

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

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
 - Speech-Language Pathologists (CCC-SLP)

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.

