



**Respiratory Care Board of California**  
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Website: www.rcb.ca.gov E-mail: rcbinfo@dca.ca.gov



## **Respiratory Care Practitioner REQUEST FOR RETIRED LICENSE STATUS**

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Name: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last Four Digits of 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  - (c) Once an individual is placed on retired status, all privileges to practice respiratory care are rescinded.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.
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### **CERTIFICATION**

By signing below, I certify under penalty of perjury that I have read and understand the provisions of 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. I also understand and acknowledge that, in the future, should I choose to re-enter the respiratory care profession, I will be subject to meeting all current minimum licensing requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date