

# Request for Credential Verification - \$5.00

*For faster turnaround, order online at [nbrc.org](http://nbrc.org) by selecting "Credential Verifications" in the Practitioner Portal. You may also complete this form and mail your request with payment in the form of check, money order or credit card (please do not send cash), to the address listed below. Requests received by mail will be processed within 7-10 business days. All letters of verification are sent via email within 24 hours of being processed.*

## YOUR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## RECEIVER INFORMATION

Name of Receiver for Letter of Verification: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Receiver's Email: \_\_\_\_\_

*Payment of \$5 is required for verification. Please complete the payment section and mail to our address below. Allow 7-10 days for processing. For more information, contact us at [service@nbrc.org](mailto:service@nbrc.org) or 913.895.4900.*

Credit Card: I agree to pay total amount according to card holder agreement.  Check or money order payable to NBRC for \$5

Card No:             Exp. Date:  /  CCV:

Signature and Date: \_\_\_\_\_

**Please mail completed form to:**

**The National Board for Respiratory Care ATTN: Credential Verification | 10801 Mastin St., Ste. 300 |  
Overland Park, KS 66210**

*If paying by credit card, you can fax or email completed form to: 913.712.9283 or [service@nbrc.org](mailto:service@nbrc.org).*