LIMITED PERMIT SUPERVISOR REGISTRATION FORM

OHIO RESPIRATORY CARE BOARD
77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108
614.752.9218
www.state.oh.us/rsp

INSTRUCTIONS: This registration form must be completed by a respiratory care professional having direct supervision over the limited permit holder whose name appears on this form. Pursuant to Rule 4761-6-01 of the Ohio Administrative Code, each limited permit holder must file a completed supervisor registration form within fifteen (15) days of the beginning date of employment in the practice of respiratory care. A new form must be completed for each new employer or for a change in employment. Please complete the following sections and return the form to the above address.

Limited Permit Holder:

PART A - SUPERVISOR INFORMATION

1. First Name		*Middle Name*			*Last Name*
2. Position Title					
3. Business Mailing Address:	*Street*	*City*	*State*	*Zip Code*	*County*
7. Business Telephone Number ( ) -					

PART B - Please answer the following questions by "initialing" the appropriate box

Yes	No	
		1. Has the above named permit holder shown you a valid limited permit identification card and certificate?
		2. Is the original certificate or a notarized copy of the certificate available for public review?
		3. Has permit holder provided you with a copy of stamped "Verification of Education" form?

I hereby acknowledge that all the information and statements contained within this application are true and correct to the best of my knowledge.

SIGNATURE OF SUPERVISOR DATE