

CRT-to-Registry Evaluation Request Form

The CRT-to-Registry Admission Provision is a route of eligibility for the examinations associated with the RRT credential. It is for those credentialed individuals who are not graduates of an accredited, advanced-level respiratory therapy program holding an associate of science degree in respiratory therapy. This form is provided to help you determine if you have all the necessary materials to submit with your request for an evaluation. To request a CRT-to-Registry evaluation, submit your college transcripts with this form to the address below.

Do NOT submit an application or payment with this request.

1. Personal Information

Full Name: _____ SSN: _____

Former Names (if any): _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

3. Are you a CRT? Yes No

If yes, what date did you earn the CRT? _____

If no, you are not eligible for an evaluation.

4. Have you previously received a CRT-to-Registry evaluation? Yes No

If yes, what was the approximate date of your evaluation? _____

5. List all of your education institutions for which transcripts need to be evaluated.

Indicate if your transcripts are enclosed with this form or are being forwarded to the NBRC separately.

Institution Name	Transcripts
a. _____	<input type="checkbox"/> Enclosed <input type="checkbox"/> Forwarded
b. _____	<input type="checkbox"/> Enclosed <input type="checkbox"/> Forwarded
c. _____	<input type="checkbox"/> Enclosed <input type="checkbox"/> Forwarded
d. _____	<input type="checkbox"/> Enclosed <input type="checkbox"/> Forwarded

Your evaluation may be delayed or remain incomplete until all transcripts are received.

7. Do you have at least 62 semester hours and are they clearly awarded on the transcript? Yes No

If no, any coursework not clearly listed on your transcripts as having been awarded credit cannot be included in the evaluation.

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

Course Number	Course Title
_____	Anatomy/Physiology
_____	Chemistry
_____	Mathematics
_____	Microbiology

Please send your request to:

National Board for Respiratory Care
CRT-to-Registry Evaluation
10801 Mastin Street
Suite 300
Overland Park, KS 66210

You will receive a response approximately 2 weeks after your evaluation form and all transcripts are received. If approved, you will be required to submit a paper application for the Therapist Multiple-Choice (TMC) Examination, payment and official transcript (if not included with the evaluation).