



Respiratory Care Board of California
3750 Rosin Court, Suite 100
Sacramento, CA 95834
Phone: (916) 999-2190

Verification of Licensure

The following California RCP applicant is requesting verification of licensure from each jurisdiction in which they hold or have held a license. Please complete the following form and return it directly to the Respiratory Care Board of California at the above address.

Part 1: To be completed by the applicant

Name: _____

License Number: _____

Address: _____

Date of Birth: _____

Applicant Signature: _____

Part 2: To be completed by the state board and mailed directly to the Respiratory Care Board of California

Applicant's Name: _____

License Number: _____

State License was Issued: _____

Date Issued: _____

Expiration Date: _____

License Status: _____

Certification (NBRC, state exam, other): _____

Any Disciplinary Action? (If yes, please specify below and attach an explanation):

Yes ____ No ____

Signature _____ Date _____

[Board Seal]