



Ohio Respiratory Care Board

77 South High Street, 16th Floor • Columbus, Ohio 43215-6108

Tel. (614) 752-9218 • Fax (614) 728-8691 – *Corey C. Schaal, Executive Director*

Instructions:

Please read these instructions carefully. Incomplete forms will be returned!

- STEP 1** Complete all sections in **BLUE** or **BLACK** ink. **DO NOT** use pencil. **TYPE OR PRINT LEGIBLY.** If a section does not apply, please mark N/A. Unreadable applications may be returned at the discretion of the reviewer.
- STEP 2** Sign and date the form.
- STEP 3** Have the form **Notarized.**
- STEP 4** We accept only personal checks, cashier's checks or money orders. **DO NOT SEND CASH.** Make checks payable to the Treasurer, State of Ohio. **All fees are non-refundable.**
- STEP 5** Mail the application, documentation, and fees to the following address:

**Ohio Respiratory Care Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108**

Form checkoff:

- Form - Completed entirely.
- Fee (nonrefundable) - \$20.00. Send valid personal check, cashier's check, or money order made payable to "**Treasurer, State of Ohio**".
- Copy of hyperbaric technologist certificate issued by the National Board of Diving and Hyperbaric Medical Technology
- Recent 2"X 2" passport type photograph, un-mounted full face (head shot) that is less than 6 months old. Polaroid, cell phone, or photocopied photographs will not be accepted. **Please note: If the submitted photograph does not meet the requirements or the quality is too poor for archiving purposes, the entire application will be returned.**

Notice on Collection of Personal Information

The Ohio Respiratory Care Board collects personal information on this form principally to identify and evaluate a filer's qualifications for meeting the exemption under ORC 4761.11(A)(11) and enforce the provisions of Section 4761 of the Ohio Revised Code. Submission of this information is mandatory and the Board cannot process an incomplete form. Information submitted to the Board, excluding confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order.

Persons may request to review the information maintained by the Ohio Respiratory Care Board. Questions should be directed to the Board office.

Hyperbaric Technologist Filing Form



77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108
614.752.9218
www.respiratorycare.ohio.gov

INSTRUCTIONS: This form is for filing information with the Ohio Respiratory Care Board for the purposes of meeting the exemption to Ohio licensure listed under division (A)(11) of Section 4761.11 of the Revised Code as a Certified Hyperbaric Technologist. Please complete all sections and include all requested documentation and applicable fees. **NOTE:** All incomplete forms will be returned. All fees must be submitted in the form of a check or money order and made payable to the **Treasurer, State of Ohio**. **All fees are non-refundable. The application must be legible or it will be returned.**

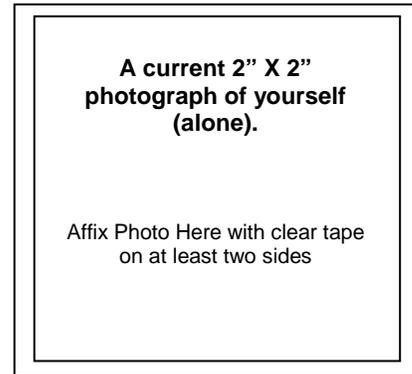
PART A – FILING FEE

<input type="checkbox"/>	Filing fee	Certified Hyperbaric Technologist	\$20.00
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PART B - RECENT PHOTOGRAPH

Securely tape or glue in this square a current 2" X 2" photograph of yourself (alone).

Photograph must be less than six months old, passport type photo, clear, front view, and full face and shoulders without hat or dark glasses. Side view, grainy, poor quality, less than 2" X 2" photos, photos with other persons in view, or full length photos will be rejected. Polaroid, cell phone, or photocopies will not be accepted.



Date of Photograph _____

PART C - PERSONAL INFORMATION: To be completed by all filers

1. First Name		Middle Name		Last Name	
2. Have you been known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No		First Name	Middle Name	Last Name	
If YES, please provide full prior names/aliases: Attach separate sheet, if needed.					
3. Residential Mailing Address:		Street	City	State	Zip Code County
4. Social Security Number (required*) -- --		5. Date of Birth (mm/dd/yy) / /		6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Home Telephone Number		8. Business Telephone Number		9. Personal E-Mail Address:	

* Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4761.031, and/or as otherwise required by state or federal law.

PART D – EMPLOYMENT HISTORY: If not employed, check here:

Present Employer (Use additional paper for other present employers)					
Name					
Street Address		City	State	Zip Code	County
Position Title		Dates of Employment		Average hours per week	
Supervisor's Name				Telephone No. (Include Area Code)	
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