

# Certification of Academic Status of Respiratory Care Education

This form may be used in lieu of transcripts to document the academic status of a student who:

- is enrolled in their final year or culminating experience of an accredited associate or baccalaureate respiratory care program (as defined in Utah Code Section 58-57-4); and
- is currently in good academic standing.

It must be completed by an official representative of the school and bear the schools official seal.

Additionally, it must be sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected.

## APPLICANT INFORMATION

*To be completed by the applicant.*

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

## EDUCATION

*To be completed by the Dean or appointed Program Official Representative*

Name of Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_  
*Street/PO Box City State/Zip*

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Accrediting Body: \_\_\_\_\_ Accreditation Date: \_\_\_\_\_

I attest that the above named applicant is enrolled in their final year or culminating experience of an accredited associate or baccalaureate Respiratory Care program (as defined in Utah Code Section 58-57-4) and is currently in good academic standing.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

Graduation Date (or anticipated date): \_\_\_\_\_  
*MM/DD/YYYY*

Signature of Official Program Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed and the school seal affixed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

{SCHOOL SEAL}