



Arizona Board of Respiratory Care Examiners

Response to Allegations of Unprofessional Conduct

Within twenty (20) days complete and return this form to the Board
1740 West Adams Street, Suite 3406, Phoenix, AZ 85007

Name

Address

City State Zip Code

Email

Phone Number

License Number

Please indicate whether you committed these allegations:

I Did

I Did Not

Please Provide a detailed description below and attach any documentation

Signature

You may submit this form and any documentation via Email or regular postal service.

Email: john@rb.az.gov

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