

**RESPIRATORY THERAPIST
Verification of Employment**

If you are applying for licensure by reciprocity, you must have worked at least 8 weeks of the previous 5 years as a respiratory therapist. To verify your work experience, **this form must be completed by your employer and emailed or mailed directly to the Minnesota Board of Medical Practice.** Any fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Your Name _____ SS# _____

Signature _____ Date _____

Employer completes the following information

It is hereby certified that _____
(Name of Applicant)

Was/is employed by _____
(Name & Location of Employer)

From _____ To _____

Please check one: Full time _____ Part time _____

Number of hours per week: _____

Applicant has worked at least eight weeks of the previous five years as a respiratory therapist:

Yes _____ No _____

I certify that all information provided is accurate and correct.

Name of Administrator: _____
Print Name

Signature _____ Date _____

Title _____ Phone number _____