



Respiratory Care Board of California
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**Respiratory Care Practitioner
REQUEST FOR RETIRED STATUS**

Name: _____

License #: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Birthdate: _____ Last 4 Digits SSN: _____

Please be advised that Section 3775.6 of the Business and Professions Code provides:

- (a) A licensee may request that his or her license be placed in a "retired" status at any time, provided the license has not been canceled, and any outstanding fines, cost recovery, and monthly probation monitoring costs are paid in full.
- (b) An individual with retired status is not subject to any renewal or reporting requirements.
- (c) Once an individual is placed on retired status, all privileges to practice respiratory care are rescinded. If an individual practices with a "retired" license, the individual will be subject to discipline as prescribed by this chapter for the unlicensed practice of respiratory care.

CERTIFICATION

By signing below, I certify under penalty of perjury that I have read and understand the provisions of Section 3775.6 of the Business and Professions Code and am requesting that my license be placed in a retired status. I understand that by placing my license in a retired status, I am not eligible to practice respiratory care in the state of California.

Signature

Date