

VERIFICATION OF STATE LICENSE



OHIO RESPIRATORY CARE BOARD
77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108
614.752.9218
respiratorycare.ohio.gov

APPLICANT INSTRUCTIONS:

Complete "Section A" of this form (**Print or Type**)

Provide this form (or a copy) to each state in which you hold a license to practice respiratory care

SECTION A: LICENSEE INFORMATION

First Name	Middle Name	Last Name
Name of Respiratory Care Educational Program		Home Telephone Number
Name of Licensing State		License Number

I hereby authorize the above named state to release to the Ohio Respiratory Care Board the information requested on the form. I further authorize the Ohio Respiratory Care Board to release information contained on this form, upon my request, to any place of employment or state license board.

Signature of Licensee

Date

STATE LICENSE BOARD INSTRUCTIONS:

Please complete the "Section B" of this form or prepare individualized record containing same information. Mail this form to the "Ohio Respiratory Care Board" at the address listed.

SECTION B: STATE LICENSING BOARD INFORMATION

License Based on:

State Examination National Examination

Reciprocity:

Yes No If yes, please provide name of reciprocal state: _____

Is the License in good standing?

Yes No

Is License active?

Active Inactive Lapsed Date of Inactivity/Lapse: _____

Has License ever been Revoked or Suspended?

Yes No

Is there any derogatory information on record?

Yes No

If Yes, or if license was suspended or revoked, please provide a copy of adjudication action.

Remarks: _____

Approved By:

STATE SEAL

State:
Name:
Title
Signature
Date