

## 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 <b>(Required)</b>
Date of Birth (MM/DD/YYYY)	
Email Address <b>(Required)</b>	

## 2. EXAMINATION INFORMATION

### Examination Fees and Payment Information

**Do not submit payment with this application.** If your application is accepted, you will receive an email with instructions to submit your payment. Refer to the Candidate Handbook for a current list of examination fees.

### Special Testing Accommodations

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 Candidate Handbook and enclose it with your application. **If you have not previously been provided accommodations for an NBRC examination, you must complete and submit the Request for Special Examination Accommodations form PRIOR to applying and making payment.** If the form is not received prior to making payment and scheduling a testing appointment, approved accommodations will not be provided for your scheduled examination.

## 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, 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:

- 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.

