



Respiratory Care Board of California

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NOTICE OF RENEWAL DEFICIENCY

Your application for renewal has been received and processed however a hold has been placed on your license due to your application for renewal being deficient. In order to continue with processing your renewal, please complete all highlighted sections on the statement below and return to the Board via mail, fax, or email.

Once the completed statement is received and you have satisfied all renewal requirements, your license will be renewed and your updated pocket card will be mailed to you within 2-3 business days. **YOU MAY NOT PRACTICE RESPIRATORY CARE IN THE STATE OF CALIFORNIA WITHOUT A CURRENT AND VALID LICENSE.**

NAME: **LICENSE NUMBER:**

ADDRESS:

TELEPHONE:

EMAIL:

CONTINUING EDUCATION AFFIDAVIT:

I successfully completed the hours of continuing education (CE) required for renewal. I have completed hours of CE during the last renewal cycle.

LAW AND PROFESSIONAL ETHICS COURSE AFFIDAVIT:

I successfully completed a Board-approved Law and Professional Ethics Course provided by the (check one) California Society for Respiratory Care OR American Association for Respiratory Care on the following date / / .

CONVICTION AFFIDAVIT:

Subsequent to the issuance of your license or since you last renewed, have you had any license discipline by a government agency, the USA, or its territories, military court, a foreign government, or other disciplinary body, or have you been arrested, convicted or pled guilty or nolo contendere to any crime? Do NOT list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under the California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b). Include all other arrests, pleas, and convictions for misdemeanors, felonies, and traffic infractions involving drugs or alcohol.

YES NO

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE: **DATE:**