

1. 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) _____

2. EXAMINATION INFORMATION

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.)

	First-Attempt Fee	Repeat-Attempt 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
Adult Critical Care	<input type="checkbox"/> \$300	<input type="checkbox"/> \$250
Asthma Educator	<input type="checkbox"/> \$350	<input type="checkbox"/> \$250

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

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.

3. ELIGIBILITY STATUS (CHECK ONLY ONE BOX)

- I am applying as a **first-time 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 eligibility information.
- I am applying to retake an examination to **comply with CMP requirements**:
- My credential has not expired.
 - My credential has expired. New applicant fee applies.

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

I am an RRT

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.

Adult Critical Care Specialty Examination Eligibility

I have been an RRT for at least one year.

PFT Examination Eligibility – (check only one box)

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

I am a CRT, RRT or CPFT.

I have completed 62 semester hours of college credit from an accredited college or university accredited, including college credit level courses in biology, chemistry, and mathematics and a minimum of six months of clinical experience in pulmonary function technology under the direction of a Medical Director prior to applying for the examination.

Asthma Educator Specialty Examination Eligibility – New Applicant Only (check only one box)

1. I have a current, active, unrestricted license or credential from the United States in one of the following (include copy):

Physicians (MD, DO)

Physician Assistants (PA-C)

Nurses (RN, LPN, NP)

Respiratory Therapists (RRT, CRT)

Pulmonary Function Technologists (CPFT, RPFT)

Pharmacists (RPh)

Social Workers (CSW)

Health Educators (CHES)

Physical Therapist (PT)

Occupational Therapist (OT)

or

2. I have a minimum of 1,000 hours of direct patient asthma education, counseling or coordinating services prior to applying for the examination.

