

VERIFICATION OF STATE LICENSE



OHIO RESPIRATORY CARE BOARD
77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108
614.752.9218
www.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:

Section B of this form must be completed by an authorized representative of the respiratory care board for the state listed or the state listed shall prepare an individualized record containing same information.

Mail this form to the "Ohio Respiratory Care Board" at the address listed.

SECTION B: STATE LICENSING BOARD INFORMATION

Name of State or Jurisdiction of origin: _____

Name of Licensee, as it appears on record: _____

License number: _____

Initial License Issue Date: _____

Current Status of License:

Active Inactive Lapsed Date of Inactivity/Lapse: _____

Expiration Date of License: _____

License Based on:

- State Examination
- National Examination through the National Board for Respiratory Care

If national examination, list examination recognized and date examination was taken:

Registered Respiratory Therapist _____

Date taken

Certified Respiratory Therapist _____

Date taken

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Reciprocity of other state license

If reciprocity, please provide name of reciprocal state: _____

Is the License in good standing?

Yes No

Has License ever been Revoked or Suspended?

Yes No

Is there any derogatory information on record?

Yes No

If yes to having derogatory information on record, or if license was suspended or revoked, please provide a copy of administrative record.

Remarks: _____

Approved By:

STATE SEAL

State:
Name:
Title
Signature
Date