

1. EXAMINATION INFORMATION

Check the examination for which you are applying:

- Neonatal/Pediatric Specialty
- Sleep Disorders Specialty
- Adult Critical Care Specialty
- Pulmonary Function Technologist (PFT)

Examination Fees and Payment Information

Enclose applicable examination fee 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.)

	New Applicant Fee	Repeat Applicant Fee
Neonatal/Pediatric	<input type="checkbox"/> \$250	<input type="checkbox"/> \$220
Sleep Disorders	<input type="checkbox"/> \$300	<input type="checkbox"/> \$250
Adult Critical Care	<input type="checkbox"/> \$300	<input type="checkbox"/> \$250
PFT	<input type="checkbox"/> \$200	<input type="checkbox"/> \$170

- 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 eligibility 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.

A. Neonatal/Pediatric Specialty Examination Eligibility – New Applicant Only (check only one box)

- I am an RRT.

B. Sleep Disorders Specialty Examination Eligibility – New Applicant Only (check only one box)

- I am a CRT or RRT and completed a CoARC or CAAHEP accredited respiratory therapy education program including a sleep add-on track.
- I have been an RRT for at least three months.
- I have been a CRT for at least six months.

C. Adult Critical Care Specialty Examination Eligibility – New Applicant Only

- I have been an RRT for at least one year.

D. PFT 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 am a CRT.
- I am an RRT.
- I am a CPFT.
- I have completed 62 semester hours of college credit from a college or university accredited by its regional association or its equivalent, including college credit level courses in biology, chemistry, and mathematics. A minimum of six months of clinical experience in the field of pulmonary function technology under the direction of a Medical Director of a pulmonary function laboratory or a special care area is also required prior to applying for the examination.

