

**RESPIRATORY THERAPIST
Verification of Respiratory Therapy Education**

This form is for certification of respiratory therapy education for general licensure applicants and must be completed and **mailed by the facility directly to the Minnesota Board of Medical Practice**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: _____ SS#: _____

Signature: _____ Date: _____

Date of Degree(mo/day/yr) _____ Degree Received _____

The School completes the following information:

It is hereby certified that: _____
(Name of Applicant)

Matriculated in: _____
(Name of School)

Program located at: _____
(City/State of School)

And received a diploma conferring: _____ On: _____
(Degree) (Mo/Day/Year)

Program accredited by: (check one)
 Commission on Accreditation of Allied Health Education Programs (CAAHEP)
 Committee on Accreditation for Respiratory Care (CoARC)
 Commission on Allied Health Education and Accreditation (CAHEA),
 Council on Accreditation for Respiratory Therapy Education (Canadian) (CoARTE)
 Other (explain) _____

Any disciplinary action? Yes* _____ No _____

Any derogatory information on file? Yes* _____ No _____

	President, Secretary Dean, Registrar
School	Print Name: _____
Seal**	Signature: _____
	Title: _____
	Date: _____
	Phone: _____ Fax _____

*Please attach letter of explanation.

**If there is no seal, attach letter of explanation on letterhead.