

LETTER OF REFERENCE FORM

New Hampshire Office of Licensed Allied Health Professionals
Respiratory Care Practitioner Governing Board
7 Eagle Square, Concord, NH 03301
603-271-2152 - CustomerSupport@oplh.nh.gov

APPLICANT'S INFORMATION:

Full Name of the Applicant: _____
First Name Middle Initial Last Name

WRITER'S INFORMATION:

The writer must be an individual currently holding a license in a regulated health care profession and who is familiar with the applicant's professional abilities. See Resp 302.04(h) and Resp 302.05 for complete details on the requirements to complete this form.

Name: _____ Credentials: _____

State of Licensure: _____ License Number: _____

Mailing Address: _____

City State Zip Code

Phone Number: _____

DESCRIBE HOW THE WRITER KNOWS THE APPLICANT AND THE NUMBER OF YEARS:

(If more room is needed attach a separate sheet)

I have completed this entire form personally and do hereby attest to the good moral character, professional competence, and respiratory care practitioner skill of _____. It is without reservation that I submit this letter of recommendation for New Hampshire Respiratory Care Practitioner licensure.

Date: _____

Writer's Signature: _____