



## Respiratory Care Advisory Council Application

Applicant: Please complete the application and attach a resume or CV. Send the completed application packet to **Donald.Davis@med.ohio.gov** by **February 11, 2020** for consideration for appointment by the State Medical Board of Ohio as a **licensed respiratory care professional council member** on the Respiratory Care Advisory Council.

Full Name: \_\_\_\_\_  
Last First Middle Suffix (Jr., II)

State Medical Board of Ohio License No. \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Number Street  
City State ZIP Code

County of Residence: \_\_\_\_\_ Length of Ohio Residency: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Mobile Home Business

Email Address: \_\_\_\_\_

Current Business/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Number Street  
City State ZIP Code

Please describe your relevant experience in the practice of respiratory care that would qualify you to serve as a licensed respiratory care professional council member of the Respiratory Care Advisory Council?

Identify an issue related to the practice of respiratory care that you believe should be addressed by the Respiratory Care Advisory Council. Please provide an explanation as to why this is an important issue for the Respiratory Care Advisory Council to discuss for the improvement of the practice of respiratory care in Ohio.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date