



Board of Respiratory Care Examiners

Affidavit Concerning Practicing Respiratory Care Without a License

You must complete every field. Incomplete Affidavits will not be processed.

Licensee Name

License Number

Date License Expired

I. INDICATION OF UNLAWFUL PRACTICE

I hereby declare that I (**did**) (**did not**) practice Respiratory Care in the State of Arizona during the period my license was expired.

(If so, indicate the shifts/dates here):

During this period I was employed at: _____

My supervisor was: _____

Supervisor's Phone Number: _____

I am currently employed at: _____

My current supervisor's name: _____

Supervisor's phone number: _____

II. CONFIRMATION OF CONTACT INFORMATION

Home Address: _____

Phone Number: _____

Email: _____

Respectfully submitted,

Date

Licensee Signature

*If you **DID PRACTICE** without a valid license there is a fine of \$50.00 per shift worked for violating the law. You will be invited to a regularly scheduled Board Meeting for an Allegation of Unprofessional Conduct. If you are renewing less than 7 days from expiration your license may be renewed prior to this meeting.

*If you **DID NOT PRACTICE** without a license, once a **complete** late license renewal application is received and it has been verified that you did not practice, a license can be renewed.

For Office Use Only – Verification of Affidavit

Date: _____

Time: _____

Supervisor: _____

Phone Number : _____

Information provided on Affidavit Correct: Yes No

Verified by: _____