

# Therapist Multiple-Choice & Clinical Simulation Examination Application

## 1. EXAMINATION INFORMATION

Check the examination for which you are applying:

- Therapist Multiple-Choice (TMC)  
 Clinical Simulation (CSE)

Date TMC was passed at high cut: \_\_\_\_\_

### 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
TMC	<input type="checkbox"/> \$190	<input type="checkbox"/> \$150
CSE*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200

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

- 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

### **A. New Applicant**

Provide your eligibility status information below.

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

**Provide the information below.**

Program Name and Location (city, state) \_\_\_\_\_

Program CoARC Number \_\_\_\_\_

Date of Entrance to the Program \_\_\_\_\_ Date of Graduation \_\_\_\_\_

2.  I am applying under the CRT-to-Registry Provision.

### **Education Information**

Provide information about where you obtained at least 62 semester hours of college credit.

University or College Name \_\_\_\_\_

Graduation Date (MM/DD/YYYY) \_\_\_\_\_

Type of Degree (if applicable) \_\_\_\_\_

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

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

### **B. Repeat Applicant**

- I am applying as a **repeat applicant**. Repeat applicants are not required to provide any eligibility information.

### **C. CMP Applicant**

- I am applying to retake an examination to **comply with CMP requirements**:

- My credential has not yet expired.  
 My credential has already expired. New applicant fee applies.

## Therapist Multiple-Choice & Clinical Simulation Examination Application, continued

### 4. 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 credentialed 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. I acknowledge that should I be randomly selected for a graduation or CEU audit, I will be required to provide official transcripts and/or copies of my CEU documentation. Further, I understand that the email address I provide with my application will be used to notify me about the status of my application and/or credential and 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. Once credentialed, I may opt-out of receiving email notifications by updating my profile.

Once your application is accepted, you have 90 calendar days to take the examination. If you fail to schedule an examination appointment within the 90-day period, you will forfeit the application and all fees paid to take the examination; a complete application and examination fee are required to reapply.

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Name (please print)

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Signature

Date