1. EXAMINATION INFORMATION
Check the examination for which you are applying:
☐ Therapist Multiple-Choice (TMC)
☐ Clinical Simulation (CSE)

**Examination Fees and Payment Information**
Enclose applicable examination fees or completed credit card information. Make check or money order payable to the NBRC and enclose with this application. (Do not send cash. A $25 non-refundable processing fee will be charged for any declined credit card or returned check.)

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>New Applicant Fee</th>
<th>Repeat Applicant Fee</th>
<th>Active NBRC Status</th>
<th>Inactive NBRC Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMC</td>
<td>$190</td>
<td>$150</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td>CSE*</td>
<td>$200</td>
<td>$200</td>
<td>$125</td>
<td>$200</td>
</tr>
</tbody>
</table>

*You must pass the TMC examination at the higher cut before applying for the CSE.

☐ Expired Credential Application Fee – (check if applicable)
A one-time compliance fee of $150 is required when testing to reinstate a previously held credential that has since expired.

☐ International Assessment Center Fee – $150 (check if applicable)
Refer to the NBRC Candidate Handbook for information about international examinations.

**TOTAL:**

☐ CHECK or MONEY ORDER enclosed

☐ CREDIT CARD:
☐ MasterCard
☐ VISA
☐ American Express
☐ Discover
I agree to pay above amount according to card issuer agreement.

Card Number
Expiration Date

Name as it appears on card
CVV Code

Signature

Do you have a disability that requires special accommodations during testing?  ☐ Yes  ☐ No
If yes, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form in the NBRC Candidate Handbook and enclose it with your application.

2. PERSONAL INFORMATION

Social Security Number
Gender (Male/Female)

Name (Last, First, Middle Initial, Former Name)

Mailing Address (Street Address)

Mailing Address (City, State, Zip/Postal Code, Country)

Home Telephone Number
Cell Phone Number (Required)

Date of Birth (MM/DD/YYYY)

Email Address (Required)

3. ELIGIBILITY STATUS (CHECK ONLY ONE BOX)

☐ I am applying as a new applicant (provide your eligibility status information in the respective examination box(es) that follow).

☐ I am applying as a repeat applicant. Repeat applicants are not required to provide any further eligibility status information.

☐ I am applying to retake an examination to comply with CCP requirements:
☐ My credential has not yet expired.
☐ My credential has already expired. A one-time compliance fee of $150 and new applicant fee applies.

☐ I am applying for the TMC Examination to regain eligibility for the CSE Examination. New applicant fee applies.

☐ I am applying for voluntary recredentialing. See Candidate Handbook for details.

A. TMC Examination Eligibility – New Applicant Only (check only one box)

☐ I have a minimum of an associate degree from an accredited respiratory therapy education program.

☐ I hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

B. RRT Credential Eligibility – New Applicant Only (check only one box)

☐ I am a CRT and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the high cut score.

☐ I am a CRT and hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the high cut score.

**CRT-to-Registry Provision:**

☐ I have held a valid CRT credential for at least four years prior to applying for the examinations associated with the RRT and have at least 62 hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, physics, and mathematics.

☐ I have held a valid CRT credential for at least two years prior to applying for the examinations associated with the RRT and have earned a minimum of an associate degree from an accredited entry-level respiratory therapy education program.

☐ I have held a valid CRT credential for at least two years prior to applying for the examinations associated with the RRT and have earned a baccalaureate degree in an area other than respiratory care that included at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, mathematics, microbiology, and physics.
4. A. EDUCATION INFORMATION *(New Applicant Only)*
Provide the information requested about the accredited respiratory therapy education program from which you received an associate degree enabling you to qualify for this examination.

- Program Name and Location (city, state)
- Program CoARC Number
- Date of Entrance to the Program
- Date of Graduation

B. RRT “CRT-to-Registry” *(New Applicant Only)*
Other Education – where you obtained at least 62 semester hours of college credit.

- I have enclosed my transcripts.
- My transcripts will be forwarded by my college or university.

Please list the courses shown on your transcripts that reflect completion of the basic science and mathematics courses required under the applicable RRT “CRT-to-Registry” admission route.

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anatomy/Physiology</td>
</tr>
<tr>
<td></td>
<td>Chemistry</td>
</tr>
<tr>
<td></td>
<td>Mathematics</td>
</tr>
<tr>
<td></td>
<td>Microbiology</td>
</tr>
<tr>
<td></td>
<td>Physics</td>
</tr>
</tbody>
</table>

5. SIGNATURE
I certify that I have read the NBRC Candidate Handbook, including the Judicial & Ethics policies, and believe that I comply with all of the admission policies for the examination for which I am applying. I certify that the information I have submitted in this application and the enclosed documents are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the NBRC. I acknowledge and agree that the NBRC may release information about my examination scores and credential status to state agencies in those states which regulate the practice of respiratory care, accredited respiratory care education programs and the Commission on Accreditation for Respiratory Care (CoARC).

I certify that I have read the policy on inactivation of eligibility records in the NBRC Candidate Handbook and acknowledge that allowing my file for a respective examination to become inactivated will result in my having to submit a new application, document my eligibility in compliance with the then current admissions requirements and pay the new applicant fee. I also understand that allowing my file for the RRT credential to become inactivated will result in any previous passing performance on a portion of the TMC or CSE Examinations being nullified and that I will have to repeat and successfully complete said examination(s) to earn the RRT credential. Further, I understand I am responsible for notifying the NBRC of any change in my mailing and/or email address to receive official notices regarding my credentials issued by the NBRC. The NBRC shall not be responsible for non-receipt of notices due to my failure to provide a current mailing and/or email address address.

Name (please print)

Signature           Date