



Douglas A. Ducey  
Governor

State of Arizona  
Board of Respiratory Care Examiners  
1740 West Adams Street, Suite 3406  
Phoenix, Arizona 85007  
(602) 542-5995  
[www.rb.az.gov](http://www.rb.az.gov)

Jack Confer  
Executive Director

### VERIFICATION OF LICENSURE

I am applying for a license to practice Respiratory Care in the State of Arizona. The Arizona Board of Respiratory Care Examiners requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete this form and return it directly to the Arizona Board of Respiratory Care Examiners at the above address.

Name: \_\_\_\_\_ State of: \_\_\_\_\_

Address: \_\_\_\_\_ License Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**THE INFORMATION BELOW MUST BE COMPLETED BY THE STATE LICENSING BOARD. NOT TO BE COMPLETED BY THE APPLICANT.**

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State of: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Graduate of: \_\_\_\_\_

Temporary License: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration: \_\_\_\_\_

License Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration: \_\_\_\_\_

Completion of AMA approved course(y/n): \_\_\_\_\_ By Examination: \_\_\_\_\_

Has the applicant's license ever been the subject of discipline, censure, probation, practice restriction, suspension, revocation, cancellation, or any other Board order? \_\_\_\_ Yes \_\_\_\_ No

If yes, for what reason? Please attach a copy of Order(s): \_\_\_\_\_

Any other information: \_\_\_\_\_

[SEAL]

Signed \_\_\_\_\_

Title \_\_\_\_\_

State Board \_\_\_\_\_

Date \_\_\_\_\_