Submit by Email

Arizona Board of Respiratory Care Examiners

Response to Allegations of Unprofessional Conduct

Within Ten Days complete and return this form to the Board office at
1400 W. Washington, Suite 200, 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

If you prefer to submit this form completely electronically please visit the Boards website at http://www.rb.az.gov/complaints.htm and complete this form online, you will still need to send any additional documentation you would like to include by Email or through the regular postal service.