

**FORM C1**  
**RESPIRATORY CARE REINSTATEMENT**  
**LICENSURE VERIFICATION FORM**

**This form should be sent to each state where you hold or have held a license/certificate to practice Respiratory Care. This form may be photocopied.**

I am applying for certification under the Respiratory Care Practices Act with the Georgia Composite Medical Board. The Georgia Board requires that your Board complete this form in order that I may be considered for certification. By signing this form, I give my consent to release any information, favorable or otherwise, for their review in considering me for a Georgia certificate. As soon as possible, please forward the completed form to the Board at the address listed below.

**Section 1 (to be completed by applicant):**

My certificate number \_\_\_\_\_ was issued by your State Board on \_\_\_\_/\_\_\_\_/\_\_\_\_ on the basis of:

- NBRC       Grandparent Provision       Graduation from an approved school  
 Other \_\_\_\_\_

Name *(Please print or type)* \_\_\_\_\_

Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

**Section 2 (to be completed by an official of the above referenced Licensing Board):**

Respiratory Care Professional Certificate No. \_\_\_\_\_ to practice as a Respiratory Care Professional in the State of \_\_\_\_\_ was issued to above-mentioned Respiratory Care Professional on month/\_\_\_\_ day/\_\_\_\_ year/\_\_\_\_.

1. Is certificate in good standing?  Yes  No Date license expires(d) (mm/yy)   /
2. Has any disciplinary action ever been taken against the above Respiratory Care Professional including but not limited to suspension or revocation?  Yes  No

If yes, please furnish details: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

**State Seal**

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

Date \_\_\_\_\_

**Please mail this form to:**

<p><b>Georgia Composite Medical Board Respiratory Care Professional Unit 2 Peachtree Street, N.W. – 36<sup>th</sup> Floor Atlanta, GA 30303</b></p>
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