

## LICENSE VERIFICATIONS

To request a verification of your West Virginia license to practice respiratory care to be sent to another state you must submit a written request (no faxes accepted) providing the address you wish it to be mailed and submit a \$10.00 fee in the form of money order, cashiers check, or certified check to:

WV Board of Respiratory Care  
106 Dee Drive, Suite 1  
Charleston, WV 25311