due process
- Proportionate sanctions
- Strive to be fair to all parties

INVESTIGATIONS

- **Who Complains?**
 - The Public (e.g., patients, family members, anonymous, media)
 - Other licensees of the BOM (mandated reporters)
 - Employers
 - Healthcare institutions (e.g., hospital CEO = mandated reporter)
 - Medical malpractice insurance carriers

COMPLAINT PROCESS



ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is “health oversight agency” under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

LAWS AND REGULATIONS TO KNOW

Fraud or Dishonesty

Substance abuse

Negligence in practice – standard of care

Mental or Physical Incapacity

Aiding and Abetting Unlicensed Practice

Ethical lapses – standards of professional conduct

LAWS AND REGULATIONS TO KNOW

Felony convictions or misdemeanors of moral turpitude

Any provision of the drug law

Failure to timely sign a death certificate

Opioid prescriptions submitted electronically

Surprise billing

Treating self and family

Patient records

LAWS AND REGULATIONS TO KNOW

Confidentiality

Communication/Termination

Subordinates and Disruptive Behavior

Sexual Boundary Violations

Reporting requirements

Continuing Medical Education

LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Mixing, Diluting or Reconstituting



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years

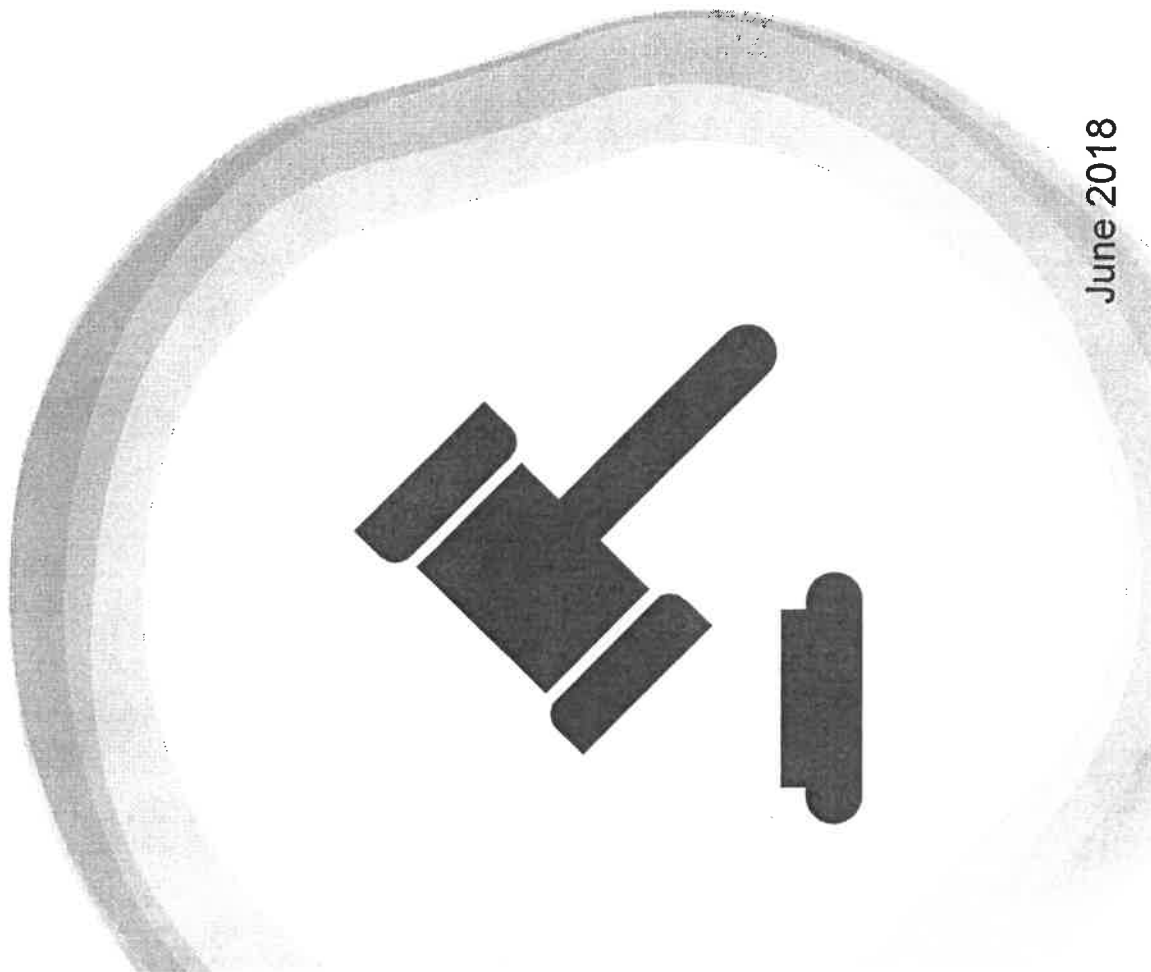
Hearing Protocol

Virginia Board of Medicine

June 14, 2018

Panel Members at Hearings

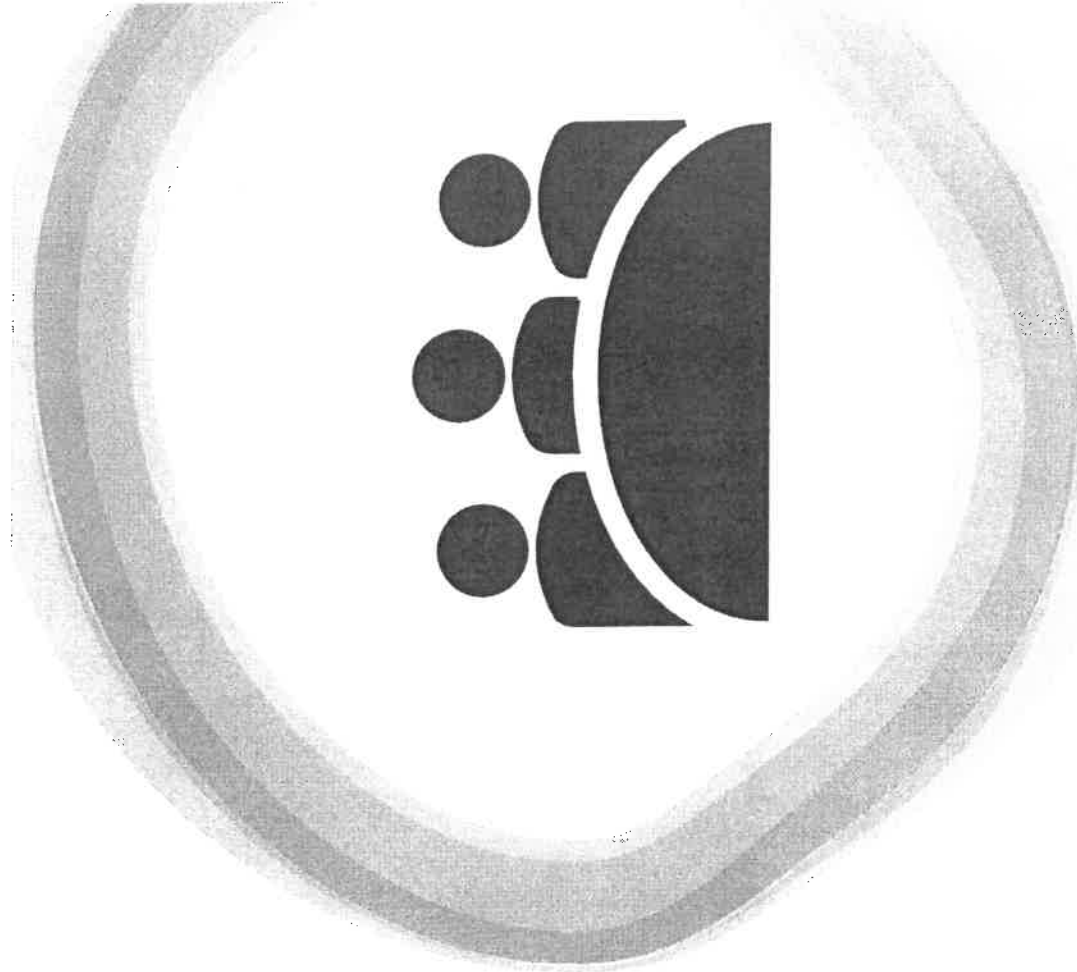
- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to respondent and *also to the public*



June 2018

Open vs. Closed Sessions

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent



Formal Hearings – You are on the record!



A court reporter attends formal hearings



Your words are recorded



The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

June 2018

Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e., "Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

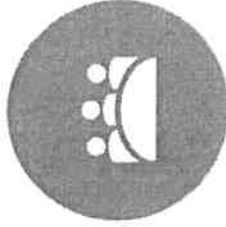
Hearings (IFC or formal)



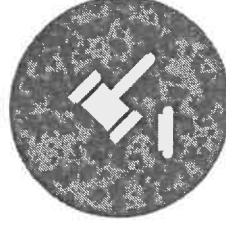
PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)



AVOID "ATTORNEY TESTIMONY", THIS IS YOUR OPPORTUNITY TO HEAR FROM THE LICENSEE



DELIBERATION HAPPENS IN CLOSED SESSION



DO NOT ENGAGE, INFORM, INSTRUCT ONCE PROCEEDINGS ARE OVER (STAFF WILL HANDLE; E.G. FRIENDLY ATTORNEY AND PATIENT FAMILY IN AUDIENCE)

Procedural mysteries

Board counsel records and enters
evidence

Evidence must be formally admitted
even though Board members
received evidence prior to hearing

Must initial and date evidence to
provide record on appeal.

Procedural mysteries, cont.

Some cases appear old when they reach the formal hearing stage

Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)

Staff and counsel will answer procedural questions in closed session – NOT open session!

What happens in closed session?



Decision on sanction



Craft order, including findings of fact
(refer to helpful notes you made
during proceeding)



Review conclusions of law alleged;
determine what stays



**What are
grounds
for an
appeal?**

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

(Va. Code § 2.2-4027.)

June 2018

**Helping to
ensure that
the Board's
decisions
do not get
overturned**

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.

June 2018

Carthage

2024 Board Meeting Dates

Advisory Board on:

Behavioral Analysts 10:00 a.m.

February 5 June 3 October 7

Genetic Counseling 1:00 p.m.

February 5 June 3 October 7

Occupational Therapy 10:00 a.m.

February 6 June 4 October 8

Respiratory Care 1:00 p.m.

February 6 June 4 October 8

Acupuncture 10:00 a.m.

February 7 June 5 October 9

Radiological Technology 1:00 p.m.

February 7 June 5 October 9

Athletic Training 10:00 a.m.

February 8 June 6 October 10

Physician Assistants 1:00 p.m.

February 8 June 6 October 10

Midwifery 10:00 a.m.

February 9 June 7 October 11

Polysomnographic Technology 1:00 p.m.

February 9 June 7 October 11

Surgical Assisting

February 12 June 10 October 15