

NOTICE TO RESPIRATORY CARE PRACTITIONERS

The Maryland Board of Physicians (the Board) issues licenses to eligible applicants year round. If deemed eligible for reinstatement, when do you wish to be reinstated? Please read Page 2 carefully, make your choice, complete the form, and return it with your application to the Board.

Thank you for your cooperation.

PLEASE COMPLETE PAGE 2 OF THIS FORM

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571

Baltimore, MD 21215-0095

**APPLICATION FOR REINSTATEMENT FOR RESPIRATORY CARE
PRACTITIONERS**

Applicant's Preferred Date of Reinstatement

Licenses for Respiratory Care Practitioners expire on May 31, 2010 of every even year regardless of the date the Board issued the license.

The Maryland Board of Physicians (the Board) reinstates eligible applicants year round. Applicants eligible for reinstatement may choose to be reinstated **BEFORE** May 31, 2010 or **AFTER** May 31, 2010.

Instructions: Please choose Option 1 or Option 2. Print your name, sign and date the form, and include it with your application for reinstatement. The Board will reinstate your license only upon receipt of this signed form.

Option 1

_____ If determined eligible for reinstatement, I want to be reinstated **BEFORE** May 31, 2010. If reinstated, I understand that: (1) I will be required to renew the license and pay a renewal application fee before the license expires on May 31, 2010; and (2) the Board will issue the license only upon receipt of this signed form.

Signature: _____ Date: _____

Name in Print: _____

Option 2

_____ If determined eligible for reinstatement, I want to be reinstated **AFTER** May 31, 2010. If reinstated, I understand that: (1) the license will be effective on June 1, 2010 or later; (2) the license will expire May 31, 2010; (3) I **MAY NOT** work as respiratory care practitioner in Maryland **prior** to receiving my license; and (4) the Board will issue the license only upon receipt of this signed form.

Signature: _____ Date: _____

Name in Print: _____

