

## 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
Asthma Educator	<input type="checkbox"/> \$350	<input type="checkbox"/> \$250

- 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 and mathematics.
- 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 Therapists (PT)
  - Occupational Therapists (OT)
  - Emergency Medical Technicians (EMT, AEMT)
  - Paramedics

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.



# Specialty Credentialing Examination Application, continued

## 8. SIGNATURE

I certify that I have read the [NBRC Candidate Handbook](#) 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 attest that the following are true:

- I understand that I have 90 calendar days from the day my application is accepted to take the examination, and failure to schedule an examination appointment within the 90-day period will result in expiration of the application and forfeiture of examination fees.
- I understand the examination restrictions and penalties for misconduct during testing.
- I understand that all NBRC examination content is copyrighted intellectual property and misuse of examination content will subject me to civil and/or criminal penalties.
- I understand the [Judicial and Ethics Policies](#) of the NBRC.
- I agree that the NBRC may release information about my credentialed status to state agencies that regulate the practice of respiratory care, accredited respiratory care education programs, and the Commission on Accreditation for Respiratory Care (CoARC).
- I acknowledge that being randomly selected for a graduation or CEU audit will require me to provide official transcripts and/or copies of my CEU documentation.
- I understand that the email address I provide with my application will be used to provide notifications about the status of my application and/or credential.
- I understand that I am responsible for notifying the NBRC of any change in my mailing and/or email address, and the NBRC shall not be held responsible for non-receipt of official notices due to my failure to provide a current mailing and/or email address.

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Name (please print)

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Signature Date