

# NON-RESIDENT REGISTRATION FORM



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

**INSTRUCTIONS:** This form is to be completed by individuals claiming a non-resident status to temporarily practice respiratory care in the state of Ohio for no more than 30 days in a year. Pursuant to OAC rule 4761-3-01 (G), a "Nonresident" is defined as an individual that holds a permanent address outside the State of Ohio or a temporary residence in the State of Ohio for no more than thirty days in a year. If you exceed thirty days of temporary residence in Ohio, you are no longer eligible for this exception. Please complete all sections, provide required documentation and return to the above address. **NOTE:** All incomplete registrations will be returned.

## SECTION A: PERSONAL INFORMATION

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>			
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Home Telephone No. (include Area Code)</i>					

## SECTION B: QUALIFICATION REQUIREMENTS - Please choose only one

- I qualify for licensure in the state of Ohio based on graduation from a Board approved respiratory care program, except for the passage of the examination as required under rule 4761-5-01 of the Ohio Administrative Code. *Please provide a **FINAL OFFICIAL TRANSCRIPT.***
- I hold a valid license to practice respiratory care issued by a state that has licensing requirements considered by the Board to be comparable to those of the state of Ohio and I have not been issued a license in another state that has been revoked or is currently under suspension or on probation. *Please provide a **VERIFICATION OF STATE LICENSE form.***

## SECTION C: INTENDED PLACE OF EMPLOYMENT

<i>Employer</i>					
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Supervisor's Name</i>			<i>Telephone No. (Include Area Code)</i>		

**DATE:**

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*Signature of Applicant*