

CERTIFICATION OF ACCREDITATION

CERTIFICATE OF REGISTRATION APPLICANT: Complete the applicant section of this form, and then forward this form to your accrediting organization. This form should be returned directly to the Board, for inclusion in your application filing. Do not file your application until your accrediting organization has completed this form. You are authorized to photocopy this form as necessary.

APPLICANT SECTION

LEGAL NAME OF BUSINESS

ASSUMED NAME OF BUSINESS OR DBA NAME

ADDRESS: STREET, CITY, STATE, ZIP CODE

TELEPHONE NUMBER (Include Area Code)
Area Code (_ _ _) _ _ _ - _ _ _ _

I hereby authorize _____ to furnish to the Ohio Respiratory Care Board, the information requested below: (Accrediting Organization)

Type or print name of owner or person designated to sign for firm

Signature of owner or person designated to sign for firm

Type or print title of owner or person designated to sign for firm

Date

ACCREDITING AGENCY SECTION

RETURN COMPLETED FORM TO THE BOARD
Please record N/A in areas, which are not applicable.

ACCREDITATION NUMBER	ACCREDITATION STATUS	DATE ACCREDITATION ISSUED	DATE ACCREDITATION EXPIRES
----------------------	----------------------	---------------------------	----------------------------

Have any inspections of the applicant produced a deficiency rating resulting in less than full accreditation status or removal of accreditation? (If yes, please explain) Yes No

SIGNATURE

TITLE

DATE

NAME AND ADDRESS OF ACCREDITING ASSOCIATION:

PLEASE RETURN FORM TO THE

OHIO RESPIRATORY CARE BOARD
77 S. HIGH STREET, 16TH FL.
COLUMBUS, OH 43215