

# VERIFICATION OF LICENSE - RESPIRATORY THERAPIST

**(For Licensure by Endorsement only)**

Access this form via website at: [cca.hawaii.gov/pvl/programs/respiratory](http://cca.hawaii.gov/pvl/programs/respiratory)

Respiratory Therapist Program

DCCA, PVL Licensing Branch

P.O. Box 3469

Honolulu, HI 96801

## TO BE COMPLETED BY APPLICANT:

<b>APPLICANT</b>	Name (First, Middle): _____		(Last): _____		
	Address (Include apt. no., city, state and zip code): _____		Other Names Used: _____		
	Mailing Address ( <b>ONLY</b> if different from above): _____		Social Security Number: _____	License Number: _____	
			Date of Birth: _____	Date Issued: _____	
	I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Respiratory Therapist Program.				
SIGN HERE: _____			Date: _____		

## TO BE COMPLETED BY LICENSING AGENCY:

<b>LICENSING AGENCY</b>	This is to certify that the above-named individual was issued license number: _____ to practice as a Respiratory Therapist.	
	Date issued: _____	
	Date license/certificate expires: _____	
	License status:	<input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____
	Has this license/certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <b>(Please explain "Yes" response and attach copy of board's order and related information.)</b>	
Do your files contain any derogatory information on this applicant? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <b>(Please explain "Yes" response and attach copy of board's order and related information.)</b>		
Signature: _____	<b>BOARD SEAL</b>	
Title: _____		
State: _____		
Date: _____		
TO THE APPLICANT: Attach original, with board's seal, to your application form or the licensing agency may send directly to the department.		

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.