



**Respiratory Care Board of California**  
3750 Rosin Court, Suite 100, Sacramento, CA 95834  
P: 916.999.2190 F:916.263.7311 E:rcbinfo@dca.ca.gov W:www.rcb.ca.gov



## REQUEST FOR ACTIVE STATUS

California Code of Regulations (CCR) section 1399.356(b) states, to change the status of a license from inactive to active, the licensee shall request such in writing, pay all current, delinquent and accrued renewal fees, and provide documentation of completion of 15 hours of CE during the two-year period preceding the request for active status.

To update your license status to active, please complete all sections below, attach the appropriate CE certificates, and return to the Board via mail, fax, or email.

NAME:		
LICENSE NUMBER:	EXPIRATION DATE:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

I have attached copies of the documentation showing completion of the required 15 hours of CE.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_