



RESPIRATORY CARE BOARD OF CALIFORNIA

3750 Rosin Court, Suite 100, Sacramento, CA 95834

T: (916) 999-2190 | Toll-Free: (866) 375-0386 | F: (916) 263-7311

E: rcbinfo@dca.ca.gov | www.rcb.ca.gov



Program Director Certification

Please have the Program Director complete this form if the student will earn an Associate's Degree and complete the respiratory therapy program within the next 90 days.

The undersigned certifies that the records of this institution show that _____
(Student's Name)
has attended _____ and is scheduled to complete
(Institution Name)
the respiratory program on _____ and will have/has met all the requirements for
(Date of Completion)
the awarding of an Associate's Degree on/as of _____ (provided all course work
(Date of Completion)
currently enrolled in is satisfactory and complete).

I declare under penalty of perjury under the laws of the State of California that the student listed above will complete our respiratory care program and has met the requirements for the awarding of an Associate's Degree on the dates specified above. I understand that should the student not graduate, he/she is ineligible for the licensing examination and the Board should be notified.

Signed, _____ on the _____ day of _____, _____
(Program Director Signature) (Day) (Month) (Year)

[EMBOSS SCHOOL SEAL HERE]