



South Carolina Department of Labor, Licensing and Regulation  
South Carolina Board of Medical Examiners

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**REFERENCE FOR RESPIRATORY CARE PRACTITIONER APPLICANT**

- Make copies or provide a link of this form to each reference.
- Individuals giving a reference should know you in a professional capacity. They cannot be related by blood or marriage.

Applicant's Name: \_\_\_\_\_

Dates of Association: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

**Describe the applicant's moral character and fitness (attach a separate sheet of paper if necessary)**

**Moral Character:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Competence:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interpersonal Relations with Others:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address City State Zip