# MAILING LIST REQUEST

**OHIO RESPIRATORY CARE BOARD**
**77 S. High Street, 16th Floor**
**Columbus, Ohio 43215-6108**
**614.752.9218**
**www.respiratorycare.ohio.gov**

**INSTRUCTIONS:** To obtain a current listing of all respiratory therapists licensed in the state of Ohio, please complete and return this form to the above address. The Board can provide electronic listing via email at no cost. Any request for paper listings will be billed 4 cents per page of copy. Electronic listings stored on Compact Diskette will be billed the cost of the storage disk, unless applicant provides a storage disk. All electronic data will be compressed due to the size of the data files. Users will be responsible for securing any software license needed to open the compressed file and use the data.

## SECTION A - RETURN ADDRESS

| | | | | |
|---|---|---|---|---|
| *Name* | | | | |
| *Address* | *City* | *State* | *Zip Code* | *County* |
| *Telephone No. (include Area Code)* | | *Email address:* | | |

## SECTION B - FORMAT: Please check all that apply

- ☐ Paper
- ☐ Disk (Please enclose a RW CD) (all data will be saved in an excel spreadsheet format)
- ☐ E-mail compressed data file (all data will be saved in an excel spreadsheet format)

## SECTION C – FIELD SELECTION

- ☐ Name
- ☐ Address
- ☐ County
- ☐ Active/Inactive/Expired (Circle one)

Should you require any special information, please feel free to include it with your request and we will do our best to accommodate your needs.

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