

Applicant: Each state where licensure/certification is or ever was held must complete this form. If more than one state, photocopies of this blank form may be made and used. You may want to contact the state(s) where you were licensed since some states charge a fee for license verifications and some do not. The direct-source verification of your license does not have to be completed on this form. It is a courtesy form which provides the Board's address.

FORM 3

PRACTITIONER OF RESPIRATORY CARE STATE CERTIFICATION/REGISTRATION VERIFICATION

Part 1 - to be completed by applicant

Printed name of applicant: _____

Date of birth of applicant: _____

I am applying for practitioner of respiratory care licensure in the state of Nevada. I hereby authorize release of the information, requested in Part 2 below, directly to the Nevada State Board of Medical Examiners.

Signature of applicant: _____

Part 2 - to be completed by each state and RETURNED DIRECTLY TO THE OFFICE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

I certify that _____
(name of applicant)
was granted certificate/license # _____ on _____
(date issued)
by the state of _____
on the basis of _____
(The National Board for Respiratory Care, Inc. - state examination - other)

The above-referenced certificate/license is:

Current, in good standing Not current, due to non-payment of fees
Other (please attach explanation)

Expiration date of current certificate/license: _____

I certify that the records in this office indicate that there are not now nor have there ever been any disciplinary action filed against the holder of this certificate/license. (If disciplinary action has been filed, please attach an explanation.)

Signature and title of certifying individual: _____

(date)

Completed form is to be returned by certifying/licensing state directly to:

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521