



## LIMITED PERMIT SUPERVISOR REGISTRATION FORM

*INSTRUCTIONS: This registration form must be completed by a respiratory care professional having direct supervision over the limited permit holder whose name appears on this form. Pursuant to Rule 4761-6-01 of the Ohio Administrative Code, each limited permit holder must file a completed supervisor registration form within fifteen (15) days of the beginning date of employment in the practice of respiratory care. A new form must be completed for each new employer or for a change in employment. Send completed form to [med.license@med.ohio.gov](mailto:med.license@med.ohio.gov).*

### THIS SECTION TO BE COMPLETED BY THE LIMITED PERMIT HOLDER

Full Name:	_____			
	Last	First	Middle	Suffix (Jr., II)
Address:	_____			
	Street Address			
	_____	_____	_____	_____
	City		State	ZIP

### THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

Full Name:	_____			
	Last	First	Middle	Suffix (Jr., II)
Position Title:	_____			
Business Mailing Address:	_____			
	Street Address			
	_____	_____	_____	_____
	City		State	ZIP
County:	_____	License Number:	_____	
Business Phone Number:	_____			
I certify the following:				
1. The above named permit holder has provided me with a copy of a valid limited permit certificate and a copy of the stamped "Verification of Education" form.				
2. All of the information and statements contained within this application are true and correct to the best of my knowledge.				
_____				
Name (printed)				
_____				_____
Signature				Date